INTERVENING IN FAMILY VIOLENCE

A Resource Manual for Community Corrections Professionals

American Probation and Parole Association

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FOREWORD

The American Probation and Parole Association (APPA) received funding from the Bureau of Justice Assistance (BJA) to undertake a project to provide training and technical assistance to probation and parole professionals on intervening in family violence. Recognizing the importance of this issue, APPA then contributed additional resources resulting in the final production of this *Resource Manual*. An Advisory Committee, consisting of representatives from the criminal justice and family violence treatment fields guided the development of this manual. A request for program information was disseminated to APPA's membership and affiliate organizations, national organizations involved in family violence, and state administrators of community corrections. Project staff also undertook an extensive review of research literature.

This *Resource Manual* synthesizes the information gathered from this process and reflects the concern of community corrections professionals and organizations about the problem of family violence. Although future research will enhance the profession's ability to intervene effectively to protect victims of family violence, this manual compiles the concepts, data and program practices currently used to supervise family violence offenders in the community.

The manual is divided into four modules:

Module 1: **Understanding Family Violence** contains information about the problems of child abuse, partner abuse and elder abuse. The module also describes a conceptual framework that guides the remainder of the manual.

Module 2: **Responding to Family Violence** delineates important areas to be considered in developing programs to intervene with domestic violence offenders.

Module 3: **Working with Family Violence Victims and Offenders in Community Corrections Agencies** provides specific recommendations for assessing cases, working with victims, supervising offenders and holding them accountable, and providing group intervention programs for offenders.

Module 4: **Resources** contains information and materials to use in program development and implementation. Besides an extensive reference list that provides resources for further reading, this module contains information on existing programs, other resources, such as national organizations, a summary of assessment instruments and several sample forms.

Readers are encouraged to review the entire manual. However, if readers are seeking specific information in a particular area, consulting the introduction to each module will provide a brief summary of the contents of each chapter.

INTRODUCTION

Each year, about one million women are victims of violence, including assaults, rapes and robberies perpetrated by an intimate partner. Intimate partners killed more than one-fourth (28%) of female victims of homicide in 1992 (Bachman & Saltzman, 1995; this study defined intimate partners as spouses, ex-spouses, boyfriends and ex-boyfriends).

Child abuse plagues the lives of nearly two million children every year. Of these, about 18,00 experience permanent debilitating injuries and nearly 2,000 are killed (U. S. Advisory Board on Child Abuse and Neglect, 1995).

In 1991, an average of more than 600 reports of elder abuse were made daily (Tatara, 1993). As many of the most frail elderly have no contact with persons outside their homes, it is a safe assumption that many more cases of elder abuse go unreported.

The problem of family violence is insidious and pervasive in American culture. It robs children of their childhoods; it disables many women and children; it adds fear and pain to the lives of our oldest citizens; and it costs everyone because of increased medical, social and criminal justice system expenses. It costs victims most of all: their self-esteem, their physical health and safety, and even their lives.

Few, if any, community corrections professionals today can claim they have not worked with offenders who are either perpetrators or victims of family violence. While no national statistics are collected to estimate the number of offenders placed on community supervision because of family violence offenses, anecdotal accounts and some locally specific statistics suggest the numbers are growing. Many offenders are sentenced to probation or granted parole because of offenses other than family abuse; yet they may commit violence against their partners, children or other family members. Probably a majority of offenders in the community corrections system also were victims of one or more types of family violence.

This *Resource Manual* discusses three types of family violence: child abuse, partner abuse and elder abuse. This does not exhaust the types of family violence that may occur. Sibling abuse and the abuse of vulnerable adults (e.g., those who are not elderly but live with physical or mental disabilities) are examples of just some other types of family violence that might be considered. Much information discussed in this manual is applicable to all areas of family violence.

Research findings provide ample evidence that family violence is inextricably intertwined with most other types of criminal behavior. Abused children and those who witness violence between their parents are at much greater risk of becoming delinquents, adult criminals, and abusive parents or spouses (Widom, 1989). Substance abuse, other criminal behavior (both violent and nonviolent), and academic problems are some factors often correlated with various types of family violence (Briere & Elliott, 1994; Commonwealth of Massachusetts, 1985; Starr, 1988).

Beginning in the 1960s, the problem of child abuse received increased attention. Greater concern for partner abuse arose in the 1970s, and the problem of elder abuse emerged in the 1980s. The criminal justice system, social services, the medical professions, and the public-at-large gradually recognized the serious consequences of family violence. Many positive efforts have been put forth to protect victims of abuse and to meet their many needs for services and support. However, much more needs to be done for victims so they can live safely and productively.

To address the needs of victims, attention must be given to the perpetrators of family violence as well. Until they are held accountable for their abusive behavior and compelled to change, victims will not be safe. However, offender accountability and behavior change often have received less emphasis.

The role of the criminal justice system in family violence may include arrest, prosecution, and correctional services for offenders. Except for the most serious cases, offenders arrested and found guilty of family violence offenses are placed on probation; most incarcerated family violence offenders eventually are released on parole. Thus, the role of community corrections in stopping family violence is critical. When placed on probation or parole, family violence offenders receive long-term supervision and intervention services. It is the premise of this manual that effective community corrections intervention offers the best chance of lasting change in offenders' behavior. To intervene effectively, community corrections professionals must understand the dynamics of abusive relationships, characteristics of perpetrators and victims, and interventions that are appropriate for victim safety, offender accountability, and offender supervision and behavior change. The manual is presented in four modules corresponding to the conceptual model that guided its development. The modules are:

Module 1: Understanding Family Violence

Module 2: Responding to Family Violence

Module 3: Working with Family Violence Victims and Offenders in Community Corrections Agencies

Module 4: Resources

Figure 1 provides a graphic depiction of the conceptual framework of the manual. Beginning at the top, individual, environmental and social factors interrelate and contribute to family violence. Although more research is needed, current thinking attributes the causes of family violence to several factors. First are individuals' learned behavior and cognitive distortions. Then processes of exchange allow the rewards of violent behavior to outweigh its costs to perpetrators. Finally, societal norms and values legitimize the dominance of some individuals over others, allowing them to assume they are entitled to abuse their family members to gain or maintain power and control.

When one or more of these factors is present, abusive events may occur. It then becomes the shared role of the justice system, communities, and the entire society to stop the violence. The goals of intervention espoused in this manual include victim protection and empowerment, offender supervision and accountability and offender behavior change. At a societal level, it is vital that appropriate legislation, as well as values and norms, support nonviolence among families and promote effective interventions when violence occurs. Many of the services needed by both victims and offenders will be the responsibility of community agencies. These include shelters and other services for victims, as well as treatment services for offenders. The central role of the justice system is ensuring that laws are upheld, offenders are accountable for their behavior, and infractions of laws, court

orders, and agency rules are sanctioned. It is this coercive power that is a central tool of community corrections and often is required to compel family violence offenders to change their behavior.

Although all types of family violence offenders are placed on community corrections supervision, domestic violence and sex offenders are the most prevalent. It is for these types of offenders (and victims) that the most program examples and research literature were found. Therefore, the preponderance of the recommendations in this manual are particularly relevant to these kinds of cases.

Current research was reviewed and documented as a basis for this manual. In addition, program ideas and lessons shared by practitioners in the fields of community corrections and victims' services were used. However, the authors recognize that new research and evaluations are emerging that might alter the current understanding of family violence and the best practices for responding to it. Practitioners are encouraged to remain abreast of the latest developments that affect the performance of their duties.

In keeping with the primary goals for intervention (i.e., victim protection and empowerment, offender supervision and accountability, and offender behavior change), the contents of this manual are victim-sensitive but offender-focused. Community corrections professionals will work primarily with offenders, but they must maintain a priority of victim safety.

The intent of this manual is to provide a comprehensive examination of family violence and recommendations for intervention. However, necessary constraints always require decisions about what information can, and cannot, be included. Therefore, while the manual is extensive, it is not exhaustive. Thus, readers are encouraged to supplement it with additional readings from the reference list and other resources.

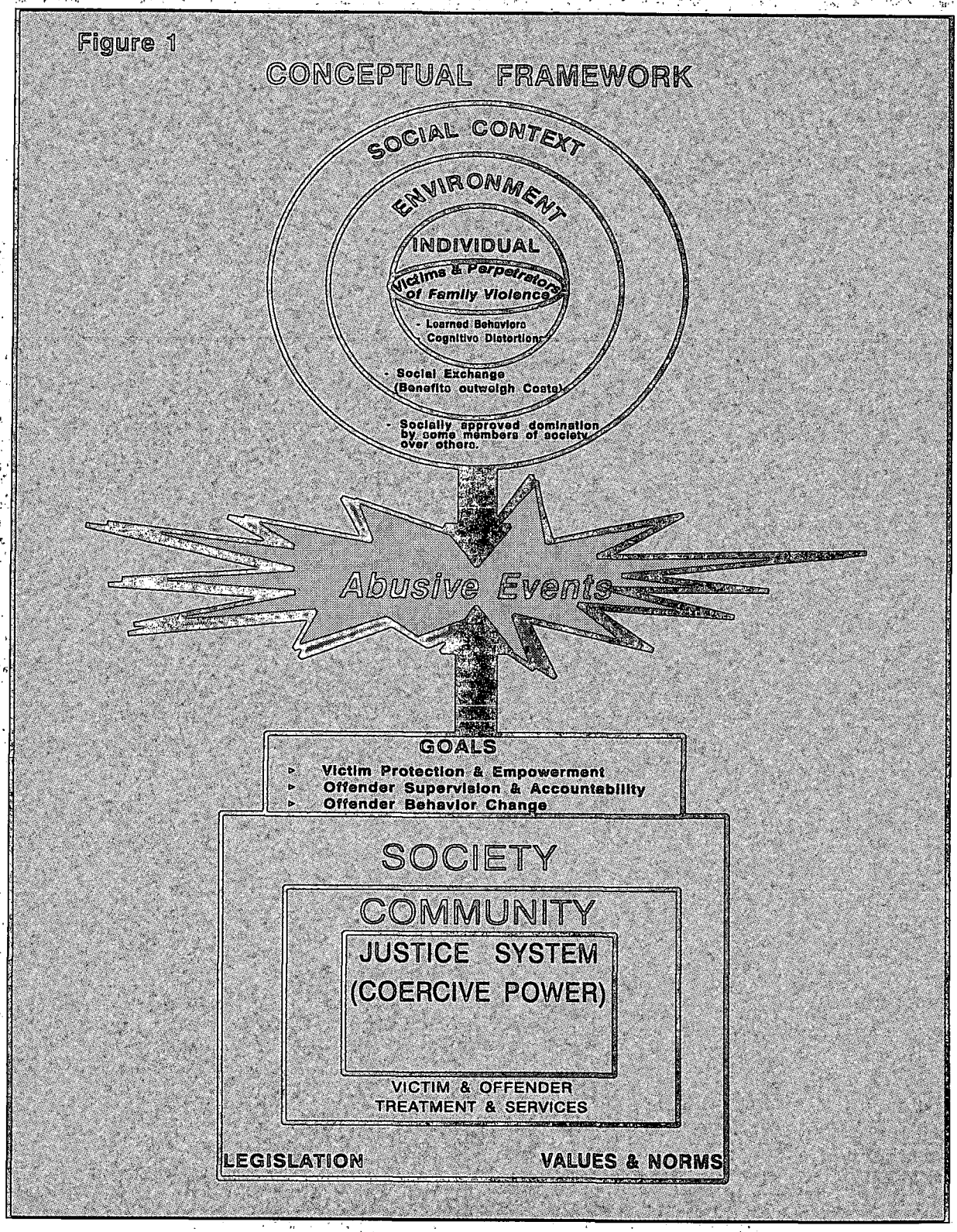


Figure 1
CONCEPTUAL FRAMEWORK
SOCIAL CONTEXT
ENVIRONMENT
INDIVIDUAL
Victims & Perpetrators of Family Violence
- Learned Behaviors
- Cognitive Distortions
- Social Exchange (Benefits outweigh Costs)
- Socially approved domination by some members of society over others.
Abusive Events
GOALS
Victim Protection & Empowerment
Offender Supervision & Accountability
Offender Behavior Change
SOCIETY
COMMUNITY
JUSTICE SYSTEM (COERCIVE POWER)
VICTIM & OFFENDER TREATMENT & SERVICES
LEGISLATION
VALUES & NORMS

Module 1

UNDERSTANDING FAMILY VIOLENCE

Module 1

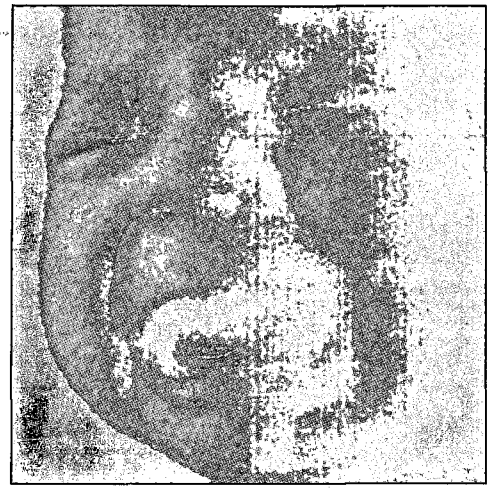
INTRODUCTION

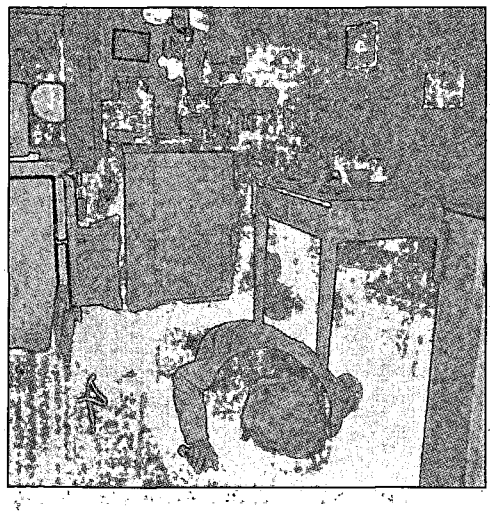
The first module of this manual provides an overview of family violence. It gives the reader a basic understanding of family violence and issues relating to it. However, this summary of professional literature is not exhaustive, and persons specializing in this field will need to pursue additional sources of information.

Chapter 1 - A Conceptual Framework for Understanding and Responding to Family Violence examines various theories about the causes of family violence. These form the foundation of a conceptual framework that guides the remainder of the manual.

Chapter 2 - An Overview of Family Violence in the United States provides information about several aspects of family violence. It examines the known prevalence of child abuse, partner abuse and elder abuse, and discusses some problems in measuring these types of family violence. Several common factors among various types of family abuse are presented. Finally, the effects of cultural differences on family violence are considered.

Chapter 3 - Child Abuse; Chapter 4 - Partner Abuse; and Chapter 5 - Elder Abuse examine in detail each particular form of family violence. Each chapter describes the various types of abusive behavior and summarizes the current research on characteristics of victims and perpetrators. Each chapter also examines consequences of the particular form of family violence under consideration and responses made by social service, mental health, and the criminal justice systems.





A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING AND RESPONDING TO FAMILY VIOLENCE

Perceptions of the causes of a problem guide decisions about its resolution.

Chapter 1

A CONCEPTUAL FRAMEWORK FOR UNDERSTANDING AND RESPONDING TO FAMILY VIOLENCE

Family violence is a pervasive and insidious problem in the United States. This manual explores three types of family violence:

- child maltreatment;
- partner abuse; and
- abuse of elders.

Children or adults may experience violence or other types of maltreatment at the hands of strangers, caretakers or acquaintances. It is abuse perpetrated by family members, however, that is the focus of this manual. Each of these types of family violence is defined and explored in the chapters following this one. This chapter provides an overview of family violence, discusses current theories, and presents a conceptual framework to guide the remainder of this manual.

FAMILY VIOLENCE TERMS

Lawmakers, practitioners and academicians do not always agree on the definitions of terms related to family violence (Gelles & Loseke, 1993; Pillemer & Frankel, 1991). This lack of consensus clouds the information available. It is very important to understand how terms are used. Much depends on perspective. A police officer, a therapist, a protective service professional and a prosecutor all will understand and define family violence differently. Community corrections professionals may hold views in common with several other professions, while also maintaining a unique perspective. The legal definitions employed within a jurisdiction will ultimately influence intervention. To clarify meanings, the definitions in Table 1:1 are used in this manual.

A CONCEPTUAL FRAMEWORK FOR RESPONDING TO FAMILY VIOLENCE

As depicted in Figure 1:1, all family violence victims and offenders are part of a larger environmental and social context. At the center of this model are individual victims and offenders who either perpetrate abuse or receive abuse from family members. Each resides within an environmental context composed of neighborhoods and communities, peers, agencies and organizations, and often other family members. Finally, the social context impinges upon both individuals and their environment; economic conditions, prevailing social norms and values, and social structures often influence

Table 1:1

FAMILY VIOLENCE TERMS

- *Family violence* is the oppressive use of power by a person who is, or was, engaged in an intimate relationship with a relatively less powerful person. This type of relationship often is reinforced, to some degree, by cultural norms and values.

- *Family* means all those persons connected by an intimate relationship; that is, a relationship that is marked by a close association, whether by blood, marriage, or special interest. It includes any combination of two or more people who are, or have been, married partners, parents and children, extended family members, siblings, those cohabitating in hetero- or homosexual relationships, or any of the myriad forms that intimate relationships take. It includes a family member giving care to another, but excludes paid caregivers such as nursing home attendants, child care workers, babysitters, or home health attendants.

- *Violence and abuse* are used synonymously to mean the oppressive use of power. This includes acts of physical and sexual maltreatment, as well as psychological abuse, neglect and other means of control that may occur, such as the misuse of a family member's financial resources.

- *Oppression* means using unjust or cruel force or authority to dominate or mistreat another.

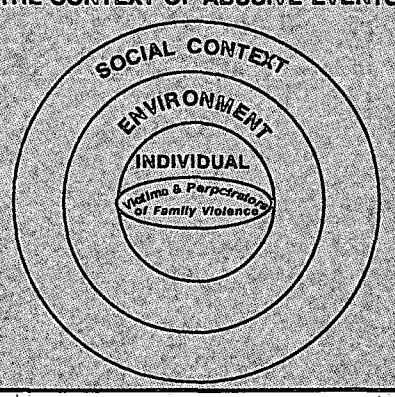
- *Power* is exercising control or force toward another person. It includes the use of physical force, the ability to influence the mind or behavior of another, and the capacity to inflict or impose one's will on another.

the extent to which behavior will occur and the responses to it. Family violence does not fit neatly into a given circle, as depicted in Figure 1:1; rather, it is the consequence of multifaceted individual, environmental and social factors.

The remainder of this chapter develops the conceptual framework guiding the rest of this manual. Current theories that help explain family violence are explored. Then, the model depicts a recommended system for responding to the violence. Interventions will be considered more fully in Modules 2 and 3 of this manual.

Figure 1:1

THE CONTEXT OF ABUSIVE EVENTS



THEORIES OF FAMILY VIOLENCE

Perceptions of the causes of a problem guide decisions about its resolution. Assumptions about the causes of family violence determine how community corrections professionals develop programs, assess and manage offenders, and protect victims

Two prevailing questions will be considered here:

1. What causes people to initiate and continue abusive behavior toward family members they often proclaim they love?

2. How does an understanding of these causes affect decisions about changing or controlling abusive behavior to protect victims?

Prevailing concepts associated with the reasons for family violence attribute the causes of the problem to individuals, the environment and society. Each of these areas is explored briefly. Implications of these theories for intervention with offenders and victims also are discussed. This review omits some theoretical perspectives not fully developed in the professional literature. However, some theories recognized today as erroneous are described, because they often make intuitive sense. Unless the fallacies underlying these ideologies are understood, they may find their way into the conceptual framework and program responses of community corrections agencies.

Conceptualizations and supportive research are more advanced in some areas than in others. It is plausible that social scientists will introduce new theories in the future and conduct new research to support or discredit current theories.

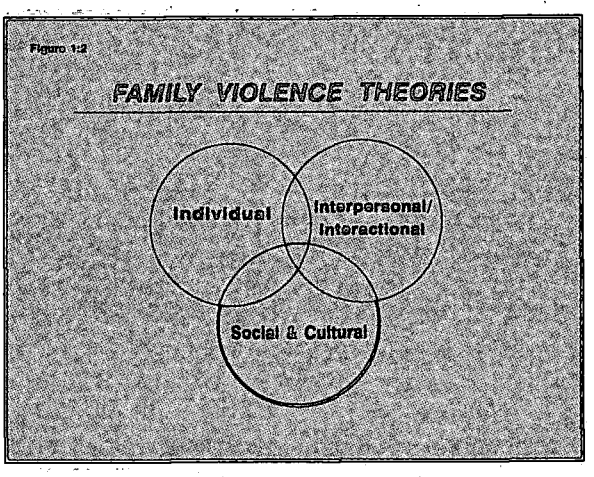
For the sake of clarity, the prevailing theories about family violence are discussed in three sections:

- theories that claim individual perpetrators or victims are responsible for the abuse;

- theories that posit the cause of the violence to be in the relationship and interactions between family members or between individuals and their environment; and

- theories that attribute the causes of family violence to societal stressors, norms and values.

In reality, compartmentalizing theories is difficult, and there is some overlap, at times, between categories. Thus, the interlocking circles shown in Figure 1:2 are a realistic portrayal of the three types of theories under discussion.



Two caveats must be stated before examining the various theoretical perspectives. One is that any generalization about a group of perpetrators or victims cannot be applied necessarily to every person involved in family violence. Within the general population, there will be people with

very similar characteristics to those of offenders and victims; yet they will not be abusers or abused. Among the population of victims and offenders, there will be significant differences. Thus, while theories help explain the general dynamics of family violence, and can be very useful in guiding interventions, careful assessment of individual victims and perpetrators to detect the specific factors contributing to the violence in each case is necessary (Shupe, Stacey, & Hazlewood, 1987). Chapter 10 provides more information about assessment.

The second caution is that theory development and testing are at different stages for different types of abuse. More research has been done on the problem of child abuse and partner abuse. However, elder abuse is an emerging field of study. While it appears that some theories may be applicable to all types of abuse, until further investigation is complete, this cannot be asserted with certainty.

Theories of Individual Causation

As people have struggled to understand the causes of family violence, their intuitive response often has been to attribute it to deviant individuals. Both offenders and victims have been held culpable for family violence. Many lay and professional persons assume that those who perpetrate violence against their own family members have biological, psychological or personality abnormalities or momentary "breaks with reality" which cause them to commit the violence. People continue espousing this belief because many have difficulty accepting the possibility that "normal" people could commit such acts. Because they find it hard to think that even people like themselves (i.e., "normal" people) could abuse their own family members, they prefer to believe that there is something extraordinary about an abusive parent, spouse or adult child (Gelles & Cornell, 1990).

Individual Physical and Psychological Causes

Some theories of individual causation focus on traits of victims. When the cause of family violence is attributed to the victim, individual biology, personality, behavior, or other characteristics of the abused person are seen as the cause of the offender's violence. For example, a woman may be described as masochistic, aggressive, or sexually frigid, and thus the cause of the abuse she receives (Stordeur & Stille, 1989). Low birth weight, developmental problems, illnesses, and a difficult temperament are problems of children associated with higher levels of abuse (Azar, 1986; Burgess & Youngblade, 1988). Not all persons displaying these characteristics are victims, and many abused persons do not exhibit the same traits. Therefore, placing responsibility on the victim for causing the abuse is not convincing. Some studies of child abuse suggest certain characteristics of the child may increase the risk of an abusive reaction. These factors include prematurity, disability, congenital defects, and illnesses (National Committee for Injury Prevention and Control, 1989). However, these characteristics alone would be insufficient to cause abuse; in combination with other factors, they may increase the likelihood that some children will be abused.

Some theories have attributed the cause of violence to biological processes within the individual abuser. They postulate that hormonal and dietary influences, disinhibitions resulting from alcohol or drug misuse, or one's inability to reason and control behavior because of neurological disorders cause aggression (Shupe et al., 1987; Stordeur & Stille, 1989). While some violent persons may have a contributing physical disorder, not all do; and not all persons with physical disorders (such as alcohol addiction) are violent. Thus, if biological theories play any part in explaining family

violence, they usually cannot stand alone as causal elements.

Psychological and personality theories also have been considered. Research on the sexual abuse of children does place more emphasis on the personal characteristics of offenders. In this special case, theories of psychopathology appear more cogent. Finkelhor (1991, p. 86) lists four aspects of this perspective of child sexual abuse:

- abusers receive emotional gratification from the acts;
- sexual abusers have deviant physiological sexual arousal patterns;
- they are unable to meet their sexual needs in more conventional ways; and
- they have problems with behavioral inhibitions.

Some research findings do support these theoretical proposals. For example, physiological monitoring of offenders who have sexually abused children has shown unusual levels of sexual arousal to children. Many also experience conflicts and disruptions in adult heterosexual relationships. Studies have found that incestuous fathers have difficulties with empathy, nurturance, and caretaking, and they tend to be socially isolated and lack social skills (Finkelhor, 1991).

Psychopathology also is considered a viable cause of elder abuse and may be more significant in these cases than in other types of family violence. Research has suggested that perpetrators of elder abuse are more likely to be mentally ill, developmentally disabled, or alcoholic (Anetzberger, 1987; Douglas, Hickey, & Noel, 1980; Lau & Kosberg, 1979; Pillemer & Finkelhor, 1988; Pillemer & Frankel, 1991). However, the prevalence of these characteristics among elder abusers may be a factor of the traits of those who are most likely to be living with elderly family members.

According to this concept, perpetrators of family violence are sick or maladjusted individuals who cannot control their violent behavior. If physical and psychological factors are believed to cause family violence, then the choice of treatment likely will be individual therapeutic interventions to treat the underlying physical or psychological problems of the offender and/or victim. People generally are not considered to be able to control their own biological and mental processes. Thus, with this perspective, personal responsibility for the crime is minimized, and therapeutic interventions focus less on the abusive behavior and more on the supposed underlying illness (Stordeur & Stille, 1989). Adams (1988) contends that an overemphasis on providing support and empathy to abusive men through insight-oriented therapy reinforces patterns of finding excuses for the violence and placing blame on their partners. Research results show that personality traits, mental illness or psychopathology alone accounts for fewer than 10 percent of family violence cases (Gelles & Cornell, 1990). These are not the basis of currently accepted intervention approaches in most cases of family violence.

. . .most children learn social roles through modeling adults in their environment.

Social Learning and Cognitive Theories

The family is the child's first teachers, and lessons learned in the family setting are often very enduring. The family also has been called "society's most violent social institution" (Straus,

Gelles, & Steinmetz, 1980., as cited by Gelles, 1993b, p. 35). Learning theory posits that most children learn social roles through modeling adults in their environment. Thus, youngsters often learn to cope with stress and frustrations much the way their parents do. Children also learn social and moral justifications for violent behavior in the family setting and from the larger social context. As children grow and develop, and their social worlds expand, they are exposed to more violence and rationalizations for it. Through peers and the media, they observe countless episodes of violence that are socially acceptable. Behavior perceived as rewarding will continue, according to behaviorist theories (Gelles & Cornell, 1990; Stordeur & Stille, 1989).

Not all children who are abused or witness domestic violence in their homes will resort to violence as adults. However, the risk of such behavior increases if they have experienced such events during childhood. Even without the influence of violence in the family, children are exposed to violence through their social contacts and observations of the media. Thus, their opportunity to learn to act violently and to defend such behavior multiplies. Applied to child maltreatment, learning theory suggests some parents may have learned to be violent from their parents; it also implies that parents may be limited in their knowledge of child care and may have a limited repertoire of discipline and child management techniques (Daro, 1988).

According to this theory, stress is also an important part of learned violence. Aggressive behavior is a learned way of responding to internal tensions (e.g., insecurity, feelings of inadequacy, personality difficulties) or external pressures (e.g., unemployment, illness, interpersonal difficulties) (Stordeur & Stille, 1989). However, it is important to note that most individuals under stress do not act violently toward family members.

Cognitive factors also may play a role in family violence. Cognitive behavioral theory posits that some individuals have deficits in their abilities to reason and understand the consequences of their behavior. This does not mean they are not intelligent; it suggests a deficiency in social skills and interpersonal problem-solving. They do not fully understand other people or manage interpersonal conflicts in socially appropriate ways (Ross, Fabiano, & Ewles, 1988). Ross (1992) has identified the cognitive practices in which individuals may engage that can result in social incompetence or criminal behavior. Table 1:2 summarizes these problematic cognitive practices.

Applying these areas of cognitive deficits to family violence is very plausible. Misperceptions of a partner's or child's intentions, poor problem-solving skills, and a tendency to view one's behavior as beyond self-control, are just some ways family violence offenders may display problems with cognition.

Unrealistic parental expectations, the child's behavior, and problematic parent-child interactions set the stage for child physical abuse in the *Cognitive-Behavioral Model* proposed by Twentyman and colleagues (Morton, Twentyman, & Azar, 1988; Twentyman, Rohrbeck, & Amish, 1984). When the child fails to live up to the parent's high standards, the parent sees it as intentional disobedience. The parent, who possesses poor impulse control, reacts excessively and inflicts physical violence on the child.

In cases of child sexual abuse, social learning theory and the cognitive-behavioral model suggest sexually deviant behavior results from gradual conditioning with a powerful reinforcer. An abuser's distorted belief system may include his feelings that he is a victim, and rationalizations and justifications for his behavior (Scott, 1994).

Table 1:2

PROBLEMATIC COGNITIVE PRACTICES

- **Self Control/Impulsivity** may indicate a failure to think, both before and after acting. Therefore, they do not consider possible consequences for behavior or modify behaviors after being punished for them.
- **Cognitive style** refers to the tendency of many people to view their situations as external, caused by fate, chance, or luck. They do not believe they have any power to control what happens to them.
- **Concrete thinking** leads to thought patterns in which situations are viewed in absolute terms (e.g., right or wrong, good or bad). This interferes with the ability to understand the reasons for rules and laws or the idea of justice. It is also difficult for these people to understand the thoughts or feelings of others.
- **Conceptual rigidity** refers to dogmatic and inflexible thinking. The result is often the continuation of behaviors that lead to trouble or offer few rewards.
- **Interpersonal cognitive problem-solving** deficits result in an inability to consider alternative solutions to interpersonal difficulties. These individuals do not understand how their behavior affects other people. They do not perceive how their behaviors induce others' reactions.
- **Egocentricity** is a tendency to view the world from one's own perspective without thinking about how other people think or feel. Such individuals are likely to lack sensitivity to others' thoughts or feelings. This, of course, interferes with developing satisfactory relationships.
- **Values**, for these individuals, tend to be focused on what is right for them and not how other people are affected.
- **Critical reasoning** refers to the ability to think rationally and logically and to engage in self-criticism. Without these skills, individuals may be influenced easily by others in their environment.

(Source: Ross, R. R. (1992, November). *Time to think. A cognitive model of offender rehabilitation and delinquency prevention.* Ottawa, Canada: Department of Criminology, University of Ottawa).

When applied to family violence, social learning and cognitive behavioral theories suggest violence is learned behavior and/or a result of faulty cognitive processes. Thus, different behavioral and cognitive patterns can be learned to replace the undesirable ones. Based on this approach, intervention should stress learning new concepts and skill development (Stordeur & Stille, 1989). The violence, rather than personal characteristics of the abuser, is considered the primary focus of treatment with this model. In cases of child abuse, interventions might include parenting education classes, in-home services that demonstrate appropriate child management, support groups and respite care. These opportunities provide parents with a chance to observe different role models, acquire new information, and change thinking patterns (Daro, 1988). Batterer's intervention groups for abusive men also often base their approach on psychoeducational/cognitive behavioral principles. These groups challenge faulty thinking patterns and try to teach men new behavioral responses. Current thinking regarding

the causes of family violence and appropriate interventions relies heavily on social learning and cognitive theories. However, these approaches, used alone, receive criticism for not considering the issue of power and control, especially in cases of partner abuse (Stordeur & Stille, 1989).

Interpersonal/Interactional Theories

These theoretical perspectives propose that the cause of family violence resides in the relationship between the individuals involved or between individuals and their environments. For example, it is suggested that the particular relationship between a husband and wife causes the violence.

Family Systems Theory

General systems theory claims that all parts of a system contribute to maintaining equilibrium. When relationships within the family or forces outside threaten this balance, the system will undertake operations to restore it. Sometimes dysfunctional behavior achieves equilibrium. As all family members participate in the system, they all are responsible for family dysfunction. According to this perspective, abuse is the result of family dynamics that serve a functional role in maintaining relationships (Dobash & Dobash, 1990; Stordeur & Stille, 1989).

Intervention, from this perspective, would be directed at the family or marital unit. Family or marital therapy would focus on having each participant examine how his or her behavior causes problems in relationships. The system, rather than individual members, is treated. Goals of intervention might include improving communication, resolving conflicts and ending violence. The onus to change is placed on both the offender and victim in a violent relationship. The victim provokes the abuser to violence (or seduces the abuser in sexual abuse cases) and bears an equal responsibility for changing that behavior (Adams, 1988).

This approach has been criticized because it blames victims for the violence and excuses perpetrators from being fully responsible for their abusive behavior. Also, this approach views violence as only one of the system's (family's) problems, and thus, it under-emphasizes the seriousness of it. This perspective minimizes the power differential between men and women, both in families and in society (Dobash & Dobash, 1990; Stordeur & Stille, 1989). Battered women who have participated in couples therapy often report fear of fully participating because of threats of future violence. Women have been assaulted following such sessions if they were truthful about the violence (Dobash & Dobash, 1990; Stordeur & Stille, 1989). This perspective is not commonly accepted as a valid explanation of the cause of family violence, nor is family and marital therapy considered an appropriate type of intervention with victims and perpetrators.

Exchange Theory

This perspective grows out of economic and behavioral theories. It is based on the premise that the pursuit of rewards and the avoidance of costs and punishments guides interactions. When applied to family violence, it encompasses not only the interpersonal relationships within a family, but also includes interactions between individuals and society.

. . .people will be abusive when the rewards (for being violent) outweigh the costs.

This theory posits that a service or reward provided by one person obligates the other

person in a relationship to reciprocate. If the person providing the reward or service does not feel he has received an appropriate exchange (payback of reward or service) from the other person, he may feel anger and resentment leading to conflict and violence. Applied to family violence, this theory suggests that people will be abusive when the rewards (for being violent) outweigh the costs. Some rewards from abuse accruing to abusers include:

- social approval from peers who condone violence;
- expression or release of feelings and tension; and
- acquisition of specific services or items from other family members.

Potential costs for violent behavior include not only the possibility that the victim will strike back and the family may break up, but possible social sanctions such as arrest, imprisonment, and loss of status. The private nature of the family and the reluctance of social institutions to intervene make it possible for violent family members to maximize the rewards and minimize the costs of their abusive behavior (Gelles, 1993a; Gelles & Cornell, 1990).

In family relationships involving children, there is nearly always an imbalance in the exchange relationship. Children are almost totally dependent on their parents or other caretakers for physical care and emotional nurturance. They usually have few resources they can use to meet their parents' needs. Quite frequently, children do not even express appreciation for the sacrifices their parents make. Thus, caregivers who are seeking rewards from parenting may find that the goods and services they supply their children are not reciprocated. If this results in anger and resentment, the family member may feel justified in maltreating the child. If the child then responds in a more compliant or appreciative manner, the caregiver feels the child has now reciprocated with a desired reward, balancing the exchange relationship. As this behavior occurs within the privacy of the home, many family members obtain these rewards with no costs to themselves (e.g., diminished social approval, justice system consequences).

In elder abuse situations, this theory applies to cases in which the abuser is dependent upon the elderly person, and also those where the victim is dependent on the abuser. The relationship may begin with a balanced exchange and mutual satisfaction. When the exchange relationship alters, abuse may occur. Evidence that the victim may be dependent on the abuser is provided in studies that exhibit deteriorating feelings in adult children for their dependent, elderly parents. For instance, Adams (1988) found that adult children whose assistance to their aging parents was not reciprocated felt less affection for them. Several studies document the dependency of elderly persons may be predictive of abuse (Davidson, 1979; Quinn & Tomita, 1986; Steinmetz, 1983). Steinmetz & Amsden (1983) exhort that it is the severe stress of caregiving on family members that can ultimately cause abuse.

Pillemer (1993) argues adamantly that when dependency is a factor in elder abuse, the perpetrator is likely to be the dependent party. Pillemer hypothesizes that the feelings of powerlessness experienced by an adult child still dependent on a parent may be especially intense because of society's expectations that adults should be independent of their parents (Wolf, 1986). Pillemer's argument points to feelings of powerlessness, and the accompanying need to balance the relationship, as the trigger for abusive behavior. As one becomes increasingly dependent on the other, the cost of the relationship increases, rewards diminish, and ultimately the exchange is perceived as unfair.

Interventions based on exchange theory might focus on increasing the costs of violence for offenders and helping them find alternate ways of receiving rewards. Criminal justice responses that sanction offenders for violent behavior relate to this theory. Helping perpetrators meet their expressive and instrumental needs in alternate ways would also be appropriate for intervention.

This theory contains an important element of focusing on offenders' violent behavior by using criminal justice sanctions to hold them accountable. It recognizes inequalities in the family and in society as key components in abusive behavior. When applying this theory, however, one must be careful that the victim does not inadvertently receive blame for his or her perceived shortcomings that lead to the imbalance in the reciprocity of rewards in the family.

Theories Attributing Family Violence to Social and Cultural Causes

Theories in this group view causes of family violence as social and environmental factors rather than problems of the individual perpetrator or the relationship between the abuser and the victim. Brief descriptions of three theories follow.

Social Structure Concepts

Some theorists attribute the cause of family violence to the stresses produced by the social environment. Inadequate financial resources, unemployment, low educational attainment, crowded housing conditions, and illnesses are some pressures that may contribute to violence. Because social resources are distributed unevenly, the struggle to meet social expectations without sufficient resources may result in violent behavior (Gelles & Cornell, 1990; Newberger, 1991; Stordeur & Stille, 1989).

While family violence does occur in all socioeconomic groups in society, proponents of this perspective cite evidence that the preponderance of cases is found in low-income populations. Although reporting bias accounts for some of the difference, it is unlikely that it explains the entire discrepancy. It is especially common to find cases of child neglect among poor families (Daro, 1988).

In the Transitional Model, developed by Wolfe (1987), lack of parenting skills and stressful life events interact to set the foundation for child abuse. Parents feel frustrated with an inability to cope with external stressors and to control their children. A pattern of continuous stress and accompanying abuse occurs as the parent fails to gain control and feels increasingly powerless. The parent severely punishes the children in a desperate attempt to gain some sense of power and control.

The external stress theory of elder abuse purports that external stress, independent of that created by problematic interpersonal relationships within the family, is the primary cause of abuse. Economic conditions and unemployment are variables often identified in relation to family violence. Preliminary evidence supporting this theory has been found in elder abuse studies (Pillemer & Frankel, 1991).

Despite data confirming the relationship between external stress and family violence, many families do not experience abuse when outside stress factors are present. Those who argue against this theory contend that, while family violence is disproportionately found among low-income families, it does not occur in all poor families, leading to the conclusion that poverty alone is not the cause of abuse. Others assert that, although some types of family violence may

be more prevalent among lower socioeconomic groups (e.g., child neglect and physical abuse), other kinds of maltreatment (e.g., sexual abuse) are much more evenly distributed across social classes. Those opposed to this perspective believe that focusing attention only on low-income families would result in a failure to report and provide equitable treatment to cases in other socioeconomic groups and a failure to protect many victims (Bolton, 1988).

Intervention based on this theoretical perspective would emphasize efforts to alleviate poverty and its related effects. Helping abusers find jobs, housing, social support, health care, and educational opportunities would be the most likely approaches.

Violent Culture

This perspective contends that there is widespread social approval of violence, and cultural values and norms support force and violence in the home (Gelles & Cornell, 1990). Those who experience violence in their social context develop a belief that it is acceptable. Subcultures of violence assumptions help explain why the incidence of violence is higher in some groups than in others. They maintain that some cultural groups have rules that allow or even require violence (Dobash & Dobash, 1990; Gelles, 1993b).

Opponents of this approach claim that those in less powerful positions in society (minority groups, lower socioeconomic groups) are blamed for the violence that is, in reality, throughout society. Research is not yet available to substantiate this theory (Dobash & Dobash, 1990).

Intervention based on this approach would likely involve trying to identify subcultures at greatest risk of family violence and attempting to change cultural values and norms promoting violent behavior. This would involve work at the community and family levels using community organization and group work approaches (Dobash & Dobash, 1990).

Feminist Theory

Feminist theory is most frequently used with partner abuse, but its tenets are applicable to other forms of family violence as well. A social structure that provides unequal power to different members of relationships is the basis of this theory. Both economic and social processes support a patriarchal (male-dominated) social order and family structure. Thus, husbands are more powerful than wives, leading to the subordination of women. The theory centers on the idea that those with greater power may feel entitled to use physical force or psychological oppression to control or gain power over those who hold diminished social status. The theory suggests that early socialization of girls conditions them to become submissive, while boys learn to be aggressive. Dominance, strength, and authoritarianism are part of the role definition of male partners in a patriarchal society. Women's roles tend to be more dependent, passive, and submissive. Thus, males may dominate females and misuse their social status and power to perpetrate family violence (Gelles & Cornell, 1990; Karp & Karp, 1989). Principles of feminist theory also can be applied to other relationships characterized by unequal power such as exists between parents and children or adult children and elders.

Past and recent history is replete with examples of culturally approved practices that promote the dominance of some members of society over others and legitimate family violence.

This theoretical perspective ensues from historical traditions maintaining family violence as not only acceptable, but legally condoned and, indeed, sometimes considered divinely required. This is the most important distinction between family violence and most other criminal violence seen today. Although much is happening to change past practices and attitudes toward violence within families, a cultural heritage of acceptance has created ambivalence, if not outright denial, in many people. It takes knowledge, courage and persistence to contend with this attitude that is common among the general public as well as some members of the criminal justice system.

Past and recent history is replete with examples of culturally approved practices that promote the dominance of some members of society over others and legitimate family violence. In ancient times, infanticide was common, and it continued until the Middle Ages (Gelles & Cornell, 1990). Children also were sacrificed for religious rituals (Allen, 1956). The Old Testament admonishes, "Do not withhold discipline from a child; if you beat him with a rod, he will not die. If you beat him with the rod you will save his life from Sheol" [Hell] (Proverbs 22:13-14). The violence continued in New Testament times as well. King Herod reportedly killed his son and other relatives, and ordered the deaths of all children in Bethlehem under age two (Johnson, 1951). Many early societies condoned child prostitution for the financial gain of the children's fathers. Child pornography and prostitution were especially prevalent during the Victorian era (Hodson & Skeen, 1987). In early American history, young children were often considered corrupt and sinful, and corporal punishment, justified by Biblical passages, was common. Children were regularly "disciplined" with rods, canes and switches, and this was considered appropriate and acceptable (Gelles & Cornell, 1990; Wiehe, 1992).

Women also have been seen as appropriate targets of family violence. A Roman husband had the power to kill his wife as punishment for adultery, public drunkenness, or attending public games. These so-called transgressions "were the very same behaviors that Roman men engaged in daily!" (Dobash & Dobash, 1979, as cited in Gelles & Cornell, 1990, p. 28). Under English common law, a husband had the right to beat his wife with a stick no bigger than his thumb. This "rule of chastisement" made its way into American law as well. It was not until 1883 that wife beating was first specifically banned in the United States by the state of Maryland (Gelles & Cornell, 1990).

Many cultures have historically venerated elders, in part because it was rare for people to survive to old age. However, in some primitive societies, older persons who no longer could contribute to the welfare of society or take care of themselves were destroyed. While some were murdered outright, more often they were abandoned or neglected until they died (Fischer, 1978). In pre-industrial Western culture, respect for and obedience to parents was considered an obligation. Nevertheless, some families cast out older members who were financially and physically dependent. Many older people ended their years in almshouses and hospitals, and by the late nineteenth century, they were represented disproportionately among inmates of insane asylums. In the eighteenth century, men over 50 were the most frequent murder victims in France. Theories suggest that family members committed most of these murders because of tensions over property control and the men's obstruction of younger kin's aspirations. With the industrial revolution, older persons lost much of the power they had enjoyed earlier and often were relegated to babysitting and housework so younger family members could be employed (Stearns, 1986).

Legal reforms have been enacted to stop some types of family violence, but it is easier to change

the law than it is to change personal and social attitudes. There are many examples, some subtle and some blatant, of social acceptance of family violence.

Traditionally, family violence was not considered criminal behavior. Many family violence cases still are concealed as civil cases, such as divorce, custody, restraining/protective orders, civil harassment or civil assault and battery charges.

A *civil action* is one "brought to enforce, redress or protect private rights" (*Black's Law Dictionary,* 1990, p. 244 [emphasis added]). Remedies include a fine, admonition from the court to stop, and minimum (often 30 days or less) jail time. *Crimes,* on the other hand, are acts that violate "duties which an individual owes to the community" and for "which the law has provided that the offender shall make satisfaction to the public" (*Black's Law Dictionary,* 1990, p. 270 [emphasis added]). Penalties include death, more substantial periods of incarceration, and fines.

Assault (threat of physical injury with the apparent ability to do so) and battery (offensive physical contact) against strangers has always been a crime. It was not until 1984 that the United States Attorney General's Task Force on Family Violence recommended that spouse/partner abuse be criminalized. According to the United States Department of Justice, information collected from the National Crime Victimization Survey reveals that approximately one-half of all domestic violence cases classified by police as "simple assaults" (a misdemeanor) actually involved serious physical injury more appropriate to a felony charge of rape, robbery or aggravated assault (Langan & Innes, 1986).

Finally, social legitimation of family violence is shown through the hesitancy by most people to get involved because, "It is none of our business." This attitude has been endorsed by the criminal justice system as well, as in this statement made by the court in *State v. Oliver,* (1874): "If no permanent injury has been inflicted, nor malice, cruelty, nor dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the parties to forgive and forget." Such inaction, both formally and informally, contributes to the continuation of family violence.

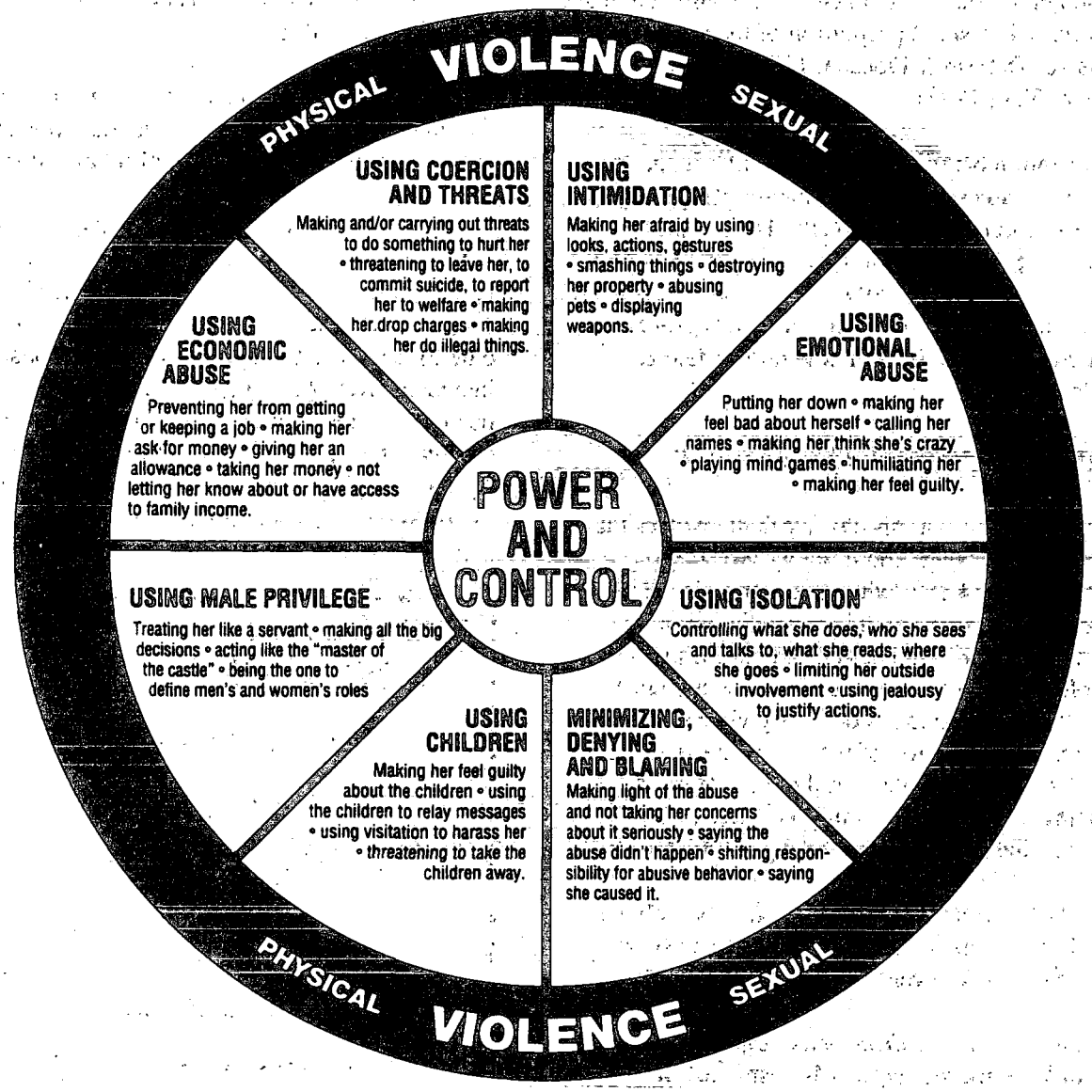
This brief summary of family violence traditions supports the contention of feminist theory that there is a socially sanctioned power differential among family members, and this contributes to the legitimation of violence within families. One study conducted by Dutton & Strachan (1987) shows that male batterers have higher power needs than nonbatterers. The power and control premise also helps explain why low socioeconomic class and educational levels are correlated with many forms of family violence. Fewer resources or less education may make one feel inadequate or less powerful. The use of violence elevates the abuser's feelings of power, control, and dominance (Gelles & Straus, 1988).

Those who believe batterers should take complete responsibility for their crimes prefer feminist theory, rather than pointing to a cognitive or emotional weakness as the main culprit. A conceptual model of the wheel of control, developed by the Domestic Violence Intervention Project in Duluth, Minnesota, provides an abstract of behavior used by perpetrators to exert power and control over the victim. (See Figure 1:3).

Critics of this approach claim that feminist theory, while offering a strong perspective, relies on a single cause. As family violence is a complex issue, it is considered doubtful that a single factor is responsible for the entire range of problems and behavior it encompasses. It also applies primarily to partner abuse and does not

Figure 1:3

POWER AND CONTROL WHEEL



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Domestic Abuse Intervention Project, Duluth, MN

offer adequate explanations of all forms of family violence. Another argument asserts that, although all men have much to gain based on this theory, only a small proportion of them are abusive (Dobash & Dobash, 1990; Gelles, 1993b; Yllo, 1993).

Intervention based on this perspective suggests that men can control their behavior and should be held accountable for abuse. Thus, it promotes increasing the social and legal consequences for batterers. It also is recommended that men who batter become involved with treatment groups that teach them to be nonviolent (Stordeur & Stille, 1989).

The Perspective of This Manual

The information in this chapter demonstrates the wide range of ideas about family violence. It also is apparent that, while many theories seem plausible, more research is needed to learn whether they have value for understanding the problem of family violence. It seems probable that future explanations of family violence will rest on a combination of theoretical perspectives rather than on a single causal explanation. More is being learned about family violence every day, and new propositions may emerge in the future.

Based on current views of many family violence scholars, this manual will rely most heavily on the following interrelated perspectives:

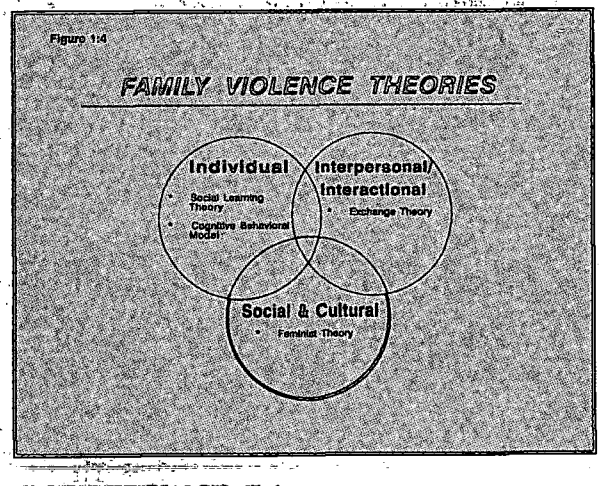
- *social learning theory and cognitive behavioral model*, which postulate that family violence is learned behavior used especially when the abuser has deficits in other cognitive abilities (e.g., poor problem-solving skills, impulsivity, conceptual rigidity);

- *exchange theory*, which posits that members of family relationships will be abusive when the rewards for being violent (e.g., peer approval, tension release, compliance by family members) outweigh the costs (e.g., arrest, loss of status, loss of family relationships); and

- *feminist theory*, which accounts for the social and cultural acceptance of unequal power among different members of relationships.

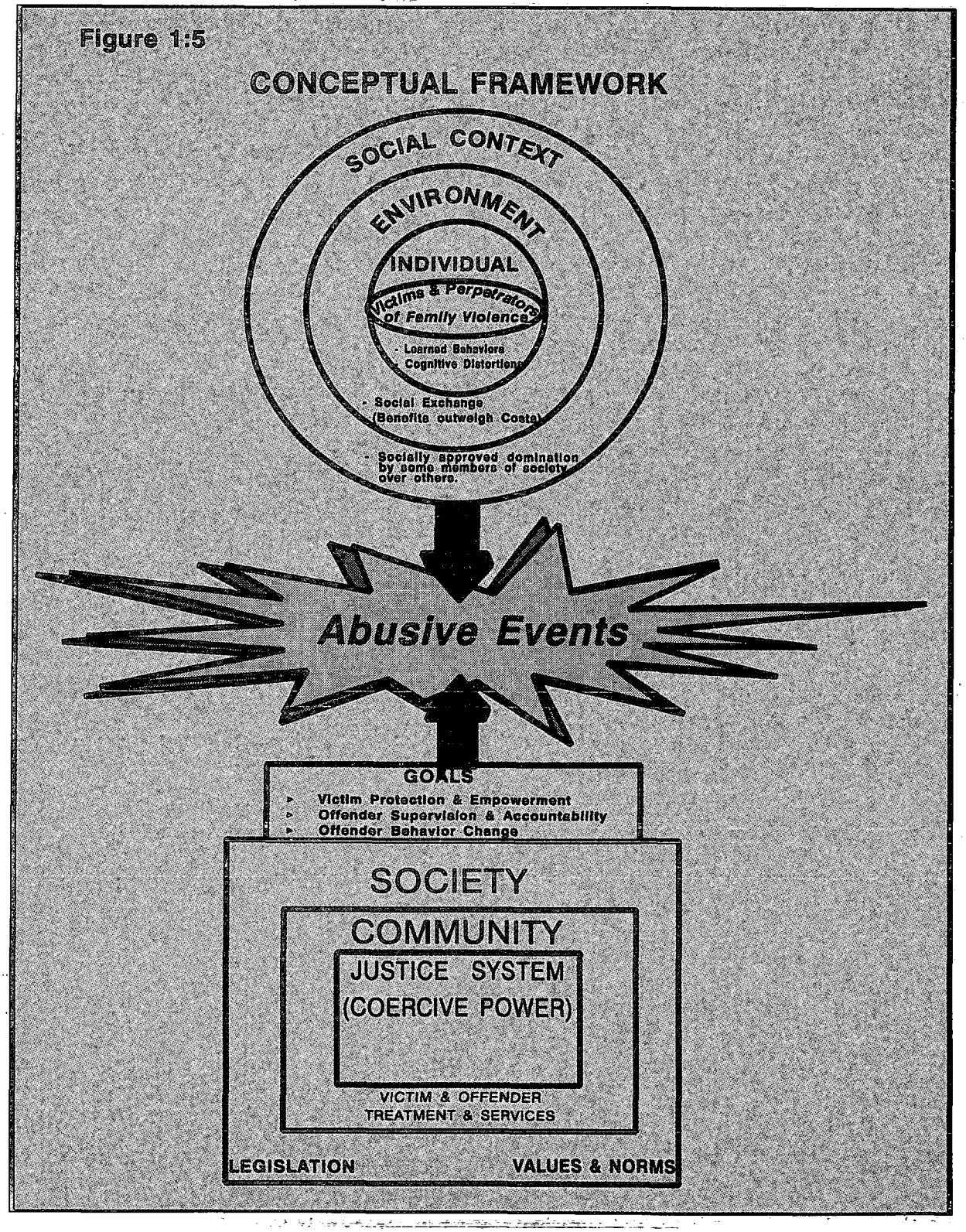
The interplay of these theoretical perspectives is shown in Figure 1:4. Figure 1:5 depicts the family, environmental and social context through which these various perspectives (as well as others) may be acted upon, resulting in abusive incidents. Reliance on these theories does not negate the appropriateness of other theories in certain cases. As will be emphasized in Chapter 10, a thorough assessment of each offender and family situation is necessary to develop an appropriate intervention plan.

Figure 1:4



The remainder of this module will provide an overview of family violence and describe the problems of child abuse, partner abuse, and elder abuse in more detail. Modules 2 and 3 will examine the development of programs to respond to family violence victims and offenders. This response is based on the conceptual model graphically depicted in Figure 1:5. Briefly, this model suggests that when abuse occurs, the justice system, coupled with community

Figure 1:5


CONCEPTUAL FRAMEWORK
SOCIAL CONTEXT
ENVIRONMENT
INDIVIDUAL
Victims & Perpetrators of Family Violence
- Learned Behaviors
- Cognitive Distortions
- Social Exchange (Benefits outweigh Costs)
- Socially approved domination by some members of society over others.
Abusive Events
GOALS
Victim Protection & Empowerment
Offender Supervision & Accountability
Offender Behavior Change
SOCIETY
COMMUNITY
JUSTICE SYSTEM
(COERCIVE POWER)
VICTIM & OFFENDER
TREATMENT & SERVICES
LEGISLATION
VALUES & NORMS

resources and social values, norms and legislation must counter the violence by protecting and empowering victims, holding offenders accountable, and helping them change their behaviors.

The following guiding concepts provide a focus for intervention.

1. **Family violence is a crime.** Just as the same behavior committed outside a family relationship is considered criminal, battering, neglect, sexual abuse, and emotional abuse within the family are offenses.

2. **These are offenses against the victim and society.** The victim does not cause his or her abuse and should not be blamed for it. The criminal justice system has the responsibility for protecting victims, holding offenders accountable for their abusive behaviors, and providing services that help offenders change. These goals of intervention are discussed in more detail in Chapter 6.

3. **Family violence is a multifaceted problem with a complex array of causal factors.** Differential amounts of **power and control, rewards for violence that do not outweigh its costs, and learned abusive behaviors,** are considered the most salient reasons that family violence persists. In some instances, individual psychological problems of offenders also may be implicated.

4. **Intervening in family violence requires a careful assessment of each case.** It is the thesis of this manual that the causes of family violence and the importance of various problems contributing to each case will vary. Therefore, to intervene most effectively, a comprehensive assessment should be conducted to select the most appropriate combination of interventions.

5. **As abusive behavior in most cases is learned, it can be "unlearned."** However, often, the change process must be leveraged by criminal justice sanctions that force offenders to participate in treatment and hold them accountable for their behaviors. Interventions that help offenders learn new skills, control behaviors, and take responsibility for their actions are recommended.

With these concepts in mind, the following are recommended goals for community corrections and the justice system at large. Those in bold type are the primary focus for community corrections:

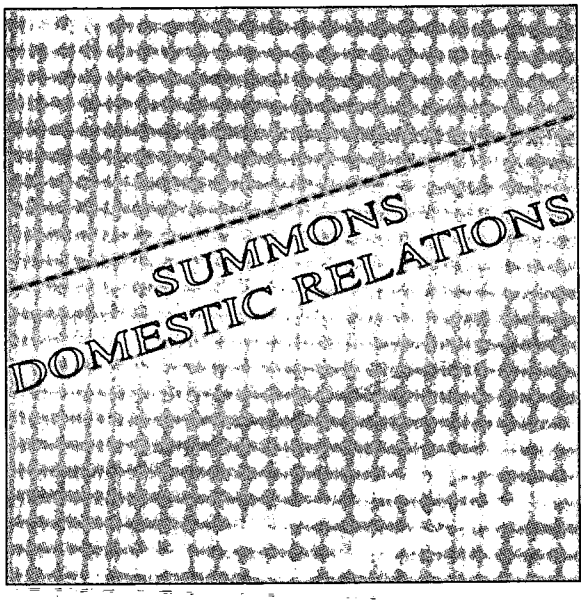
- intolerance for violence from the initial complaint through post-adjudication interventions;
- **protection of victims** and the community;
- **offender accountability and supervision;**
- **offender rehabilitation;**
- decreased social and economic costs;
- increased community coordination and resources for victims and offenders; and
- increased system and community awareness of the problems of family violence.

CONCLUSION

No person or agency can significantly impact the problem of family violence alone. It takes a coordinated justice system and community response. However, individuals have an important role to play. Education is the starting place. The following chapters in this module give substantive information on child maltreatment, partner abuse, and elder abuse.

This introductory chapter provided a conceptual framework for developing a response to family violence. Several theories about the causes of family violence were discussed. Many theories are erroneous, are only relevant in certain cases, or are in need of further research for verification. Thus, currently the field of family violence is operating with the best information available to help practitioners understand the dynamics and underlying causes of abuse. The implications of each theoretical perspective for intervention with offenders (and in some cases victims) also were described briefly. It is very important that programs and professionals clearly articulate their theoretical assumptions and select interventions that correspond with these perspectives.

The following chapters in this module provide additional information about family violence. Module 2 describes program development considerations and processes. Module 3 provides specific recommendations for case interventions.



Chapter 2

AN OVERVIEW OF FAMILY VIOLENCE IN THE UNITED STATES

Regardless of the type of family violence under consideration, there are some important similarities to consider.

Chapter 2

AN OVERVIEW OF FAMILY VIOLENCE IN THE UNITED STATES

This manual is exploring three types of family violence - child, partner and elder abuse - as they relate to community corrections. There are many similarities among these groups, and this chapter provides an overview of several of these. First, the size and scope of the problem of family violence are explored to provide practitioners with a perspective on the pervasiveness of family abuse. Some problems encountered in measuring family violence are discussed. Then, several common themes interwoven among all types of family violence are presented. Finally, major cultural issues related to family violence are summarized.

THE EXTENT OF FAMILY VIOLENCE

The true extent of family violence in America is difficult to ascertain for several reasons. Although the rates are astonishingly high, most researchers believe family violence is underreported.

Child Abuse

Some of the most recent data available to determine the prevalence of child maltreatment is from The National Child Abuse and Neglect Data System's (NCANDS) annual survey of child abuse reports and fatalities. The surveys showed that in 1993, there were almost two million reports of child abuse and neglect involving 2.9 million children. The total number of reports represents a 331 percent increase since data collection began in 1976. About 40 percent of the reported cases were substantiated, or there was some indication of maltreatment. There were 1,028 deaths that occurred in 46 states attributed to child abuse and neglect in 1993. The NCANDS data includes both family and non-family perpetrators of child abuse and neglect. Approximately 77 percent of perpetrators were parents, and 12 percent were other relatives (National Center on Child Abuse and Neglect, 1995).

Different accounts describing the prevalence of child abuse and neglect appear in the literature. For example, Peters, Wyatt, and Finkelhor (1986) found estimates of child sexual abuse in the total population ranging from 6 percent to 62 percent for female victims and 3 percent to 31 percent for male victims.

A Bureau of Justice Statistics (BJS) Special Report, *Murder in Families*, provides survey data on a sample of more than 2,500 murder cases in 33 counties across the United States in 1988. In family murders of children under 12, a parent was the assailant in 57 percent of the cases. In 79 percent of those cases, the murderer had abused the child previously (Dawson & Langan, 1994).

Partner Abuse

Most violent acts between partners are committed against women by men. Recent data from the National Crime Victimization Survey

show that, in 1992, more than one million women were victims of violence by intimate partners (husbands, ex-husbands, boyfriends and ex-boyfriends). These data also showed women were about six times more likely to experience violence committed by an intimate partner than were men. The FBI Uniform Crime Reports for the same year show 28 percent of female victims of homicide, for whom the assailant was known, were killed by an intimate partner. By comparison, only about 3 percent of male homicide victims were killed by an intimate partner (Bachman & Saltzman, 1995). These estimates are based only on violent victimization, including sexual assaults. They do not include women who were solely psychologically abused.

In the BJS study, *Murder in Families*, mentioned previously, of family murders committed, spouses were most often the victims (40.9 percent of cases), with wives more likely to be murdered by their husbands (60 percent of all spouse murders) (Dawson & Langan, 1994). In a study of violence against women, the Bureau of Justice Statistics found 28 percent of actual, attempted, or threatened rapes, robberies, and attacks on women in a typical year are committed by male partners (Bachman, 1994). The American Medical Association (1992) reports 22 to 35 percent of women seeking medical treatment in hospital emergency rooms are victims of partner abuse.

Young people also are victims and perpetrators of partner abuse. In one study, a shocking number of high school students reported that they were aware of relationships between teenagers involving physical abuse (83.3 percent), verbal abuse (89.7 percent), and forced sexual relations (47.1 percent) (Head, 1988). Data from several studies have shown between 25 and 50 percent of high school and university students report experiencing partner abuse (Lewis, 1987).

Women are not the only victims of physical abuse in intimate relationships. Though there is less research estimating the extent of partner abuse against males, battered men do telephone women's shelters seeking help, police encounter physically abused men in domestic disturbance calls, and therapists have counseled male victims of partner abuse (Shupe et al., 1987).

Previously not considered seriously, the study of violence directed toward males by females is now beginning. Straus (1993) claims that the rate of wife-to-husband assault is about the same as the husband-to-wife assault rate. He supports his theory by citing research conducted by several social scientists and draws largely from results of the National Family Violence Surveys conducted in 1975 and 1985. The 1985 National Family Violence Survey used wives' reports only to conclude that 124 per 1,000 couples experienced assaults by wives, and 122 per 1,000 couples experienced assaults by husbands. According to the researcher, only wives' reports were used to avoid the suggestion of male underreporting of their own assaults (Straus, 1993).

In a study of university students, Breen (1985) found 18 percent of men, compared with 14 percent of women, had experienced violence by a romantic partner. The married males in the study reported:

- wives pushed or shoved them in public or private (30%);
- wives punched, slapped, or kicked them (23%);
- wives threw or broke household objects when angry (20%); and
- wives hit them with objects (9%).

The husbands further reported that they:

- sought aid at clinics, doctors' offices, or emergency rooms because of wives' violence (10%);
- received visible welts, cuts, bruises, and knots on heads from assaults by wives (9%); and
- called the police because they felt in danger or thought their family or friends might be in danger from their partner (5%).

Studies concluding that equal assault is committed by males and females often fail to discuss two very important issues: 1) comparative physical strength of partners; and 2) reasons for the assault. In terms of physical strength, with few exceptions, the male has an advantage over the female, making it inevitable that she will sustain the greater amount of injury if conflicts become physical. Research shows that this is an issue of relevance. In an analysis of the National Survey of Families and Households, Brush (1990) found that women are more frequently injured in partner disputes than are men. An investigation of police records (Berk, Berk, Loseke, & Rauma, 1983) revealed that in 95 percent of the cases, women sustained injuries. In cases where both partners were injured, the woman's injuries were nearly three times as serious as the man's.

Regarding reasons for the assault, Saunders (1988) found that most women inflict physical harm on their partners in self-defense. This reasoning is supported by Emery, Lloyd, and Castleton (1989) who interviewed victims of dating violence. Most of these women mentioned self-defense as reasons for attacking their partners. Many reported that they retaliated in frustration and anger at being dominated, and at their partner's violent behavior. Studies regarding women who killed their spouses have found that often, the woman acted in self-defense, or out of desperation after years of victimization (Browne, 1987; Browne & Williams, 1989; Jurik 1989).

Still, in the previously cited study conducted by the Bureau of Justice Statistics, where spousal murder was the most frequently committed of all types of family murders, wives were the victims in 60 percent of the cases. This means that, at 40 percent, a significant number of husbands also were murdered by their wives (Dawson and Langan, 1994). In these spouse murder cases, nearly half (44%) of wife defendants, compared with only 10 percent of husband defendants were assaulted by their spouse near the time of the murder. These assaults included threats with a weapon and physical assaults (Langan & Dawson, 1995).

Elder Abuse

Studies to date have found abuse rates of between 1 percent and 10 percent of the research sample or of the general elderly population (Tatara, 1993). A report by the House Select Committee on Aging (1985) gauged that more than one million, or 4 percent, of the nation's elderly are physically, emotionally, and financially abused by their relatives each year.

Two other studies offer different perspectives on the prevalence of elder abuse nationwide. Widely accepted statistics regarding elder abuse come from a research study conducted by Pillemer and Finkelhor (1988), who conducted interviews with a random sample of 2,000 elderly individuals living in Boston. Respondents were questioned regarding experiences of physical violence, verbal aggression, and neglect. The study did not include incidents of financial/material exploitation. Their research revealed that 32 per 1,000 elderly experienced physical and psychological abuse, or neglect. Applying this

rate to the general population, Pillemer and Finkelhor concluded that between 701,000 and 1,093,560 elderly are abused nationwide. The number obviously would be higher if financial/material exploitation had been included in the study. The study further found physical violence to be the most frequent (20 per 1,000), followed by verbal aggression (11 per 1,000), and finally neglect (7 per 1,000).

Tatara (1993) summarized the findings of a study conducted in 1991 by the National Aging Resource Center on Elder Abuse (NARCEA). This study surveyed state adult protective service agencies and state units on aging, the entities mandated by states to collect reports of elder abuse and neglect. Although reviewers of this study admit several methodological limitations, the results show the number and types of elder abuse incidents reported to authorities each year. The survey collected information on all types of elder maltreatment (including self-inflicted abuse or neglect, which is not included in the definitions used in this manual). According to Tatara, there were 227,000 reports of domestic elder abuse in 1991. Not all these reports were substantiated later by authorities. However, nonsubstantiation does not necessarily mean that the abusive incident did not occur. Of the substantiated cases of elder maltreatment, neglect was the most prevalent type (probably because self-inflicted incidents were included), followed by (from most to least prevalent) physical abuse, financial/material exploitation, psychological abuse, and lastly, sexual abuse. Again, note that the NARCEA study provides information on **reported** elder abuse incidents, and thus does not represent the actual number of elder abuse episodes nationwide. These data also include elder maltreatment perpetrated by family members, as well as non-related caretakers, and elders' own self-abuse or neglect.

The BJS study, *Murder in Families* (Dawson & Langan, 1994), indicates that elders also are the victims in family murders. A family member killed more than one-fourth (27%) of the murder victims age 60 or older included in the study. Among these murders of victims over age 60 committed by family members, their offspring were the killers in 42 percent of the cases. In another 24 percent of family murders of persons over age 60, spouses were the perpetrators.

PROBLEMS IN MEASURING FAMILY VIOLENCE

As indicated already, statistics on family violence are not precise. This section briefly reviews several reasons for this.

Definitions

Lack of consensus on terminology affects statistical reports. The FBI's Uniform Crime Reports gather data from crimes reported to police. They include criminal behavior that causes physical injury and are limited to reports of eight crimes (homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson). They do not consider psychological damage or violence that does not result in physical injury. Note that the FBI statistics do not consider civil petitions. Many cases of family violence may only come to the attention of the legal system as civil matters (e.g., restraining orders, protective orders, divorce, child custody). Thus, crime statistics do not include these cases.

Another source for statistics on family violence is the National Crime Victimization Survey (NCVS), sponsored by the Bureau of Justice Statistics to gauge criminal victimization generally, whether reported to police or not. Sixty thousand household members are interviewed throughout the United States. Interviewers are encouraged to speak privately with each household member. The extent to

which private interviews actually are conducted is not reported; however, perpetrators of abuse are probably less likely than nonabusers to agree to this. The varying definitions pose a problem for this survey, because many people, including abuse victims, do not define slapping, kicking, or threatening family members as a "crime." Although these acts may be seen as wrong, they are not considered criminal unless someone is hospitalized or killed, or the attack is by an ex-spouse or former partner. Therefore, reporting such incidents to a crime victimization survey is unlikely (Straus, 1993). More recent versions of the survey, however, were revised to include a broader spectrum of incidents (Bachman & Saltzman, 1995).

To illustrate how definitions can influence results, The National Incidence Studies, conducted by the National Center on Child Abuse and Neglect (NCCAN), published reports in 1980 and 1986. In 1980, abuse and neglect included cases in which children "experienced demonstrable harm as a result of maltreatment." The 1986 report analyzed the data using both the 1980 definition, and a revised set of broader definitions. The revised definitions included children who were "endangered" or "placed at risk for harm" (Wiehe, 1992). Using the original definition, the report concluded that almost one million children were victims of child abuse and neglect in 1986. However, when applying the revised definition, more than 1.5 million children were victimized. An analysis using the first set of definitions revealed that about 507,700 of these children were abused, and 474,800 neglected. With the revised set of definitions, a substantially larger number of children were neglected (917,200) than abused (590,800) (National Center on Child Abuse and Neglect, 1988a). The 1986 figures, using broader definitions of child maltreatment, represented a 51 percent increase in child abuse and neglect over the 1980 figures using more limited definitions (National Center on Child Abuse and Neglect, 1988b).

Underreporting and Overreporting

Reporting is another factor that leads to problems estimating the extent of family violence. Families and society often conceal abuse. Women may refuse to report their partners' violence out of fear of retaliation or a belief that it is a private matter (Langan & Innes, 1986). Children often deny abuse because of emotional attachment to their abusers or fear of abandonment. Elderly adults may fail to report maltreatment because they rely on their abusers for food, shelter and physical care.

Even where mandatory reporting laws direct specific groups of individuals to report suspected abuse or suffer legal sanctions, failure to report persists. For example, medical personnel legally are required in every state to report suspected child abuse; however, a 1980 study by the United States Department of Health and Human Services concluded that hospitals failed to report almost half the cases that met the study's criteria (National Committee for Injury Prevention and Control, 1989).

In the National Incidence Studies and the NCCAN surveys cited previously, child abuse reports were used to measure prevalence of child maltreatment. It is unclear whether actual maltreatment increased or only the reporting of cases increased. Reports do not necessarily represent substantiated cases, and some research has shown that substantiation rates are quite low, from 37 to 40 percent (American Association for Protecting Children, 1988). Still, there are many reasons to believe incidents of child maltreatment, and other forms of family violence, probably occur more, rather than less, frequently than statistics reveal for the following reasons.

- Researchers have pointed out that though many reports of child maltreatment are not substantiated, it is likely that reports very often represent actual cases of child abuse and neglect. They contend that unconfirmed reports more often may be the result of under-investigating than of overreporting. For example, investigation practices may not be thorough, or there may be insufficient information to follow through with an investigation (Besharov, 1993; Finkelhor, 1993; Stein, 1993).

- Underreporting is likely to occur because of various factors such as fear of coming forward and ambiguous reporting laws. Therefore, statistics regarding family violence probably are not exaggerated even when reports are the measuring devices.

- It also has been theorized that estimates regarding family violence fatalities are likely to be low because suspicious cases may remain unreported or undergo inadequate investigations (Daro & McCurdy, 1991).

Research shows victims of abuse by intimates or acquaintances are less likely to report the assault than are those victimized by strangers.

Research shows victims of abuse by intimates or acquaintances are less likely to report the assault than are those victimized by strangers. For example, the Bureau of Justice Statistics determined 33 percent of women attacked by intimates did not report the offense to police because it was "a private or personal matter," compared to only 3 percent who were attacked by strangers (Bachman, 1994). Another 18 percent did not report the attack because of fear of reprisal. The 1978 to 1982 National Crime Survey (Langan & Innes, 1986) revealed 48 percent of incidents of domestic violence against women went unreported to the police.

There also is much secrecy surrounding the abuse of men by their female partners. Men may be ashamed to tell anyone about such an assault, and even less likely to seek help from a therapist or the police (Shupe et al., 1987). As statistics often come from police or mental health records, cases of abuse against males are not likely to be counted. Partner abuse among minorities and people living in rural areas probably is underrepresented as well because of characteristics that make them less likely to seek assistance.

Victims of sexual abuse are very likely to be left out of partner abuse statistics. Many do not realize that forced sexual relations by an intimate are considered rape. Others remain silenced by confusion and shame brought on by perpetrators who blame the victim. The least reported form of rape is date rape, at 1 percent (Russell, 1984).

Similar to cases of child abuse and partner abuse, elder abuse probably is vastly underreported. Pillemer and Finkelhor (1988) estimated that one in 14 elder abuse cases (about 7%) is not reported. Reasons for underreporting are many, including those identified by Kosberg (1988) and reiterated by Callahan (1988).

- Families are secretive about their internal conflicts.

- Acts occur in isolated home dwellings where extra-familial individuals who are more likely to report do not witness them.

- Elders are reluctant to report abuse by relatives and often do not recognize that they are being maltreated.

- Awareness of the problem is lacking among professionals and the public.
- Those responsible for reporting often do not.

One reason people responsible for reporting elder abuse may not do so is because very often it is difficult to distinguish between the signs and symptoms of abuse and those of the natural aging process. As reported by the National Committee for Injury Prevention and Control (1989), broken bones, bruises, malnutrition and excessive passivity are all signs of abuse and neglect as well as aging. The elderly may fall or otherwise injure themselves easily, or be on medication that produces side effects that mimic signs of maltreatment. Furthermore, because of mental impairment or memory loss, testimonies of the elderly are not always accurate. Finally, many elderly victims tolerate their abuse and adamantly deny it. This is often because they would rather endure the maltreatment than what they perceive as a less desirable alternative, such as institutionalization (Migus, 1990).

Methodological issues

Another reason reports of family violence may not be accurate involves research methodologies. Researchers always face decisions about the scope of the work they do. Often they will choose to collect data about some types of abuse (e.g., physical, sexual) while electing not to include others (e.g., neglect and psychological abuse). Estimates will vary depending on whether one asks survivors of family violence to recall incidents in the past or is examining current cases.

A factor confounding estimates of child maltreatment is that new areas of child abuse are being identified. Many of these would fall outside the realm of traditional studies estimating the prevalence of child abuse and neglect. One such area is those who witness the murder of one parent by another. To date, no statistics have been collected nationwide to ascertain the number of children this involves (Burman & Allen-Meares, 1994). However, records kept in 1982 in the Sheriff's Homicide Division estimated that about 200 children in Los Angeles County alone witnessed one parent being murdered by another (Pynoos & Eth, 1984). This figure represents only a fraction of homicide cases occurring nationwide, giving some idea of the significance of this problem.

Another area that involves a substantial number of children is those who witness parental partner abuse (not necessarily homicide). Studies estimate that about 3.3 million children are exposed to their parents' marital violence each year (Carlson, 1984). More information on this type of child abuse is available in Chapter 3.

In addition, courts have begun to look at cases of drug transmission *in utero* as child abuse. In 1989, 11 percent of all babies were born with some trace of drugs in their systems. This is an increase of three to four times over 1985 figures (Viadero, 1989).

Depending on the perspective from which one examines partner abuse, the number of incidents varies considerably. Studies limit the terms used as a basis from which to count incidents of abuse. For instance, a study conducted by the Bureau of Justice Statistics reports on women who have been raped, robbed, assaulted, or threatened with these crimes during a typical year (Bachman, 1994). It does not include estimates of women who have been verbally abused, intimidated, or denied access to money, transportation, or other resources (psychological abuse).

It is easier to measure incidents of physical and sexual abuse counted from police reports or arrest rates, than it is to measure incidents of verbal abuse, intimidation, possessiveness,

isolation, and the like. Nevertheless, psychological abuse is a severe form of mistreatment that should not be overlooked in the literature. In one survey, the majority of women seriously injured during bouts of physical battering reported verbal abuse was the worst form of abuse they experienced (Walker, 1979). Further research suggests that psychological abuse is more damaging than physical attacks because the psychological abuse tends to hold women in a relationship (Walker, 1979, 1983, 1984).

Sources used in gathering statistics also may result in limited information. For instance, statistics involving hospital emergency room visits will only measure incidents where injuries required a trip to the emergency room, and the injury was reported as caused by a family member of the injured person. Studies gathering information from police records, for example, will only include cases of spouse abuse where police were called.

With every study, what constitutes *abuse* and the method and source of data collection must be considered. Usually, the entire realm of child, partner or elder abuse (including physical, sexual, psychological and financial abuse, and neglect) is not the perspective from which the extent of family violence is measured. It is evident the number of incidents of family violence is staggering, affecting millions of victims each year, no matter the definition or research design used. Neither exact nor consistent statistics are necessary to underline the seriousness of this issue.

COMMON FACTORS IN FAMILY VIOLENCE

Regardless of the type of family violence under consideration, there are some important similarities that should be considered. Research in one area of family violence may prove useful in learning how to combat intrafamilial abuse in another area. This is important, as research on child abuse is more advanced than research on partner or elder abuse (Finkelhor & Pillemer, 1988). Uncovering similarities in these three types of abuse can aid researchers in identifying patterns, making predictions, and designing intervention programs to reduce future instances of all types of abuse.

Finkelhor and Pillemer (1988) noted the following similarities between various types of family abuse.

- Analyses conclude that all forms of family abuse involve power and control, subjugating those with relatively lower positions in society (i.e., women, children, and the elderly).
- Factors that contribute to or create risks for family violence are similar (e.g., stress, economic deprivation).
- Commonalities exist in perpetrators of all forms of family abuse (e.g., exposure to violence in childhood, need for power and control, substance abuse problems).
- Effects of abuse on the victims (children, partners, or elders) are much the same (e.g., lowered self-esteem and coping skills, isolation, depression).
- Problems in receiving services are common to all forms of family abuse (e.g., victims' hesitancy to report the abuse, fear of exposing the perpetrator, failure of authorities to provide adequate protection).
- There have been delays in recognizing all forms of family abuse as serious social problems requiring professional and public attention. Decisive, expedient responses

from the criminal justice, mental health, social services, and medical professions have been long overdue in the struggle, because of an unwillingness to tread on cherished family territory.

Though similarities exist, parallels should not be drawn where they do not exist. A model for intervention that works in cases of child abuse cannot necessarily be applied successfully to cases of partner abuse. Uniqueness of each form of abuse must be considered, and appropriate modifications made, before implementing strategies designed for another type of abuse.

Intergenerational Effects: A Continuum of Victims

Although the concept of intergenerational transmission of family violence has been contested (Kaufman & Zigler, 1993), most researchers conclude that past victimization is a major risk factor for future abusive behavior and/or victimization (Egeland, 1993). Studies reveal that in the **offender population**, most family violence perpetrators were once victims. However, in the population of abuse victims who are not in the criminal justice system, no such correlation has been found. Children who grow up in abusive households are more likely, **but not destined**, to live in abusive households as adults (Gelles and Cornell, 1990), becoming either perpetrators of partner or child abuse, or victims of partner abuse. Although there is yet no strong evidence of such, researchers of elder abuse speculate that formerly abused children may strike out against their abusers when they (the parents) reach old age (Pillemer & Frankel, 1991).

Abusive patterns of familial interaction seem **normal** to people reared in abusive homes, making it very difficult to change this behavior. Family violence is most threatening to the perpetrator's family members. However, these offenders also threaten public safety. Recent studies reveal that abuse of children increases the potential of future delinquency and adult criminality by 40 percent (Widom, 1992). "The cycle of violence hypothesis suggests that a childhood history of abuse predisposes the survivor to violence (against anyone) in later years" (Widom, 1992, p.1). Nevertheless, past victimization does not necessitate future violence.

Perhaps the most pervasive factor in all forms of family violence is the feeling of entitlement by the perpetrator.

Offender Characteristics of Power and Control

Perhaps the most pervasive factor in all forms of family violence is the feeling of entitlement by the perpetrator. Research shows psychoses or mental illnesses in perpetrators cause less than 10 percent of family violence (Gelles and Cornell, 1990). The abusive behavior is more likely to result from social organizational factors and past familial patterns than psychological defects. Some exception to this generalization may be found in cases of elder abuse, where studies find that abusers are more likely than in other forms of family violence, to be developmentally disabled, mentally ill, or alcoholic (Pillemer & Frankel, 1991).

According to sociological perspectives of family violence "the use of violence to resolve conflicts is brought into play by the typically dominant member of the family to ensure submission of those in their care" (Gelles & Cornell, 1990, p. 95). This perception of entitlement encompasses two dimensions. On one level, perpetrators may

focus on their "ownership" of individual family members. For example, many partner abusers articulate strong traditional beliefs in sexually stereotyped roles for family members. However, the perpetrator's sense of power actually may be very fragile. He may perceive signs of rejection, disloyalty, or disobedience that may or may not exist in reality, and believe a show of force is required to heal his injured ego (Pressman, Cameron & Rothery, 1989). Similarly, perpetrators of elder abuse may equate their caregiving with a right to control those who depend on them. They may feel they are owed something for all the responsibilities they are performing; or they may feel entitled to control a family member who has moved into their home.

On a second level, perpetrators may believe their membership in the family legitimizes their violent behavior. In a 1979 study, Gelles and Straus identified characteristics of families that increase the propensity for violence. These characteristics are unique to the family as a social grouping and, ironically, are the same characteristics that allow families to be nurturing, supportive environments. Among those characteristics cited are:

- more time spent with family members versus others;
- the amount of conflict inherent in family interactions (e.g., which television show to watch or car to buy);
- a perceived right to influence others in the family;
- the potential for conflict from differing ages and sexes within the household; and
- increased privacy for families as a social institution (Gelles & Cornell, 1990).

Everyday happenings in American culture tend to reinforce the notion that some are entitled to power while others remain in less powerful positions. Consider the following examples:

- a police officer asking a victim of partner abuse what she did to make him so mad;
- a child being ridiculed or hit by a caregiver in the mall without a challenge from anyone;
- an older worker being forced to retire; and
- a disabled individual being denied access to a public place.

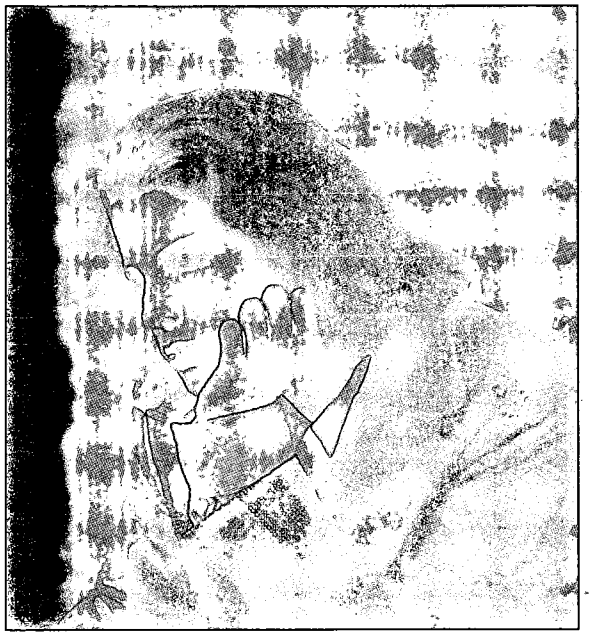
These actions, or inactions, bolster perpetrators' beliefs that their behavior is appropriate and acceptable, and heighten the views of victims that their plights are inevitable. This reinforcement is unconscious, but it exits nonetheless. People learn the values and rules of behavior in relationships through socialization, a process of both deliberate and subtle communication.

CULTURAL ISSUES AND FAMILY VIOLENCE

Individuals of all ethnic groups, social classes, geographical areas, and lifestyles may experience family violence (Fahnstock, 1992; National Clearinghouse on Family Violence, 1990; Schulman, 1979). There is no conclusive evidence that any one subculture or group is more or less predisposed to abusive relationships than the others.

Several social factors coalesce in American culture that contribute to high rates of all types of family violence. Beliefs that family matters are private generally protect activities that take place between family members. Especially where children and partners are concerned, there often

is acceptance of the tenet that some family members "belong" to others, with the concomitant rights implied by such "ownership." In addition, there is a high level of generalized violence, including widespread endorsement and use of corporal punishment and frequent examples of violence in the media. Availability of firearms and prevalence of alcohol and other drug abuse are social factors also contributing to family violence (National Committee for Injury Prevention and Control, 1989).



Male-dominant cultural beliefs and practices, and historical attitudes of female inferiority, often reinforced by laws, perpetuate the problem of partner abuse (Binder & Meeker, 1992; National Committee for Injury Prevention and Control, 1989; Pleck, 1979). Surveys and studies conducted with adolescents reveal the prevalence of these opinions at very young ages. Particularly disturbing are results from a study at York University in Toronto, where 31 percent of males and 22 percent of females agreed that girls who have sex forced upon them are at fault if they engage in necking or petting and let things "get out of hand" (Check and LaCrosse, 1988). Another survey, conducted among 1,700 Rhode Island students in grades six through nine, reported 65 percent of boys and 47 percent of girls said it was acceptable for a man to force sexual relations on a woman if they have been dating for more than six months (Rape Okay if Man Pays for Date . . ., 1988).

The media may be seen as a reflection of the larger culture's views of dating, womanhood, and sexuality. The impression often given through advertising, music, movies, and television shows is that males in relationships are stronger, in control, and more aggressive than females, who are pretty, more passive, and approval-seeking. Young people are particularly vulnerable to accepting reality as what is portrayed in the media. It logically follows, then, that the media perpetuates in society the very sex role stereotypes it portrays.

Very little research has been done on the cultural considerations of elder abuse. Though no statistics are available, one might predict that cultural values regarding the elderly would have an impact on the occurrence of elder abuse. Mainstream American culture considers more acts abusive to elders than to children or partners. For example, slapping a child or partner may not be considered abuse typically, but slapping an elderly person undoubtedly would be criticized. Interestingly, at the same time, a generally negative view of the elderly as less able and less useful exists, as evidenced through the practice of age discrimination. Thus, the very society that appears to honor and respect the elderly very often demeans or disregards them. For the elderly, this marks a demotion in social status, which means a loss of personal power.

According to Butler & Lewis (1983), negative attitudes toward the elderly contribute to their feelings of low self-esteem. Loss of power, perceived or actual, has significant ramifications because feelings of powerlessness can sometimes

lead to victimization. For instance, an elderly person's internalization of society's negative stereotypes might lead him to passively accept maltreatment from others. Indeed, older persons who are most likely to be abused view themselves as helpless and dependent (Henton, Cate, & Emery, 1984).

The changing structure of the American family also may contribute to child and elder abuse. The trend today is toward smaller families, growing prevalence of single parent households, and greater geographical separation between family members. This means that one person alone may have to care for dependent children or an elder relative, which can be very difficult (Henton et al., 1984). This situation can create stress and family conflict, both of which can lead to abuse.

While the social and cultural context cannot justify family violence, it is important because of its impact on family members, family processes, the environment, and social structures. Therefore, the importance of cultural factors cannot be underestimated when creating intervention strategies to combat family violence. To be effective in helping all victims of family violence, one must understand the unique aspects of different subcultures as they relate to the topic.

Ethnicity and Socioeconomic Status

Different ethnic backgrounds represent varying views of family life and parenting. Issues regarding social class also reflect distinct experiences that bear consideration when designing intervention programs. This section will explore the influences of ethnicity and socioeconomic status as they relate to child, partner and elder abuse.

European Americans, African Americans, Hispanics, Asian Americans, and Native Americans are the primary ethnic groups in this country. While those of European heritage are in the majority and enjoy the advantages of power and economics, members of minority groups frequently experience discrimination, racism, and oppression. The different experiences of these groups often foster a distrust of each other. America professes to be a "melting pot," but statistics regarding the status of minorities in this country tell a different story. Life experiences and treatment of minority groups in the United States may make them more prone to abusive relationships, both as perpetrator and as victim.

Attitudes held by many European Americans compound the difficulties minorities experience. Data from the National Opinion Research Center's General Social Survey (Whites Retain Negative View . . . ", 1991) show more than 50 percent of European Americans believe African Americans and Hispanics are: more prone to violence (than those who are not from these ethnic groups); prefer living on welfare; and are less hardworking and less intelligent than most Americans. These attitudes, held by the majority of the dominant culture, can contribute to feelings of inadequacy and anger for those to whom they are directed. These are feelings that often accompany violent episodes in relationships (National Coalition Against Domestic Violence, n.d.).

Because of their experiences of discrimination and resulting suspicion toward others, minority group members may be less likely to turn to formal service providers for help. Fear of prejudicial treatment sometimes leads to a desire to "protect" themselves, their families, or their mates, by not involving authorities (Asbury, 1993; National Coalition Against Domestic Violence, 1991). This tendency is likely to have an effect on the portrayal of family violence in minority families. Empirical studies have validated that statistics regarding child abuse in minority families often are exaggerated (Hampton, Daniel, & Newberger, 1983) and

distorted (Gelles, 1985; Hampton & Newberger, 1985; National Committee for Injury Prevention and Control, 1989; What to do . . ., 1985). A review of the literature reveals that the "label" of abuse is more likely to be pinned on minority or poor children (Daniel, Hampton, & Newberger, 1983; Hampton, 1987; National Committee for Injury Prevention and Control, 1989). Those studying cultural differences have cautioned that the variance in child-rearing philosophies and practices seen across cultures may be more a function of socioeconomic conditions than culture (Brooks, 1991; Julian, McKenry, & McKelvey, 1994).

The term "family" is limited to a nuclear concept for some, but may encompass a broad network of relatives and friends for other groups (Harrison, Lumry, & Claypatch, 1984). Therefore, one who attempts to intervene may need to earn the trust of an extended family system outside the traditional nuclear core to obtain cooperation. These issues can present a challenge for service providers unless they are aware of and sensitive to them. Though researchers have found more similarities than differences regarding child rearing philosophies and tactics across cultures, they also point out that differences do exist (Brooks, 1991; Jaramillo & Zapata, 1987; Julian et al., 1994). An emphasis on the group over the individual, strong identification with the extended family, and reciprocity are common characteristics of minority groups, most notably within the Asian-American, Native American, and Hispanic cultures (Asbury, 1993; Huang & Ying, 1989; Long, 1986; Marin & Marin, 1991). Language differences among non-English speaking minorities also may present a barrier to seeking outside assistance. Thus, an understanding of family practices and lifestyles as they differ across cultures is important before interventions are considered.

Racial discrimination that torments the lives of many members of racial minorities in America often results in their impoverishment (Burman & Allen-Meares, 1994; Staples, 1987). African Americans and Hispanics tend to have lower incomes and educational levels than predominantly White Americans of European decent. There are also greater percentages of Hispanics and African Americans living in poverty (U. S. Bureau of the Census, 1991). Asian Americans, while not as poor as other minorities, tend to be underemployed and underpaid compared with others doing similar work (Huang & Ying, 1989; Nagata, 1989). Higher rates of malnutrition, alcoholism, and suicide afflict Native Americans than other minority groups (LaFromboise and Lowe, 1989).

Low income levels, educational levels, and other problems are not themselves predictors of abusive tendencies. However, several studies have shown economic insecurity to be associated with abusive intimate relationships (Bowker, 1984; Gelles & Cornell, 1990; Gelles & Straus, 1988; Hoffman, Demo & Edwards, 1994; Hotaling & Sugarman, 1990; Roy, 1982). Researchers also have correlated lower educational attainment with higher levels of partner abuse (Hoffman et al, 1994; McCall & Schields, 1986; Okun, 1986; Steinmetz, 1987; Straus et al., 1980). Some theorize that it is not socioeconomic status, but the stress of financial problems associated with low income that leads to partner abuse (Gelles, 1972; Steinmetz, 1987; Straus et al., 1980).

McLoyd (1990) found that parents with lower income and educational levels have difficulty maintaining a nurturing, supportive parenting style. Overstressed parents may vent their frustration on the children through physical abuse. Neglect also may occur as parents, overwhelmed by financial burdens, struggle with the tasks of day-to-day survival. Studies have found that neglectful families are often extremely poor (Giovannoni & Billingsley, 1970; National Center on Child Abuse and Neglect, 1988a;

Nelson, Saunders, & Landsman, 1993) and lack adequate housing and living conditions (Giovannoni & Billingsley, 1970; Nelson, Saunders, & Landsman, 1993). Moreover, neglectful caregivers are less educated than those who are not neglectful (Nelson et al., 1993; Ory & Earp, 1981), which sometimes plays a role in social class. Sexual abuse studies have found no differences in rates from one social class to another (Finkelhor, Hotaling, Lewis, & Smith, 1990; Kercher & McShane, 1984; Russell, 1986).

Low income levels, educational levels, and other problems are not themselves predictors of abusive tendencies.

Low income and educational levels are significantly correlated with partner abuse, but some researchers have theorized that this association is merely the result of data collection methods. For example, many studies are conducted with women in shelters. Those with lower income levels are likely to be overrepresented in these data as they have few or no other alternatives (Asbury, 1987). Also, statistics are commonly collected from hospital emergency rooms where poorer victims are more likely to seek medical assistance than their wealthier counterparts, who often choose to see private physicians for their injuries (National Woman Abuse Prevention Project, n.d.).

Scholars consistently state that socioeconomic status is not related to elder abuse, and that maltreatment occurs among those of all social classes (Boudreau, 1993; Eastman, 1984; Steuer & Austin, 1980). However, economic hardship in a family caring for an elder can place them at greater risk for the occurrence of abuse (Kosberg, 1988), possibly because of increased family stress.

Not only does low socioeconomic status impact the victims and perpetrators of family violence, but social class may influence how situations are treated when services are provided. Wolock (1982) found differences in the handling of similar child abuse cases in social services offices located in socioeconomically depressed areas as compared to those in socioeconomically advantaged areas. Workers in lower socioeconomic areas, with higher, more problematic caseloads and fewer resources, were less likely to view a certain situation as a case of neglect in need of intervention than those in higher socioeconomic areas. Conversely, prejudicial presumptions may provoke a tendency to dismiss cases of suspected child maltreatment at the higher socioeconomic levels, and substantiate them at the lower levels, particularly when the alleged perpetrators are known in the community.

Several minority ethnic groups found in American society are profiled briefly in the following pages. This summary is not an attempt to educate professionals on the complex diversity within the various cultures. There are many subgroups within each of the major ethnic categories, and family norms and values can be quite diverse among these groups. Rather, some general examples of family structures, beliefs, and traditions are shared for various cultural groups. Those charged with designing intervention programs for victims and perpetrators of family violence must remember that cultural beliefs and experiences play a role in the perceptions and behavior of all people.

African Americans

Today, there are significant numbers of African American households headed by women. Some have attributed the declining number of male heads of households to the plight of the African American male. Many African American men have lost their lives through homicide, suicide,

war, accidents or drug overdoses (Bastian, 1993; Rand, 1994; Staples, 1982; Stewart & Scott, 1978). Many others are in prison or unemployed; in 1990 about one in four African American men between the ages of 20 and 29 was under the supervision of the criminal justice system, being either incarcerated or supervised in the community (*Americans Behind Bars*, 1993; Joe & Yu, 1984; Mauer, 1990). African American females, unlike many women of other ethnic groups, traditionally have been part of the labor force. Thus, gender roles in the African American culture may be more flexible than in other ethnic groups (Allen, 1981; Asbury, 1993; Roy, 1982). Staples (1987) contends that feelings of psychological and economic independence play a significant role in the choices to divorce or never marry made by many Black women today. Still, Saunders, Nelson, and Landsman (1993), who studied differences between African American and Caucasian families in urban America, found African American women experience the most extreme poverty and substandard housing conditions.

Though there are many single African American mothers, positive male role models are not necessarily absent in these families. Extended family networks that include relatives and friends often exist to fill any gaps and provide necessary support (Stack, 1974). The prevalence of African American households headed by women is not an indication of family dysfunction. The common occurrence of this family structure, and the displaced role of the Black male are significant because they bear consideration in the design of effective intervention programs for African American families. In fact, the nonadherence to strict gender roles in the African American culture is viewed as a positive force in child rearing. It is likely that children learn to be more flexible when it comes to gender roles (Asbury, 1993).

There is a legacy of harsh discipline inherent in the African American culture, thought to serve as a means of conditioning children to cope in a hostile society. This legacy, rooted in the eras of slavery and segregation, refers to the use of extremely strict discipline to teach children to succumb to authority in a docile, desensitized manner. Social scientists have observed the remnants of this legacy in the strict parenting style in many African American families today (Bartz & Levine, 1978; Lassiter, 1987; Taylor, Chatters, Tucker & Lewis, 1990). However, Bartz & Levine (1978) noted that a great degree of support and open communication also characterizes the parental role in African American families.

Other characteristics social scientists have observed in African American families include: respect for authority; a strong orientation toward religion, hard work and achievement; a sense of duty to family; the notion that generous acts will be reciprocated; and encouragement of emotional expression in both males and females (Hill, 1972; Rashid, 1985). Parenting practices often reflect these values.

Hispanics

Hispanics, in general, do not espouse confrontation; they promote smooth social relationships and de-emphasize conflict. Therefore, partner abuse within this culture very likely would be downplayed (Asbury, 1993; Marin & Marin, 1991). Hispanic women, according to Torres (1987) tend to hold a more tolerant perspective of abuse, and so perhaps are more willing to accept a certain level of maltreatment from their partners (Asbury, 1993).

Research on parenting styles of Hispanics is inconsistent. Some studies have described Hispanic parents as permissive. Others have noted an authoritarian style (Hamner & Turner, 1990). There appears to be concurrence that a

tendency toward male dominance exists in Hispanic households (Hamner & Turner, 1990; Wilkinson, 1987), though the father is seen in many studies as an involved, affectionate authority figure (Hamner & Turner, 1990; Julian et al., 1994; Vega, 1990). However, some researchers increasingly are finding Hispanic families to be more egalitarian (Gonzalez, 1982; Zinn, 1982).

In general, Wilkinson (1987) found that Hispanic families:

- value family and children as central components in their daily lives;
- subscribe to and teach gender-specific roles; and
- suppress feminine traits in males (e.g., docility, sensitivity).

A unique aspect of the Hispanic culture is that many believe in and practice folk healing. Folk healing is the treatment of illness through herbs, religion, and psychosocial practices (Chesney, Thompson, Guevara, Vela, & Schottstaedt, 1980). Sometimes, folk healing practices, or the lack of medical treatment by a health professional, may be life-threatening to a child. According to Krajewski-Jaime (1991), proper medical aid to the child need not undermine cultural practices. Through empathic listening and other proper communication techniques, caretakers and human service workers together can agree on a safe method of healing. Often, the extended family will be involved with the child's care. It may be necessary to work cooperatively and sensitively with an entire group of family members to determine the proper care for the child.

Asian Americans

Like Hispanic families, Asian Americans historically have been patriarchal; men head the household, and women are expected to "serve" their mates and children (Asbury, 1993; Huang & Ying, 1989). However, this structure is less common today as families assimilate to the dominant culture. Despite some tendency to conform, Staples & Mirande (1980) noted that certain traditional values and characteristics have retained their influence on the Asian American culture. These include:

- importance of family over the individual;
- self-discipline as essential to goal achievement; and
- loyalty to one's cultural heritage.

Asian American parents generally exert greater control over their children than Caucasian parents (Lin & Fu, 1990). An emphasis on hard work and achievement is consistently documented (Julian et al., 1994; Lin & Fu, 1990; Sue & Kitano, 1973).

Asian Americans learn to be obedient toward authority figures, and not to share problems or express feelings for fear of bringing shame on the culture or family (Slonim, 1991). In a comparative study, Hong and Hong (1991) found Chinese respondents more accepting of parental disciplinary measures and less likely to recommend agency intervention than Hispanic or Caucasian respondents. These values sometimes present a challenge for service providers who attempt to intervene.

Because of these strong beliefs, workers must be careful to preserve the Asian American family's honor and respect their regard for parental authority. To be successful, it may be necessary

to obtain the trust of the extended family (Julian et al., 1994).

Native Americans

Historically, many Native American tribes were matriarchal, with women holding positions of leadership and decision-making responsibility for the family. Even within patriarchal tribes, the women were afforded more equality than that bestowed on European American women. Europeans forced many changes upon Native Americans, and put tremendous pressure on them to conform to the dominant culture. These changes, compounded by the devaluing of their own culture, have had a devastating influence on the lifestyles of Native American men and women. Their roles have become more stereotypical. Men, unable to provide for their families under the conditions forced upon them, suffered considerable loss of dignity. Attempts to adapt to the dominant culture may have led to the more stereotypical patterns of abuse now seen between Native American partners (National Coalition Against Domestic Violence, 1991).

Traditionally, child abuse and neglect were alien to the Native American culture. Native American principles ascribe considerable value to children. However, centuries of cultural repression and devaluation have evoked feelings of powerlessness and stress among them. Such feelings of hopelessness, degradation, and frustration can ultimately lead to aggression and violence, a pattern seen in many oppressed groups (Burman & Allen-Meares, 1994). The prevalence of child abuse among Native Americans is increasing as is parental alcoholism and depression (Berlin, 1987). Estimates suggest that 95 percent of Native Americans are directly or indirectly affected by alcoholism (Three Feathers Associates, 1989). The relationship between substance abuse and child maltreatment is explored in more detail in Chapter 3.

Native Americans suffer many hardships in today's society. They often are extremely poor, even when compared to other minority groups (Levitan, 1990). Financial problems can present barriers to adequate parenting, as discussed earlier in this chapter. Moreover, the life expectancy of Native Americans is 44 years, significantly less than those in the general population (Ho, 1987). The survivors find themselves dealing with an inordinate amount of loss and grief, which can be taxing to one's coping capacity (Horejsi, Craig & Pablo, 1992).

Many practitioners have observed that some Native American parents become extremely uncooperative when confronted with allegations of possible child abuse or neglect. They may be angry or aggressive, very fearful and passive, or they may withdraw or flee. Though these responses are not uncommon among parents of all backgrounds, it is sometimes possible to understand the reaction from a cultural perspective. Horejsi et al. (1992) describe intensely negative experiences with "the system" encountered by Native Americans. In the 1800s, Native American children were placed in boarding schools to be assimilated to the Caucasian culture. There, children were stripped of their cultural identity, separated from their parents, and deprived of family life experiences that would prepare them for rearing their own families. Spanking and hitting, uncommon in most tribes, was practiced in the boarding schools. A recent report provided evidence that the children were sexually abused as well (National Resource Center on Child Sexual Abuse, 1990). At the same time, other children were placed in non-Native foster care, where they remained. Therefore, many Native Americans now view foster care as permanent, which explains the intense reaction from Native Americans when told their children will be placed in foster care. Furthermore, the reservation experience forced Native Americans to be dependent on governmental services.

Many still view themselves as powerless and agency interventions and systems as unfair. Therefore, they may react angrily, passively or attempt to escape when approached by service providers.

Child Abuse and Cross-Cultural Comparisons

Differences in parenting styles, family structure, beliefs and values that may influence the occurrence of child abuse and neglect in each ethnic group were discussed. Cultural perceptions about child abuse also may influence what is considered maltreatment in that culture.

In a comparative study of African American, Hispanic, and European American attitudes, Lampe (1984) asked adults in each culture to rank the six worst crimes in order of seriousness. Of the respondents, 36 percent of European Americans, 28 percent of African Americans, and 19 percent of Hispanics mentioned child abuse. These results may reflect the harsher forms of discipline minority parents sometimes see as necessary to help their children escape poverty and deal with discrimination in the larger society (Julian et al., 1994; Lassiter, 1993; Reid, 1984).

As each ethnic group possesses its own difficulties, values, and perceptions, is any one ethnic group more abusive toward its children than the others? Data collected from the National Incidence Studies (National Center on Child Abuse and Neglect, 1988a) revealed no significant relationship between child maltreatment and ethnicity in this country.

Minority Cultures and the Abuse of Elders

Little has been written about the abuse of elders in minority cultures in this country. The scarcity of minority members in sample populations studied has made it impossible to draw any conclusions regarding cultural differences. While statistical information is lacking, views on aging and family values in minority cultures can provide some insight from a sociological perspective.

Scholars have stated that minority status has both positive and negative ramifications for nonwhite minority elders. According to Browne & Broderick (1994), the minority aged often have a strong network of family support. As discussed previously, it is typical for extended families of minority cultures to bond together and provide mutual help. Also, respect for elderly members is common in minority groups. These values can provide a cushion of strength for aging minority family members. However, cultural traditions may be altered as minority individuals assimilate to the larger culture.

On the other hand, minority elderly tend to be in poorer health and have less income than White elderly, because of oppression and discrimination (Browne & Broderick, 1994). The health and social welfare aid elderly minority members receive typically does not meet their needs (Liu & Yu, 1987; Yip, Stanford, & Schoenrock, 1989). Statistics also suggest that Asian Americans underuse medical, mental health, and welfare services (Browne & Broderick, 1994). For example, they have fewer emergency room and physician visits than White elderly (Hu, Snowden, Jerrell, & Nguyen, 1991). Researchers hypothesize the apparent underuse of services is due to several factors, including (Cox, 1991; Dhoomer, 1991; Sue & Sue, 1977):

- financial and language barriers;
- distrust of government services;
- disbelief in Western wellness philosophies; and

- the perception that professionals lack cultural sensitivity.

These same variables resulting in hesitation of Asian Americans to seek outside professional help could apply to members of other ethnic minorities as well.

As stated above, research has not determined the extent of elder abuse among members of minority populations. However, census data do reveal that the elderly population among minority groups is growing (Bryant, 1991). In addition, studies have shown that minority group members lack access to services due to language problems, illiteracy, economic oppression, and cultural beliefs (Cuellar & Weeks, 1980; Gelfand & Barresi, 1987; Kamikawa, 1987).

Cultural differences must be considered before making assumptions regarding family practices when intervening in cases of family violence. Discretion, diplomacy, and balanced judgment are crucial in approach and decision-making. It is essential that those designing intervention programs bear in mind that perceptions may differ across ethnicities. To improve minority persons' access to services, Browne & Broderick (1994) advise the following:

- affordable programs, including free transportation;
- location of services in ethnic communities;
- use of minority-oriented radio, television, and program literature;
- use of ethnic minorities as staff and board members; and
- training opportunities for staff to increase cultural awareness and ensure the delivery of culturally sensitive services.

Practitioners should always remember, **cultural differences must be respected; however, a person's life cannot be endangered solely to preserve the rights of a family to practice their cultural beliefs.**

Other Sociocultural Factors

Urban-Suburban-Rural Areas

Very small differences have been found in family violence case levels across geographic areas in the United States (Straus, Gelles, & Steinmetz, 1980). Craft & Staudt (1991), who studied child neglect in urban and rural communities, found that there were no significant differences in what the citizenry would report to authorities as conditions of neglect. From this, they hypothesized that community norms regarding child care are about the same in urban and rural areas. However, they found that responses from social services varied from community to community, with workers in urban communities more likely to substantiate cases of neglect than those in rural communities. They attributed the findings to differences in worker characteristics, caseloads, juvenile court expectations, and services available in rural and urban areas. The same factors probably influence how cases are handled by social service workers in suburban areas.

Partner abuse, similarly, occurs everywhere. It is neither an inner city problem, nor a small town problem. Although what precipitates the violence and how individuals and court systems respond may vary with geographic setting, the rate of partner abuse is relatively similar from one area to the next. The National Crime Victimization Survey found that, while acts of violence between strangers are more likely to take place in urban than suburban or rural areas, the rate of violence committed by intimates is similar in all areas (Bachman, 1994). Shelters

and services for abused partners are more likely to be found in urban America, however, as funding is limited, and resources generally go where the population in need is highest.

Little is known about elder abuse and how it differs from community to community. One study by Crouse and Associates (1981) conducted in Illinois found that elder abuse occurs in all types of settings, but more cases were found in urban and rural areas than in suburban areas. This may be simply because more elderly live in these areas. Services for the abused elderly are not plentiful in any community, but more are likely to exist in urban areas. It may be most difficult for those in rural America to find help, especially those unable to drive, as public transportation is usually unavailable. However, the abused elderly, many of whose impairments are immobilizing, may be isolated in any community.

Those living in rural areas may be at a particular disadvantage when it comes to cases of family violence. Special circumstances in these smaller cities and towns often make it more difficult to end abusive relationships and to obtain protection and other assistance. According to research conducted by the Rural Justice Center in 1989 and 1990 (Fahnestock, 1992), victims of domestic violence in rural areas generally do not go to courts to obtain protection from their perpetrators. While victims in all areas are often hesitant to report partner abuse, there are additional inhibiting factors in rural areas (Fahnestock, 1992; National Coalition Against Domestic Violence, 1991). These include the following and could be applied to any form of family violence.

- *Lack of anonymity.* A victim who does not wish members of the community to know about the abuse will not appear in court where personnel usually know her and/or her abuser. In addition, court personnel may be familiar with the accused, and be unable to separate his/her personal opinions to make an impartial judgment.

- *Limited resources.* There often is limited help in rural areas for abused victims and their perpetrators in terms of shelters, counseling, and programs offered. Funding usually goes to areas where there are greater numbers served (i.e., cities).

- *Isolation.* The victim may be unable to access courts or other services (where they exist) because of distance, lack of transportation or telephone service, and bad weather.

- *Traditional attitudes.* Rural communities tend to maintain gender stereotypes that condone male dominance and control, as well as narrow viewpoints about "what type of people" engage in partner abuse. In addition, homophobic and racist attitudes are pervasive, so safety and adequate services for individuals within minority groups are often nonexistent.

- *Limited employment opportunities.* Research conducted by the Rural Justice Center showed a relationship between poverty and low use of the courts in domestic violence situations. Women in rural areas have little means of self-support, and often stay in abusive situations because of financial pressures.

- *Unhelpful court practices.* Victims in rural areas often do not find the court systems helpful when trying to seek protection from them, for the above reasons or others. When this is true, it is usually common knowledge to residents.

Cultural diversity exists in higher levels in urban areas and some suburban areas. Hence, most of

the minority personnel are employed there, and understanding of different cultural perceptions and practices is enhanced. Conversely, populations in suburban and especially rural areas are predominantly European American, and so are the service providers. Thus, in these areas, minorities may be more suspicious of outsiders, decreasing their tendency to report cases and benefit from services.

Gender

The vast majority of victims of serious domestic violence are women who suffer abuse from their male partners. However, men are abused by women partners. As discussed previously, victims of partner abuse very often do not report assaults for various reasons. Homosexual victims may not seek help for the same reasons, in addition to a possible need to protect themselves from public knowledge about their lifestyle (National Coalition Against Domestic Violence, 1991). Even when a homosexual person is willing to disclose her or his sexual orientation, she or he very likely would be inadequately served in programs offered by and designed for heterosexuals. There are very few resources that address the special needs of homosexual victims and perpetrators.

Methodological issues in research and societal attitudes have resulted in gender-biased literature regarding perpetrators of child abuse. One widely-held belief is that only men could sexually harm children (Allen & Epperson, 1993). While it is true that males are perpetrators in the vast majority of sexual abuse cases (Conte, 1993), one in-depth comparative study of female and male child sexual abusers found some similarities in patterns of abuse (Allen, 1991). The same study also found differences in the treatment of male and female sex offenders by social services and criminal justice systems.

In the areas of physical abuse and neglect, "mother-blaming" is common. Caplan & Hall-McCorquodale (1985), who coined the term, explain that this society holds mothers ultimately responsible for the well-being of the children. This stereotype probably persists because the maternal bond is often seen as the more significant influence on the child's development (Lefrancois, 1990). Thus, most researchers, apparently subscribing to this theory, concentrate their studies of physical abuse and neglect on mothers (Milner & Robertson, 1990). However, a review of literature on the paternal-infant relationship revealed that fathers can form attachments with their babies as strong as the mother's (Ricks, 1985). Further, Briere and Runtz (1988), in a study of maltreated children and long-term psychological consequences, found that both male- and female-perpetrated physical abuse have long-lasting effects on children, though the ramifications may be somewhat different.

A comparison of similar studies conducted ten years apart (Straus & Gelles, 1990; Straus et al., 1980) gives evidence that trends are changing. In the earlier study, physical child abuse was attributed more often to women than men, but in the more recent study, no significant differences regarding gender were found. The researchers surmised that the changes are due to more male involvement in child care, placing them at greater risk for abusing their children, and more women in the work force, reducing their chances of being abusive.

Most studies show that elderly females are more likely to experience abuse than males. However, at least one study (Pillemer & Finkelhor, 1988) refutes this, claiming that elderly men are abused equally, but women's abuse and injuries usually are more serious. Again, problems with reporting rates may account for the uncertainties in this area.

With gender, as well as cases regarding ethnicity and social class, clearly practitioners must be careful about forming opinions regarding the likely perpetrators of child abuse and neglect. It is conceivable that such prejudicial thinking may actually be partly responsible for perpetuating the cycle of violence. Burman and Allen-Meares (1994) contend that racism, discrimination, and poverty provoke feelings of powerlessness, leading to frustration, aggression, and violence. They conclude that "pervasive family violence will not be reduced or eradicated until attitudes change, social conditions improve, and equal opportunities exist" (Burman & Allen-Meares, 1989, p. 33).

Ritual Abuse and Cult Abuse

Cults and other isolated groups constitute separate subcultures with their own set of rules and realities. The terms *ritual abuse* and *cult abuse* have been used interchangeably, but are slightly different. Lloyd (1990, p. 2) defined *ritual abuse* as "intentional physical abuse, sexual abuse, or psychological abuse of a child by a group of persons responsible for the child's welfare, when such abuse is repeated and/or stylized and is typified by such other acts as cruelty to animals, or threats of harm to the child, other persons and animals." *Cult abuse* differs only in that it takes place within a religious cult and is intended to reinforce the group's cohesion. These types of child maltreatment are relevant to this discussion because they are carried out by those considered responsible for the child's welfare. Even if the biological family is not involved, the group generally is looked upon by the child as "family" because it assumes the caretaking role. Cases of ritual and cult abuse are difficult to investigate because of the secrecy and seclusion that characterize them. However, researchers have made some progress in their search for information.

Ritual Abuse. According to Grayson (1993a), researchers have found that most ritual abuse occurs toward children who live with their families in the general public. The available literature has identified two groups of victims: 1) adult survivors, most of whom were ritually abused by family members, and 2) children, most of whom were ritually abused in day-care centers or by a non-custodial parent. Ritual abuse is a critical area for further research. Studies have shown that children ritually abused experienced a greater amount and more types of maltreatment, compared to other abused children. Also, significantly more behavioral disturbance was observed in children ritually abused compared to children sexually abused (Lloyd, 1990).

Cult Abuse. In general, cult members do not live in the mainstream. The cult practices a communal living style, and there is usually a dominant male totalitarian leader. This leader may measure parents' loyalty to the group by their willingness to allow or be involved in the abuse of their own children (Landa, 1990/91). Children in cults are particularly vulnerable to abuse for several reasons cited in the *Virginia Child Protection Newsletter* (Grayson, 1993b):

- members are isolated and trained to be completely dependent on the group and its leader;
- biological family ties are disregarded as children become common property, often taken from their parents to a separate living group;
- the group may practice and encourage overly strict discipline as doctrine; and
- often, the leader is an antisocial or psychotic personality, which means he may not feel empathy for others (Landa, 1990/91).

Cult members use religious immunity to avert investigation (Langone, 1993). They train children to distrust anyone outside the cult, and they threaten with severe punishment for children who reveal any information to nonmembers. Often, cult children know no other life than the cult and, therefore, suffer additional trauma when removed. What may be an attempt to "save" a child is perceived instead as a threat by the child and other members of the cult. As learned through the deaths of many children in Waco, Texas, in 1993 under the authority of cult leader David Koresh, attempts to help children may cost them their lives.

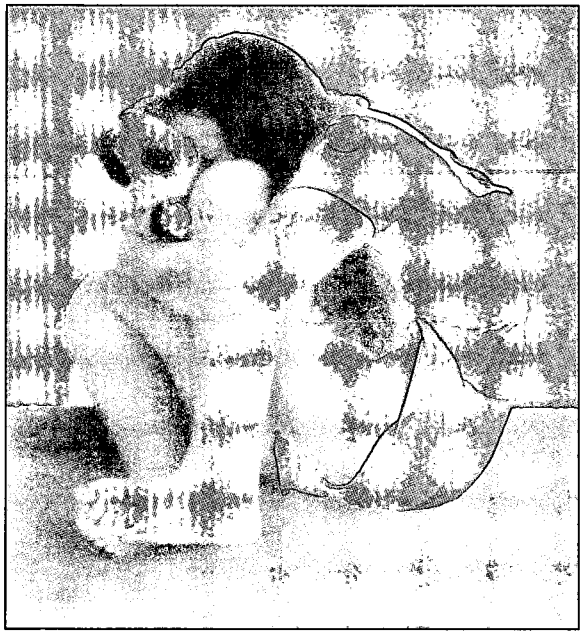
Spiritual healing and psychiatric treatment usually are needed to treat the victims of cult or ritual abuse. Hudson (1990a; 1990b) estimated the length of treatment at two to three years. Interventions in the area of ritual or cult abuse should be attempted with extreme caution. It is currently an area of limited study. The advice of specialists should be sought before interventions are attempted.

CONCLUSION

This chapter provided an overview of some important aspects of family violence. Although many studies of the prevalence of various forms of family abuse have been conducted, the consensus is that the problem exists on a far greater scale than any official reports can confirm. Part of the reason for this includes measurement problems from varied definitions, reporting practices, and study methodologies.

Each type of family violence has its unique facets, but they share several common factors. These include issues of power and control for abusers, tendencies toward family violence patterns across generations, common risk factors such as stress and economic deprivation, and a lack of adequate response by the criminal justice and other service systems.

Various cultural factors impinge upon family violence. While the cultural context never excuses family violence, understanding differing backgrounds and circumstances can help practitioners work more successfully with individual offenders and victims.



CHILD ABUSE

Many victims continue to play out the pain and anger both inside and outside their families, repeating the cycle and extending the circle of violence.

Chapter 3

CHILD ABUSE

Some people become victims of family violence very early in life. Abuse and neglect of children occur in all segments of society. They are multifaceted problems including a variety of offenses involving a diverse range of victims and perpetrators. This chapter presents information about many aspects of child maltreatment to provide a general understanding of the problem. However, this treatment is necessarily brief, and readers are encouraged to pursue additional material from other sources.

TYPES OF CHILD ABUSE

An inclusive term often used to refer to all forms of child abuse and neglect is *child maltreatment.* There are at least three ways to view and define the problem of child maltreatment: a crime; a social problem; and a public health issue. Governments are responsible for the safety, health and welfare of all citizens and, therefore, states have enacted various pieces of legislation to protect and enhance the lives of children. When family members break these laws by endangering children through child maltreatment, it often becomes the role of the criminal justice system to intervene. Child abuse and neglect are also health and social issues because children who sustain injuries or other consequences of maltreatment require support and services from the community. Those who receive serious injuries likely will require long-term assistance; those who are killed will be unable to become productive, contributing members of society.

This chapter explores four basic categories of child maltreatment: *physical abuse, psychological abuse, sexual abuse,* and *neglect.* In a very broad definition that includes all four subcategories, child *maltreatment* consists of (Hampton & Newberger, 1988; Straus, 1991):

- acts **intended** to cause pain or injury to the child (physical abuse, psychological abuse, or sexual abuse); or
- inattention to a child's basic needs (neglect).

Many additional definitions exist for each type of child maltreatment. The lack of consensus on these definitions causes problems in conducting and comparing research studies, reporting and substantiating cases, and developing and enforcing legislation.

This Manual limits discussion to child maltreatment within the **family** context. Using the definition above, child abuse and neglect are understood as behaviors performed by a family member or non-paid caretaker involved with the child (e.g., parent, relative, foster parent, older sibling) meant to cause pain or injury. This rules out accidental injuries, but addresses avoidable or predictable injuries or impairments resulting from the caretaker's behavior. It also includes acts that may not result in visible injuries. Thus, psychological abuse and sexual abuse can result in emotional pain that is not always readily apparent. Neglect that results from a person's **inability** to provide food or shelter is not within this definition of maltreatment. However, it includes families who have access to resources but do not provide for the needs of their children (e.g., food, clothing, shelter, education, medical care), because depriving the child of these basic needs is understood as purposefully neglectful

MYTHS AND REALITIES OF CHILD ABUSE

Myth: Child abuse cases are isolated incidents.

Reality: Annually, more than one million children are **severely** abused and more than one thousand of these children die (Hofford, 1991).

Myth: If a man takes out his aggression on his wife, he will not abuse his children.

Reality: More than half of spouse abusers also abuse their children (Hofford, 1991).

Myth: Adults who harm children are mentally ill.

Reality: Families in which abuse occurs are not more likely to manifest psychopathology (Newberger, 1991).

Myth: Only men sexually harm children.

Reality: Although males are the primary perpetrators in reported cases of child sexual abuse, females also have been implicated for this crime (Conte, 1993).

Myth: Child abuse is caused exclusively by the individual deviant behavior of adults.

Reality: Individual, family and environmental factors contribute to the causes of child abuse (Newberger, 1991).

Myth: In cases of father-daughter incest, the child and mother often engage in role reversal, where the child takes on adult responsibilities leading to a sexual relationship with the father.

Reality: There is no data to support this theory about incest. Children who are sexually abused in their own homes may develop a heightened emotional awareness and sensitivity to their fathers as a self-protection strategy (Conte, 1993).

Myth: Fathers sexually abuse only their own children.

Reality: At least one study collected data indicating that of incestuous fathers and stepfathers in outpatient treatment, 49 percent had abused nonrelated female children, 12 percent had abused nonrelated male children, and 19 percent had raped adult women (Abel et al., 1988; Conte, 1993).

Myth: Allegations of childhood sexual abuse that occur during divorce or custody conflicts are less likely to be true.

Reality: No empirical studies have documented that false cases of sexual abuse are more likely to occur in divorce/custody cases (Conte, 1993).

behavior. Finally, family members may mistreat children by delivering them into abusive situations. For instance, in sex rings that victimize children through pornography, prostitution, and other exploitative means, the perpetrators are often non-family members; however, the suppliers may be parental figures such as biological parents or stepparents (Burgess & Grant, 1988).

VICTIMS AND PERPETRATORS OF CHILD ABUSE

Far more research has been done on child physical and sexual abuse than on neglect or psychological abuse. In the current body of knowledge, both similarities and differences have been found regarding the victims and perpetrators in each category. Because of limitations in research, the following discussions concentrate mostly on physical and sexual abuse, especially in the area of victimization.

Characteristics of Victims

To determine which children may be most at-risk, researchers have attempted to discover victim characteristics commonly linked with child maltreatment. The information offered does not predict or explain incidents of abuse or neglect. Rather, it identifies commonalities among cases of child abuse and neglect that assist planners and practitioners in designing prevention and intervention programs.

Physical abuse is most likely to occur in the toddler to preschool age group, and least likely to occur during adolescence (Egeland, 1993). Neglected children tend to be younger than those who are abused (Watters, White, Parry, Caplan, & Bates, 1986), especially when the neglect is fatal (Margolin, 1990). Studies have found a higher incidence of physical abuse with premature, low birth-weight, and ill infants (Kotelchuck & Newberger, 1983; Murphy, Jenkins, Newcombe, & Silbert, 1981), and in very young children with difficult temperaments (Lee & Bates, 1985; Wolkind & DeSalis, 1982). It generally is believed that the additional stress associated with caring for these children increases the parent's capacity for becoming physically abusive (Howing, Wodarski, Kurtz, Gaudin, & Herbst, 1990). Behavior problems are not reported as often by parents of neglect victims as those of physical abuse victims (Watters et al., 1986). Children in families experiencing partner abuse are at greater risk for physical abuse. In one study, almost two-thirds of the mothers of abused children were battered partners (Stark & Flitcraft, 1988). Stacey & Shupe (1983) estimated that children were 15 times more likely to be abused in families where violence between partners occurred.

According to Finkelhor (1991), community surveys reveal that one-third to two-fifths of sexual abuse victims are abused by a family member. In addition, while males are victimized more frequently by strangers, females are more often the targets of family members. Ages nine to twelve appear to be most at-risk of sexual abuse, but about 25 percent of victims are abused before the age of eight. Despite these figures, most commonalities among child sexual abuse victims are not demographic, but family factors. These include (Finkelhor, 1991):

- living without one of the biological parents;
- having a mother who is unavailable because of outside employment, illness, or disability;
- having parents with marital difficulties;
- having a poor relationship with parents or being the victim of excessive punishment or physical abuse; and
- having a stepfather.

Adult Survivors: From Victims to Perpetrators?

Contrary to one commonly held assumption, maltreated children are not necessarily predisposed to a lifetime of violence. Although a connection between a history of abuse and later violence has been found (Egeland, 1993), most maltreated children do not grow up to be violent themselves (Kaufman & Zigler, 1993; Widom, 1989).

Most research studies on child abuse are retrospective studies that take a group of adults, such as offenders or patients in treatment, and ask them questions about abuse they suffered as children. These studies often are subject to recall bias by the respondents, who may remember certain things selectively. They also usually misrepresent problems because there is no matched comparison group (Widom, 1989). Widom (1989) undertook an examination of nine research studies to explore the question of the relationship between being abused as a child and becoming an abusive parent. Methodological problems were found in most of the studies, including an over-reliance on self-reports, the retrospective nature of most of the studies, and the infrequent use of control groups. Despite these problems, Widom (1989) concluded:

- Overall, studies suggest there is a higher likelihood of abuse by parents if they experienced abuse as children.
- However, more often than not, abusive parents were not abused as children.

Kaufman and Zigler (1987, as cited by Widom, 1989) concluded from their literature review that about one-third of abused and neglected children will go on to abuse their own children. However, they concluded that, "Being maltreated as a child puts one at risk for becoming abusive but the path between these two points is far from direct or inevitable" (Kaufman & Zigler, 1987, p. 190).

Egeland (1993) studied those who did not repeat the cycle of violence and uncovered several characteristics they had in common. This study concluded the nonrepeaters:

- received emotional support from other significant adults as they grew up;
- had stable, healthy relationships with husbands or boyfriends as adults;
- received therapy as an adolescent or young adult; and
- were aware of their history of maltreatment and understood its potential impact on self-perceptions and relationships with others.

Conversely, those who did not break the cycle of abuse were more inclined to deny or become detached from memories of their childhood. They were either unable to recall many aspects of their youth, or conjured up an idealistic picture unrepresentative of reality. Egeland & Erickson (1991) hypothesized that those who dissociate themselves from an abusive past and do not reflect upon it may act it out instead. They do not break the cycle because they see no connection between their own maltreatment as a child and the maltreatment they inflict on their own children.

Perpetrator Characteristics

Physical Abuse

In a selected compilation from the literature, Milner and Crouch (1993) examine several *biological, cognitive,* and *behavioral* traits that often characterize perpetrators of physical child abuse.

Biological. Researchers have found some biological correlates of child abuse, including:

- brain-related deficits that decrease one's coping capacity (Elliott, 1988);
- neurological and neuropsychological damage resulting from a history of abuse (Milner & McCanne, 1991); and
- increased physiological reactivity to child-related stimuli (Casanova, Domani, McCanne, & Milner, 1992; Crowe & Zeskind, 1992; Pruitt & Erickson, 1985).

Abusers also appear to have more disabilities and health problems than nonabusers (Lahey, Conger, Atkeson, & Treiber, 1984; Milner, 1986).

Cognitive. Cognitive traits related to physical abuse tendencies begin with the perpetrators' views of themselves and their children. Studies have shown abusers as a group possess low self-esteem (Milner, 1988) and negative perceptions of their children (Wood-Shuman & Cone, 1986). Many abusive parents hold unrealistic expectations of their children, with standards being either too high or too low (Kravitz & Driscoll, 1983). In addition, perpetrators demonstrate:

- more anger and less skill in asserting their feelings (Mee, 1983);
- more perceptions of loneliness (Milner, 1986);
- less empathy for their children (Steele, 1987); and
- a decreased ability to cope with stress (McCubbin, Cauble, & Patterson, 1982; Schellenback, Monroe, & Merluzzi, 1991).

Depression also seems to be related to physical child abuse, with depressed mothers exhibiting less affection, more irritability and a more punitive disciplinary style toward their children (Lahey et al., 1984). The precise nature of the relationship between these factors and child abuse is not clear. Researchers have been unable to clarify whether they cause, or result from, incidents of physical abuse. Presently, the only claim is that these perpetrator characteristics are **linked** with physical abuse.

Behavioral. From a behavioral perspective, abusers tend to have fewer positive and more negative interactions with their children (Bousha & Twentyman, 1984) and to be less responsive to them than nonabusers (Kavanagh, Youngblade, Reid, & Fagot, 1988). Not surprisingly, physical punishment is used more often than reasoning techniques in abusive households (Kelley, Grace, & Elliott, 1990; Oldershaw, Walters, & Hall, 1986). Yet physical discipline is a widely accepted practice. Fifty percent of parents surveyed by the Virginia Department of Social Services agreed that physical punishment is an effective method of discipline; one percent strongly agreed (Grayson, 1993c). As reported by the National Committee on Injury Prevention and Control (1989), national surveys conducted by Straus and Gelles (1986) revealed that 62 percent of parents had used physical punishment against their children, ranging from pushing and slapping to using knives and guns. Moreover, 11 percent of the parents surveyed admitted using severe violence (e.g., hitting, kicking, beating, threatening, or using knives and guns). According to Trickett & Susman (1988), abusive parents use physical punishment more frequently because they perceive it to be more effective than reasoning.

Psychological Abuse

Psychological abuse is present in all types of maltreatment (Hart & Brassard, 1987), so

characteristics typifying perpetrators in other types of maltreatment also can describe those who psychologically abuse their children. However, certain traits have been specifically associated with cases of psychological abuse. For instance, caregivers who do not express themselves emotionally are more likely to deny their children emotional attention (Brassard & Gelardo, 1987; Miller, 1983). They tend to communicate negative rather than positive thoughts and feelings to their children (Patterson, 1982). Like those who engage in other types of maltreatment, psychologically abusive parents often have unrealistic expectations of their children (Bavolek, 1984; Garbarino & Vondra, 1987) and are overstressed (Garbarino & Vondra, 1987).

Neglect

Poverty, unemployment, and parental lack of education are factors often associated with child neglect. Family crises, resulting from physical illness, personal trauma, or other problems also may lead to neglect (Wiehe, 1992). Some psychological and behavioral commonalities within the perpetrator have been found as well. Similar to physically and psychologically abusive parents, neglectful caregivers frequently engage in negative interactions with their children (Nelson et al., 1993) and hold unrealistic expectations of them (Jones & McNeely, 1980). Mothers who neglect their children have been characterized as bored, depressed, restless, and uninterested in life (Zuravin, 1988). Moreover, one researcher found neglectful mothers to be more hostile, impulsive, stressed, and unsocialized than abusive mothers (Friedrich, Tyler, & Clark, 1985).

Social isolation has been correlated with neglect (Hally, Polansky, & Polansky, 1980; Polansky, Chalmers, Buttenwieser, & Williams, 1981). Neglectful parents report a high degree of loneliness (Jones & McNeely, 1980). These conditions may be the result of living in remote, isolated areas, or poor social networking skills. Social interaction problems have been found in at least one study that reports neglectful parents often view those in their social environments as unfriendly and unhelpful (Polansky, Ammons, & Gaudin, 1985). Connection to support systems in the family, neighborhood, and community could be an important aspect of intervention programs in cases of neglect.

Sexual Abuse

Perpetrators of sexual abuse of children are usually male. Finkelhor (1984) found males are the perpetrators in 95 percent of cases when the victim is female, and 80 percent when the victim is male. To date, no external set of psychological characteristics to distinguish the sexual abuser has been found (Langevin, Handy, Russon, & Day, 1985; Quinsey, 1983). Furthermore, perpetrators do not seem to exhibit a particular preference for victims. Many sex offenders abuse both related and nonrelated children, both males and females (Conte, 1993; Abel et al., 1988).

Sexual abusers of children have been analyzed from a psychopathological perspective. Finkelhor (1984) describes many factors that may predispose the perpetrator to sexually offend children, some of which include:

- stunted emotional development;
- need for power and control;
- traumatic childhood sexual experience(s);
- narcissistic tendencies as a child; and
- inadequate social skills.

Research by Briere & Runtz (1989) suggests sexual interest in children may not be limited to a

small, deviant group of men. In their survey of 193 male undergraduates, 21 percent admitted feeling attracted sexually to some small children. As Groth (1979) indicates, however, sexual gratification may be secondary to other motivations to molest children. More compelling may be the desire to experience dominance, exert power and control, release anger, or fulfill affiliation needs. An awareness of both the sexual and nonsexual motivations of the perpetrator is necessary in considering interventions for perpetrators.

It is important to note that while some parallels can be drawn, there are also specific elements that distinguish the victims and the perpetrators of each type of abuse. More studies are needed to further an understanding, especially concerning psychological abuse and neglect.

THE CONTEXT OF CHILD ABUSE

Researchers have developed some models or scenarios regarding physical and sexual abuse. Physical abuse usually is analyzed in terms of an event precipitated by a variety of intermingling variables. Physical and sexual abuse and neglect of children requiring clinical intervention for victims are diagnostic categories developed by the American Psychiatric Association (1994), and typical scenarios of how abusive events take place have been devised. Neglect is often an ongoing condition, usually a function of psychosocial problems in caregivers or socioeconomic disadvantage, and so is not described in terms of an event. Therefore, neglect is not discussed in this section.

Several theories exist to attempt to analyze incidents of physical child abuse. Those accepted most widely examine physical child abuse from a multi-level perspective, rather than pointing to a unilateral cause (e.g., a deviant child; poor impulse control in a parent) (Milner & Crouch, 1993).

For example, the Social Information Processing Model (Milner & Crouch, 1993) theorizes that the integration of child behavior, situational factors and environmental components can contribute to faulty information processing by the aggressor. With limited information processing capabilities, the abuser fails to examine a variety of situational reasons for a child's behavior and to evaluate alternate response strategies to the behavior. In addition, high levels of environmental stress are often present; which further contribute to information processing difficulties.

In an example of the Social Information Processing Model, a parent is overwhelmed by fear of financial hardship when he loses his job. His 9-year-old son returns from school with poor grades on his report card. The father perceives the poor grades as utter laziness and intentional disregard for the work ethic. He further perceives physical punishment as the only way to correct the son's behavior, as this was the disciplinary method his father used. Out of frustration and anger toward his son and his own circumstances, he inflicts considerable injury as he beats his son with a belt.

Sexual abuse of a child in the family is not the typical image of a stranger luring or forcing a child into his car. It often occurs in the context of a close, trusting relationship, such as father and daughter, or between siblings. Two general scenarios, both involving a process of enticement and entrapment, are discussed below (Wiehe, 1992).

In the first, the offender uses positive communication and affection, making the child feel special and describing the act as a secret between them. Often the victim receives special treatment from the offender regularly (e.g., gifts

or privileges). Enticement becomes even more powerful because of the emotional attachment the victim has for the older family member. The special favors, accompanied by a desire to please the esteemed person, form a trap that holds the child in silence, even through repeat encounters.

In the second scenario, the child is enticed as above, but subsequently entrapped by threats to his personal safety should he disclose the abuse to anyone. The coercive strategy is often the case with sexual abuse by an older sibling (Wiehe, 1990). In either case, the child often feels a deep sense of guilt for allowing herself to be lured into the sexual act, and for allowing the abuse to persist. This self-blame continues to torment sexually abused children into adulthood (Wiehe, 1992). For further examination of this issue, refer to the topic discussed later in this chapter, Suicide and Other Psychological Trauma.

Critical to the abusive event is what happens when a child attempts to reveal the abuse to a parent. Studies have shown that mothers are more likely to believe their children's reports of abuse when the perpetrator is a member of the extended family rather than a biological father, and least likely to believe when the accused is a live-in partner or stepfather. Furthermore, the tendency to disbelieve the child increases with the age of the child (Sirles & Franke, 1989).

Summit (1983) studied the impact of the parent's disbelief on the child and the event, calling it the *child sexual abuse accommodation syndrome.* Expanding on the enticement and entrapment sequence described earlier, Summit describes five phases that distinguish the abusive event when disclosure takes place: 1) secrecy, 2) helplessness, 3) entrapment and accommodation, 4) delayed, unconvincing disclosure, and 5) retraction.

In the final phases (i.e., disclosure and retraction), the victim tries to reveal the abuse, but because of the helplessness and shame felt, gives a tentative, often delayed account. The typical response from others is to downplay or rationalize the allegations. The perpetrator, if confronted, denies or shifts the blame for the abuse. The severe discomfort and consequences of the disclosure process often result in the victim feeling pressured to retract the allegations, take the blame, or retreat into silence again. Thus, the victim reverts to feelings of helplessness, and the pattern of abuse continues.

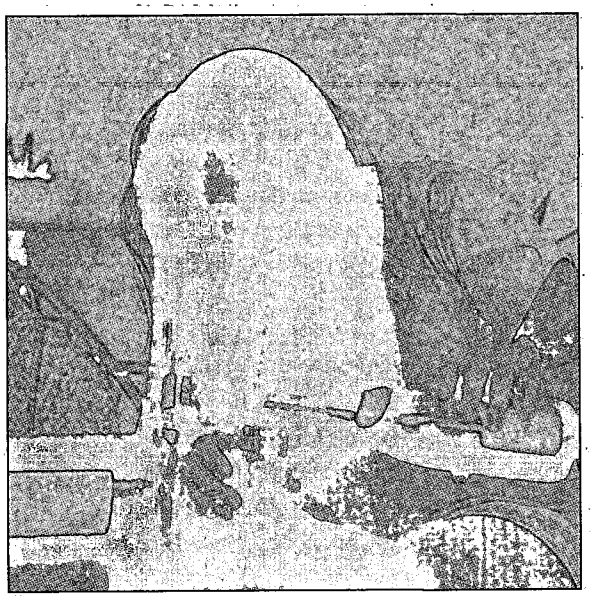
Many studies link the abuse of alcohol and other drugs with cases of child maltreatment.

THE ROLE OF SUBSTANCE ABUSE

Many studies link the abuse of alcohol and other drugs with cases of child maltreatment. According to Bays (1990), the tendency toward violence increases in homes where alcohol and other drugs are abused. In 1987, 50 percent of New York City's child abuse and neglect cases were associated with parents' use of illicit drugs (Chasnoff, 1988). In 1986, more than half of the children placed as wards of the court reported substance abuse problems in their families (Chasnoff, 1988). One study showed alcoholism to be a factor in 71 percent of families experiencing child sexual abuse, and 56 percent of cases involving both physical and sexual abuse (Smith & Kunjukrishnan, 1985). Some studies report that incest offenders have more alcohol problems than nonincestuous offenders (Aarens et al., 1978; Morgan, 1982).

Common Risk Factors

Research has not determined what role substance abuse plays in incidents of child abuse and neglect. There is no conclusive evidence that substance abuse causes child maltreatment, or that child maltreatment causes substance abuse. However, the two issues do share several risk factors in common. Hayes & Emshoff (1993) classified these commonalities in terms of the *individual*, the *family*, and the *environment*. In a review of the research comparing substance abusing and violent families, they found the overlapping risk factors shown in Table 3:1.



Other Considerations

Several theories have been presented to explain the overlapping of incidents regarding substance abuse and family violence, including the following.

Decreased Inhibitions. The disinhibiting effect of alcohol and other drugs probably plays an important role in connecting substance abuse with family violence. Drugs decrease inhibitions, so a person who typically controls violent or sexual urges will not have the same capacity to do so when under the influence. Emotionally unstable persons in particular who have poor impulse control, low frustration tolerance, or violent tendencies are even more likely to become abusive when intoxicated (Cicchetti & Olsen, 1990; Curtis, 1986).

Characteristics of addiction. Neglect or abuse of children may occur in chemically dependent families because of the addicted parent's desperate need for alcohol or other drugs. Having a supply of drugs on hand may take priority over stocking the cupboards with food for the children. Also, a frequently intoxicated parent is not providing a safe, supervised environment for the children. In other cases, the nonaddicted parent, trying to take over all the family responsibilities an addicted partner usually would share, may become so overwhelmed that he or she subsequently neglects the children or takes out stress on them because of frustrations.

Addicted mothers who use drugs while pregnant have been prosecuted for child abuse in the United States. Their babies are often both premature and born with birth defects, painful withdrawal symptoms, or infections (Hayes & Emshoff, 1993). Long-term problems include learning disabilities, neurological damage, and sudden infant death syndrome (Bays, 1990). A baby's inability to form secure attachments with addicted mothers immediately postpartum or through the first few years of life also seriously impairs development (Hurt, Salvador, & Brodsky, 1989; Rodning, Beckwith, & Howard, 1989).

Children as scapegoats. An incorrigible child also may provide a catalyst for child maltreatment in a chemically dependent family. It has been theorized that children in substance abusing families assume various roles (Black, 1981). The family scapegoat is one such role, in

Table 3:1

COMPARISON OF FAMILIES WITH VIOLENCE AND SUBSTANCE ABUSE PRESENT

INDIVIDUAL

Individuals in both types of families often exhibit the following characteristics:

- hyperactivity (Garbarino, Guttman, & Seeley, 1986);
- poor temperament (Lerner & Vicary, 1984);
- maternal attachment problems (Bays, 1990);
- sexual activity at an early age (Dryfoos, 1987);
- antisocial behavior and/or running away (Robins & Przybeck, 1985);
- social isolation and problems with peer relationships (Browne & Finkelhor, 1986; Hawkins, Lishner, Jenson, & Catalano, 1987; Peters et al., 1986); and
- school problems such as truancy, poor academic performance, and dropping out (Bachman, Johnston, & O'Malley, 1987; Sher, 1991).

FAMILY

Family risk factors are most strongly correlated with both substance abuse and violence in families (Baumrind, 1985; Finkelhor & Baron, 1986). Conditions that exist in families troubled by either of these problems are:

- parenting problems such as inconsistency, inadequate limit-setting, and overly harsh disciplinary practices (deMarsh & Kumpfer, 1985; Finkelhor et al., 1986; Friedman, 1989; Garbarino et al., 1986; Hawkins et al., 1987);
- parental conflict (Finkelhor et al., 1986; Rhodes & Jason, 1990);
- parental unavailability or absence (Bays, 1990);
- family communication problems (Finkelhor & Baron, 1986); and
- social isolation of the family (Emshoff & Anyan, 1991).

ENVIRONMENTAL

Community factors related to substance abuse and family violence include:

- norms that encourage or condone actions leading to these practices (Hawkins et al., 1987; Johnston, O'Malley, & Bachman, 1990);
- disorganized neighborhoods (Wilson & Hernstein, 1985); and
- citizens who lack education on both issues (Hayes & Emshoff, 1993).

which a child acts out to become the primary focus of a family's problems, removing attention from the addicted parent. It could be speculated that the "problem child," because of the difficult

behavior, becomes the target of abuse or neglect in an already tense environment.

It is apparent from this discussion that many variables connect the problems of substance abuse and child maltreatment. Given their overlapping risk factors and symptoms, it is advisable to assess for both substance abuse and child abuse or neglect in a family needing interventions for either charge. At the same time, it is unwise to make assumptions about either behavior, such as which is more serious, or which causes the other. Though the problems may be related, interventions designed for one problem will not help alleviate the other. In cases where dual problems are present, treatment in both areas will be necessary (Hayes & Emshoff, 1993).

The impact of child maltreatment can be devastating and far-reaching, affecting the individual, the family, and society.

CONSEQUENCES OF ABUSE

Some consequences of child maltreatment were discussed throughout this chapter. Its impact can be devastating and far-reaching, affecting the individual, the family, and society. The traumatization of witnessing or experiencing family violence has long-lasting psychosocial consequences. The emotional pain permeates throughout the family, affecting each of its members, provoking a wide range of emotional, cognitive, and behavioral outcomes that often are very difficult to overcome. Many victims continue to play out the pain and anger both inside and outside their families, repeating the cycle and extending the circle of violence. It is not possible to examine the many repercussions of child abuse and neglect here. This discussion will be limited to three areas of grave concern: relationship difficulties, suicide and other psychological trauma, and delinquency and adult criminal behavior.

Relationship Difficulties

Abused or neglected children often have difficulties in relationships as children and as adults. Researchers have linked sexual abuse with several areas of interpersonal dysfunction associated with relationship difficulties, including:

- distrust of others (Briere, 1984);
- fear of intimacy (Herman, 1981); and
- issues regarding isolation, alienation, and abandonment (Briere, 1984; Courtois, 1979; Herman, 1981).

These areas of dysfunction can be so severe that they ultimately lead the victim to suicide which will be discussed in the next section of this chapter (Briere & Runtz, 1986).

It has been theorized that attachment disorders, involving problems stemming from insecure bonding with primary caregivers, are at least partly responsible for the relationship problems experienced by those maltreated as children. The premise of Attachment Theory (Egeland & Erickson, 1987) is that infants form significant emotional bonds with primary caregivers as a necessary means of survival. As the children develop, they form expectations about themselves and others based on these early experiences, which in turn influence their behavior in relationships. As a result, as Zeanah and Anders (1987) explain, children often re-create relationships consistent with their earlier experiences. Therefore, a child whose caregivers were abusive or neglectful, expecting unfriendly

treatment or rejection, may act distant or hostile toward others (Egeland, 1993).

Suicide and Other Psychological Trauma

The psychological damage incurred in cases of child sexual abuse is extremely serious. Even in cases where physical harm also is present, research shows that the psychological damage is far more severe than the physical trauma (Finkelhor & Browne, 1985). Researchers have established a link between suicide and childhood sexual abuse. Studies of patients in clinical settings show that many who have attempted suicide, or otherwise exhibit self-destructiveness, were victims of sexual abuse at some point in their lives (Briere, 1984; Briere & Runtz, 1986; Harrison, Lumry, & Claypatch, 1984). Briere & Runtz (1986) found evidence that this link is strongest among children and adolescents, and tapers off over time. They discuss two psychological consequences of sexual abuse that may explain the relationship between sexual abuse and self-destructiveness: lowered self-esteem and powerlessness.

First, there is much evidence that sexual abuse in childhood diminishes self-esteem in the victim (Bagley & Ramsay, 1985; Finkelhor & Browne, 1985) and instills feelings of guilt or self-blame (DeYoung, 1982; Lindberg & Distad, 1985). Briere & Runtz (1986) observed extreme self-hatred and self-punishment in sexual abuse victims.

Second, victims of sexual abuse perceive themselves as powerless (Finkelhor & Browne, 1985). Various researchers have connected these feelings of powerlessness with other types of psychological trauma that can lead to suicide, such as loss of control (Briere & Runtz, 1986), learned helplessness (Walker, 1978; McVicar, 1979), and depression (Bagley & Ramsay, 1985; Briere & Runtz, 1985; Peters, 1984). Briere & Corne (1985) hypothesized the suicide attempts are a cry for help from the victim who perceives him- or herself as unable to obtain help through conventional means.

Substance abuse is another problem often found among survivors of child sexual abuse. Briere and Elliott (1994) postulated that drug or alcohol abuse may allow survivors of abuse to separate psychologically from the environment, anesthetize painful internal states and blur distressing memories. They concluded that a significant proportion of people addicted to drugs or alcohol may be trying to self-medicate severe abuse-related depression, anxiety, or posttraumatic stress.

Delinquency and Adult Criminal Behavior

Many studies have found an association between child abuse and delinquency, though statistics differ significantly on the closeness of this association (Howing et al., 1990), with outcomes varying from 9 to 15 percent (Shanok & Lewis, 1981) to 69 percent (Rhoades & Parker, 1981).

Widom (1992) has done one of the few prospective studies on the relationship between child maltreatment and future delinquency and adult criminal activity. She followed 908 abused children, and a comparison group of 667 non-abused children, for 15 to 20 years. Through this process she determined how many abused children experienced various problems throughout adolescence and early adulthood. She also found how many non-abused children experienced the same problems.

Findings of this research, published by the National Institute of Justice, included the following conclusions (Widom, 1992):

- Being abused or neglected as a child increased the likelihood of:

- arrest as a juvenile by 53%;
- arrest as an adult by 38%; and
- arrest for a violent crime by 38%.

- Being abused or neglected in childhood increased the likelihood of arrest for females by 77%.

- Physically abused children were most likely to be arrested later for a violent crime (15.8%); however, this was followed closely by those who were neglected (12.5%).

Between 1977 and 1986, more than 300 parents or stepparents were killed each year by one or more of their children. The professional literature suggests that three types of children may kill their parents (Heide, 1992):

1. the severely abused child who is pushed beyond his or her limits;

2. the severely mentally ill child; and

3. the dangerously antisocial child.

The first group is by far the largest. Some experts believe that more than 90 percent of youths who kill their parents were abused by them (Heide, 1992).

According to Heide (1992), adolescents, unlike adults, are at a higher risk of killing parents when their home situation is abusive because of their limited alternatives; they cannot simply leave. Also, their cognitive development, judgment and character are not equivalent to adults', so they are not as likely to think of alternate courses of action and consider different strategies. In-depth portraits of youths who have killed their parents often show they killed because their home conditions became intolerable to them. One or both parents psychologically abused these youths. The youngsters also often witnessed or suffered physical, sexual, and verbal abuse. Most did not have histories of severe mental illness or of significant and protracted delinquent behavior. For them, killing their parents was a desperate act to get out of a family situation that had become unbearable (Heide, 1992).

Not only are the children terrorized and abused, but they experience the horror of witnessing extreme forms of violence perpetrated on other family members.
(Heide, 1992).

Extreme cases of child abuse which result in children killing their parents may include the parents' threats to kill their children. Severe spouse abuse also frequently is found, and often begins before the physical abuse of the child starts. Not only are the children terrorized and abused, but they experience the horror of witnessing extreme forms of violence perpetrated on other family members (Heide, 1992).

Widom (1989) also reviewed research studies on the relationship between child abuse and violent behavior. These studies have various methodological problems, and the results of research in this area are equivocal. Some found that violent offenders had experienced both greater amounts and more severe abuse as children. However, other studies found similar degrees of violent crimes for abused and nonabused delinquents; one study found that abused children were less likely to commit aggressive crimes (Widom, 1989).

Briere and Elliott (1994) have reviewed research studies on sexual abuse of children. They concluded that childhood sexual abuse is a major risk factor for a variety of problems. Although it cannot be claimed that sexual abuse causes other problems, various research studies have found high correlations between sexual abuse and

problems that often bring people to the attention of the criminal justice system. Adolescent and adult sexual abuse survivors have been found more prone than others to victimize children and women sexually. However, most studies of this consequence of child maltreatment indicate most of the survivors do not become perpetrators of such abuse against others (Brier & Elliott, 1994).

Richard Dembo and associates (Dembo, Tjaden, Dertke, Garrett & Wanberg, 1987; Dembo et al., 1987; Dembo et al., 1988) have been conducting ongoing research with youth in a Florida Detention Center. They have interviewed youth in the Center about physical and sexual abuse, delinquent behavior and illicit drug use. Repeated studies have led to their conclusion that both sexual victimization and physical abuse are related to drug use and initial delinquent behavior.

Finally, a recent study published by the Bureau of Justice Statistics found among a representative sample of state prisoners who had violently victimized a child, 22 percent reported experiencing sexual abuse when they were children. By comparison, only 6 percent of offenders who had ben violent toward adults reported childhood sexual victimization (Greenfeld, 1996).

Though there is a substantiated link, researchers have been unable to determine **how** child maltreatment and later arrest are related. Does child abuse cause delinquency later in life, or do children with delinquent tendencies experience more abuse? Children who demonstrate problem behavior, such as difficult temperaments, are more likely to be abused, as discussed above. However, it also has been proven that physically abused children are more aggressive toward both peers and adults (Hoffman-Plotkin & Twentyman, 1984; Spivack, 1983). Howing et al. (1990), who merge their own findings with those of Patterson (1982), concluded that delinquency results from a combination of problematic factors involving the child (e.g., aggressive personality), the parent (e.g., extremely punitive, psychologically unavailable), and the environment (e.g., excessive stress, societal attitudes toward violence). All three, or any one of these areas, if serious enough, can precipitate a proclivity toward delinquency. Wells & Forehand (1985) similarly conclude that negative parenting styles contribute substantially to aggressive tendencies in children, but also found that in cases of more extreme aggression, genetic variables within the individual seem more significant. They further acknowledge that the addition of external stress factors would exacerbate the child's tendency toward aggression.

On the other hand, the majority of people who are abused or neglected **do not** become delinquents or adult criminals. If certain factors **increase** the tendency toward delinquency, perhaps the existence of strong protective factors (i.e., factors common to those who do not become delinquent) within the individual, family, and environment are equally instrumental in **decreasing** criminal tendencies.

Data on protective factors distinguishing abused children who do, from those who do not, become future aggressors were discussed previously in the section, Adult Survivors: From Victims to Perpetrators? Research on protective factors that curb tendencies toward delinquency include (Office of Juvenile Justice and Delinquency Prevention, 1993):

- individual traits such as a resilient temperament and a positive social orientation;
- bonding with others who are prosocial, including family members, teachers, and friends; and

- healthy beliefs and clear standards for behavior.

Interventions capitalizing on strengths and enhancing conditions in the three primary domains (i.e., individual, family, environment) may hinder trends toward delinquency, suicide, and other negative outcomes in maltreated children.

The Link Between Domestic Violence and Child Abuse

Although partner abuse and child abuse are treated as different topics in this manual, they are very interrelated. According to several research studies, between 45 percent and 70 percent of women in shelters for battered women report the presence of child abuse in their family. This led researchers to the conclusion that child abuse is 15 times more likely to take place if domestic violence is occurring in the home (McKay, 1994).

Children exposed to parental violence exhibit many psychological, behavioral and academic problems. These children may internalize their reactions, leading to problems such as depression, anxiety, and withdrawal. Boys often externalize their reactions through aggression, hyperactivity, and delinquency (Jaffe, Wolfe, Wilson, & Zak, 1986; Jouriles, Barling, & O'Leary, 1987). In addition, children living with partner abuse have lower interpersonal sensitivity than children not living with abuse (Rosenberg, 1984) and have shown deficiencies in other interpersonal areas such as interpreting feelings and solving social problems (Moore, Pepler, Mae, & Kates, 1989).

Socially, children from abusive homes lack competence and exhibit low involvement in social activities (Christopoulos, Cohn, Sullivan-Hanson, Kraft, & Emery, 1985). Socially inappropriate behavior such as destructiveness, aggressiveness toward peers, and moodiness (Jaffe et al., 1986) is common in boys. Some of this anti-social behavior certainly is learned through modeling, but the linkage between parental and child behavior cannot be explained through modeling alone. For example, studies show that repeated exposure to verbal conflict alone leads to increased physical aggression (Cummings, Iannotti, & Zahn-Waxler, 1985). Therefore, children exposed to psychological partner abuse may be physically aggressive toward others even if the parents do not physically harm each other.

Academically, children living with interparental abuse often lag behind their peers. This is caused in part by concentration difficulties, exacerbated by the child's overtiredness, anxiety, a learned response of inattentiveness, or other characteristics related to family crises (Moore et al., 1989). Children from abusive homes may have higher rates of school absenteeism as well, which can contribute to academic difficulties.

Children from homes where partner abuse occurs are at greater risk of being abused themselves.

The dysfunctional lifestyles of parents in partner abuse situations are a cause of concern for their children. Their lives are unstable, unpredictable, and inconsistent. Even between abusive episodes, an aura of tension permeates the household, causing continuous stress and anxiety. The parents may exhibit poor problem solving and communication skills. Aggression and submission are frequently and successfully used as conflict resolution styles. Children living in these situations are at risk for emotional, behavioral, and social adjustment problems that may or may not be apparent. Sometimes, the problems do not manifest themselves outwardly

until later in life (Jaffe et al., 1986; Moore et al., 1989).

Children from homes where partner abuse occurs are at greater risk of being abused themselves. Klein's (1994) review of the literature reveals that children are abused in 25 to 70 percent of cases when partner abuse is identified.

Not all children from homes where parents abuse each other develop severe behavioral or psychosocial problems. Those who seem unaffected commonly are referred to in the literature as *resilient* because of their ability to cope with crises that are typically psychologically damaging. Rutter (1987) states *protective factors*, both internal and external to the child, make a crucial difference in the child's ability to cope with adverse situations.

Internal protective factors refer to the child's ideations about himself, his environment, and his ability to control what happens to him. Characteristics such as positive self-image, self-efficacy, and an ability to detach one's self from the parents' problems would contribute to a child's ability to withstand adversity. Researchers have studied resilient individuals from abusive families to learn common internal protective factors that may have prevented them from repeating the cycle of violence. Rutter (1987) found positive feelings about one's self, environment, and ability to deal with crises are important. An ability to deal with social problems is emphasized as well (Moore et al., 1987). Urbain and Kendall (1980) found that socially well-adjusted children could: 1) offer a variety of potential solutions to a problem; 2) foresee and consider possible consequences of their actions; and 3) set and work toward goals.

External protective factors pertain to environmental elements existing outside the person, such as a caring, supportive parent or other adult. School and community resources also are examples of external protective factors. A solid relationship with a supportive parent is identified as a significant external protective factor for children at risk for perpetuating family violence. This parent can be a positive influence through practical means, such as preventing the child from witnessing the abuse whenever possible. The parent also can help the child resist emotional damage through means such as boosting self-esteem and encouraging communication about feelings (Kaufman & Zigler, 1987; Moore et al., 1989). The male partner is most often the abuser; therefore, usually the mother will need to play the supportive parent role for the child. Battered women often have problems with high anxiety, depression, and other emotional disorders. The impact of the mother's inability to be a solid, reassuring parental figure for the child can be devastating (Wolfe, Jaffe, Wilson, & Zak, 1985). Conversely, a woman who remains a strong, loving role model for her child, despite the abuse she endures, can have a powerful positive influence. Sometimes, an abused woman's custody of her children may be jeopardized either because she is unable to provide the care they need, or because of tendencies to blame victims for their abuse and the problems associated with it.

Burgess & Youngblade (1988) put less emphasis on the need for parental support by stressing that "significant others" may contribute to the development of a child's social competence. Positive experiences with others outside the family may improve the child's interpersonal skills, increasing his network of social support, and breaking the intergenerational cycle of abuse.

RESPONSES TO CHILD MALTREATMENT

Of all types of family violence, the earliest and most potent responses from the criminal justice,

mental health and social service systems have been in the area of child abuse and neglect. This section reviews some general strides made in the child protection field, and points out places where attention currently is needed.

Criminal Justice System

Prosecution of child maltreatment cases has occurred for centuries, with offenders being punished and children removed from homes as early as the 1600s (Bremner, 1970). However, children taken from abusive homes usually became indentured servants or were placed in poorhouses where living conditions were not much better (Watkins, 1990). Researchers contend that legislation and statutes providing for protection of children from abuse and neglect have been in place at least since the 1800s, but the laws often were not enforced (Folks, 1902; Thomas, 1972). There was general agreement that what took place in the family was private business. In 1874 the New York Society for the Prevention of Cruelty to Children was established to enforce laws already on the books. Their lead toward protective action became a model for other states to follow.

By the 1970s, every state had laws mandating professionals in several fields to report specified incidents of child abuse and neglect. During that decade, the Children's Bureau of the U.S. Department of Health, Education, and Welfare, which housed the National Center on Child Abuse and Neglect, worked to revise the mandated reporting laws in the states. They drafted a statute that broadened the definition of child abuse to include various forms of neglect and psychological abuse in addition to physical harm. The Center then urged the states to update their reporting laws by allocating a share of federal monies only to those who did (Newberger, 1991). In 1985, the Center again broadened the definition of child abuse and neglect to include disabled infants denied necessary life-sustaining medical care (Newberger, 1993). The definitions are still changing. Some states, recognizing the link between child abuse and partner abuse, now acknowledge the child's witness of spouse abuse as a form of maltreatment (Hofford & Harrell, 1993). More comprehensive definitions have not solved the reporting problems, however. According to Grayson (1993c), the National Center on Child Abuse and Neglect contends that about half of the cases of physical child abuse are not reported.

Social Services and Mental Health

While many cases go unreported, overburdened child welfare systems in many states are blamed for failure to intervene expediently enough, or for making poor decisions regarding the welfare of children when they do. As knowledge in the field expands, social services and mental health professionals are continually making changes in the way they respond in cases of child abuse and neglect.

A considerable amount of research, especially in the 1980s, showed a strong correlation between partner abuse and child abuse (Bowker, Arbitel, & McFerron, 1988; Stark & Flitcraft, 1988; Giles-Sims, 1985; Stacey & Shupe, 1983). In response, the field has begun to view programs for battered partners as opportunities to provide help for maltreated children. Battered women's shelters increasingly offer programs for children. Follow-up services sometimes are offered, but improvement in this area is needed.

In the late 1960s and early 1970s, it was common for social service agencies to place maltreated children outside the home to ensure their protection. More recently, professionals have criticized out-of-home placements, contending that breaking up the family contributes to the trauma experienced by maltreated children. Hence, the current trend is for children to remain

in the home, with the entire family receiving counseling and support services. Recent research, however, may again reverse this trend. Results of a longitudinal study undertaken by the National Institute of Justice (Widom, 1992) reveal that placement outside the home does not increase the tendency toward delinquency and aggressive behavior in maltreated children. Multiple placements were associated with a significant amount of problem behavior, however. This suggests that it may be better for a child to be placed in a safer living environment than to remain in an abusive and potentially dangerous home situation, as long as the placement is a stable one. These findings are new, but compel further examination.

Cooperative strategies, using the most up-to-date knowledge and resources of all systems, are likely the most promising approach.

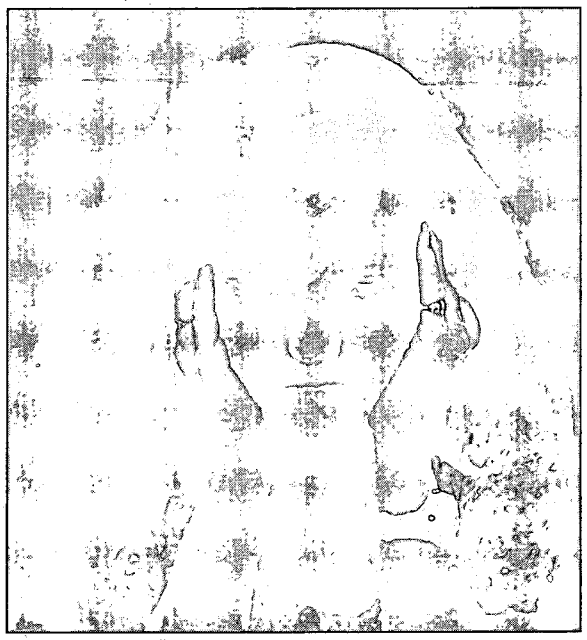
In light of current research reflecting on the multiple needs of families charged with child abuse and neglect, expanded services are needed to make a difference. Some areas of need cited by Saunders, Nelson, and Landsman (1993) include:

- financial and employment assistance;
- neighborhood improvement and protection programs;
- health care;
- housing; and
- culturally sensitive, supportive, family-based intervention programs that address specific family needs.

A debate has ensued among professionals about whether the criminal justice or human services approach to intervening in matters of child maltreatment is more effective. Perhaps neither is the more constructive course. Cooperative strategies, using the most up-to-date knowledge and resources of all systems, are likely the most promising approach.

CONCLUSION

Clearly, the problems of child abuse and neglect are massive, provoking a range of consequences that can have devastating effects on the future of this society. Though many issues and problems remain unsolved, and research is still underway, considerable strides already have been made in helping abused and neglected children and their families. Yet millions of children continue to be psychologically, physically, and sexually maltreated every year. Successful intervention strategies will be comprehensive, focusing on the individual, familial, and environmental factors contributing to child abuse and neglect. Those that incorporate the expertise and resources of all citizens, organizations, and systems concerned with the welfare of children will be most effective.



PARTNER ABUSE

What would be considered felony conduct if committed against acquaintances or strangers often is considered a minor misdemeanor when committed against intimate partners.

Chapter 4

PARTNER ABUSE

The abuse of intimate partners is a serious, violent crime against both individual victims and society. For too long, it was considered a "family problem" and shielded from the view and interventions of others in the community. If any actions were taken at all, they often were at levels far lower than would occur in non-family assaults. What would be considered felony conduct if committed against acquaintances or strangers often is considered a minor misdemeanor when committed against intimate partners. For example, if a stranger or co-worker assaults, threatens or harasses another, the offender is usually much more likely to experience significant consequences from the criminal justice system than if the person violated is a family member.

The topic here termed *partner abuse* commonly has been called wife abuse, spouse abuse, wife battering, or domestic violence in literature or discourse on the issue. Researchers recently have recognized a need to redefine the field, making the parameters for discussion broader. The more commonly used terms mentioned above exclude women who are single, divorced, or lesbian (National Committee for Injury Prevention and Control, 1989). They also exclude men, who can be victims of abuse by their partners. This understanding led to the generation of the title used in this chapter: *partner abuse*. The broader terminology is less restrictive, allowing for a more thorough examination and analysis of the reality of this phenomenon.

TYPES OF ABUSE

Three classifications of abuse lie within the broader context of the term *partner abuse:* physical, sexual, and psychological abuse. The National Committee for Injury Prevention and Control (1989) describes these terms, giving a comprehensive sense of the problem.

Physical abuse, the type studied most frequently, may include:

> "slapping, punching, kicking, choking, and attacks with weapons . . . being shot, stabbed and bludgeoned . . .rape and traumatic injuries during pregnancy . . .[resulting in] strokes, miscarriages, or suicide attempts . . . and a history of headaches, sleep disorders, or vague, unspecific complaints" (National Committee for Injury Prevention and Control, 1989, p. 223).

Psychological abuse, the Committee states, often includes "forced isolation, belittling verbal abuse, threats, intimidation, and the restriction of access to money, transportation, and other resources" (National Committee for Injury Prevention and Control, 1989, p. 223).

Sexual abuse consists of "not only nonconsensual sexual activity but the insertion of foreign objects in the woman's orifices and violence to genital and breast areas" (National Committee for Injury Prevention and control, 1989, p. 223)

MYTHS AND REALITIES OF PARTNER ABUSE

Myth: Women are more at risk of danger from strangers than from men they know.

Reality: Women are physically attacked far more by male acquaintances than by strangers. Moreover, women are about twice as likely to be injured if the attacker is an intimate (59 percent) than a stranger (27 percent) (Bachman, 1994).

Myth: Partner abuse is more common among black couples than white couples.

Reality: Women sustain about the same amount of violence from intimate partners regardless of race or ethnicity, according to the National Crime Victimization Survey. Women age 19 to 29 report the greatest amount of violence by their partners. Those from lower income households report higher rates of partner abuse than their higher income counterparts (Bachman & Saltzman, 1995).

Myth: Many victims of partner abuse are masochistic, some remaining in the relationship because they believe they deserve the abuse.

Reality: Research does not support the masochistic theory that contends that some women seek out abusive relationships and actually enjoy the abuse on some level (McDonald, 1989). Furthermore, studies have shown that less than seven percent of battered women feel they deserve the abuse (Walker, 1984).

Myth: Children who witness interparental abuse will most likely abuse their future partners.

Reality: The risk of continuing in violent relationships as adults is increased for those who have been reared in violent homes. However, studies show that many individuals exposed to violence as a child grow up to have healthy, nonabusive relationships. Several mediating factors in a child's life have been found to interrupt the intergenerational cycle of violence (Rutter, 1987).

Myth: Men and women are equally likely to abuse each other in intimate relationships.

Reality: Though this issue has been debated in the literature, the vast majority of evidence reveals that women are far more often the victims in cases of partner abuse (Bureau of Justice Statistics, 1983). Furthermore, women suffer more serious injuries (Brush, 1990), and are at greater risk of being murdered (Federal Bureau of Investigation, 1986) than male partners.

Myth: Males who abuse their partners are easy to identify because of their aggressive, antisocial personalities.

Reality: It is not possible to distinguish most batterers from the general population of men. Often they appear to be no different from the normal "good guy." (Gondolf, 1993).

Myth: Physical abuse between partners rarely results in serious injury.

Reality: Women are more likely to be injured when attacked by a partner than a stranger. Moreover, the injuries are more apt to require medical treatment if the abuser is an intimate (Bachman, 1994).

Myth: Women in violent relationships can protect themselves by leaving their abusers.

Reality: Women who are separated from their husbands experience the highest rates of victimization from their partners (Bachman & Saltzman, 1995).

VICTIMS AND PERPETRATORS OF PARTNER ABUSE

Characteristics of Victims

There is no "typical" victim in abusive relationships. For every study that seeks to draw conclusions in this area, there is at least one other that refutes it. Therefore, care must be taken in attempting to predict who is more or less likely to be abused by an intimate partner. The purpose of this discussion is to consult the research to dispel myths and increase understanding of the victim in abusive intimate relationships.

The public's willingness to "blame the victim" for partner abuse has challenged researchers to study the psychological aspects of why women stay in abusive relationships. Researchers have studied psychology-based theories pointing to *masochism, feminine attributes,* and *mental illness*, attempting to explain victimization in partner abuse (McDonald, 1989).

The *masochism* hypothesis reflects a belief that certain women seek abuse and actually enjoy it, perhaps because they feel they deserve the abuse. Those studying *feminine attributes* theorize that victims in assaultive relationships are emotionally dependent on their abusers, have low self-esteem, and subscribe to traditional views about women's place in society. The claim of the *mental illness* thesis is that those who stay in abusive relationships must suffer from some type of mental disorder or abnormality.

In general, the psychology-based research offers no evidence that people are personally predisposed to abuse (Klein, 1994; McDonald, 1989). McDonald (1989) further exhorts that psychological theories presume the victim is somehow flawed, and therefore unable to control her own life. To stop the abuse, her deficiencies must be overcome. This places most of the responsibility for the abuse on the victim. Considering these points, intervention efforts directed primarily at "fixing" the victim may be sorely inadequate.

Despite the weaknesses of psychological theories, examining why people do stay in abusive relationships is important. Studies have shown the primary reason is fear (Goolkasian, 1986). Indeed, studies consistently conclude that **victims may be in greatest danger when they end an abusive relationship** (Chaudhuri & Daly, 1992; Grau, Fagan, & Wexler, 1985). Women are most likely to be murdered when attempting to end a relationship or report abuse to authorities (Sonkin, Martin, & Walker, 1985). Physical separation, distance, restraining orders, and even time may not protect a woman from her abusive partner (McDonald, 1989). A woman may stay simply because she cannot find a safe way out.

The situations of some victims seem even more futile than others. Kramer (1989) found that factors complicating victimization include:

- *Economic dependence.* Many women are economically dependent on their partner because the abuser has demanded it.
- *Societal pressure.* Especially when children are involved, women often feel pressured by society to hold the family together.
- *Substance abuse problems.* Partner abuse may intensify the victim's problems with alcohol and other drugs. (The association between substance abuse and partner abuse is discussed more fully later in this chapter.)
- *Lack of coping skills.* This shortcoming may be due to years of prior abuse.

McDonald (1989), in summarizing the research, concluded that the following factors influence a victim's decision of whether or not to leave an abusive relationship:

- history of violence in the victim's family of origin;
- frequency and severity of the abuse;
- involvement of children in the abuse;
- resources at the victim's disposal; and
- number of previous separations.

Battered Woman's Syndrome (BWS).

Many who seek to understand why and how victims remain in abusive partnerships have acknowledged the existence of Battered Woman's Syndrome, a reactionary condition seen in many females who live with abuse. The victim maintains a constant expectation of violence and is ever-ready to defend herself against it. She changes her feelings, thoughts, and reactions trying to adapt and remain as safe as possible (Walker, 1988). In short, her focus is on survival. This does not mean the woman behaves in a passive, helpless way. Rather, she learns to behave only in ways she perceives as **most likely** to ensure her safety in a given situation. A unique aspect of Battered Woman's Syndrome is that even after removal of the fear stimulus (i.e., the abusive partner), the hypersensitivity to danger remains. Her response becomes a way of life.

Symptoms commonly associated with Battered Woman's Syndrome include (Walker, 1988):

- cognitive distortions (confused thinking, difficulty in concentrating, pessimistic thinking style);
- memory distortions (partial amnesia, intrusive memories, flashbacks, dissociation);
- "flight" symptoms (high avoidance, depression);
- "fight" symptoms (hypersensitivity to cues of danger, exaggerated startle response, irritability and anger released during periods of low danger);
- sleeping and eating problems; and
- physiological reactivity (seeking medical help during calm periods after abuse occurs for aches and pains associated with high stress).

Studies of battered women reveal the combination of an abusive childhood and rigid sex-role socialization increases one's susceptibility to the effects of battering. Research also shows that Battered Woman's Syndrome can develop from experiences of victimization and socialization in childhood or adult abusive relationships (Walker, 1988). Depending on the individual woman and the abusive situation endured, Battered Women's Syndrome may be a temporary condition, or it may require special intervention over an extended period.

Knowledge of Battered Woman's Syndrome serves as an aid to understanding how women endure repeated abuse from their partners, and why they so often remain in these relationships. Leaving the abuser may be an option that signals more danger. A knowledge of Battered Women's Syndrome also informs program development efforts to prevent partner abuse.

Other Consequences of Abuse

Whether Battered Woman's Syndrome is diagnosed or not, a victim of partner abuse suffers emotional, psychological, and physical distress that can be severely damaging, both in the long- and short-term. Victims of sexual abuse experience fear, anxiety, and depression besides difficulties in sexual relationships and other psychological and physical symptoms (Gidycz & Koss, 1991, 1992). Rape-related posttraumatic stress disorder (PTSD) develops in nearly one-third of the sexual assault cases (National Victims Center, 1992). The trauma can be re-experienced for years through dreams or flashbacks, reminders of the assault, sleep disturbances and difficulties in concentrating. Women physically or sexually abused by their partners perceive themselves as less healthy, complain more about physical and emotional distress, and engage in behavior that is injurious to their health more often than women who did not suffer the abuse (Koss, Koss, & Woodruff, 1991).

The Perpetrators

An understanding of both victims and perpetrators is necessary in designing and implementing effective intervention programs. As is true with victims of partner abuse, a profile of the typical abuser does not exist (Gondolf, 1993; Hamberger & Hastings, 1991). Some correlations with socioeconomic class and educational level exist (see Section on Culture and Partner Abuse, Chapter 2). However, partner abuse offenders are quite demographically diverse. Research attempting to identify common factors in cases of partner abuse serves as an aid to developing effective intervention programs. Several of these factors often found among batterers include the following ones.

Denial of Responsibility. Gondolf's studies of male batterers (1993) found denial of responsibility to be a common characteristic. When confronted, abusers tend to exonerate themselves of blame by pointing fingers at external factors (Ptacek, 1988). Their methods of exoneration may vary. Gondolf (1993) refers to three examples -- the *morally righteous*, the *deniers*, and the *admitters*.

The *morally righteous* are egocentric, and possess a self-righteous belief system (Gondolf, 1987). They use logic and moral reasoning to defend the maltreatment of their partners. The abuse is justified, they claim, because of their partner's wrongdoings. The *Deniers* adamantly claim their actions were not abuse. Rather, they were acting out of self-defense, or they accidentally injured their partner. Contradictory to the *Deniers* are the *Admitters*. *Admitters* are aghast at their aggression. They cannot believe they behaved that way. Ashamed, they provide excuses: They were extremely intoxicated, or stressed-out, or a victim of their own poor upbringing. No matter what the story, none of these abusers perceive themselves as at fault for

their actions. Denial of responsibility poses a significant barrier to overcome through intervention.

Abusive partners disproportionately have experienced or witnessed violence in childhood.

Violent Childhood

Abusive partners disproportionately have experienced or witnessed violence in childhood (Hotaling & Sugarman, 1986; Sugarman & Hotaling, 1989). Roy (1982) found 81 percent of batterers studied came from violent homes. However, it also should be understood that many individuals abused as children do not inflict abuse on their partners. In working with the abusive partner, one must be careful not to allow him to use past victimization as a rationalization for his behavior.

THE ABUSIVE EVENT

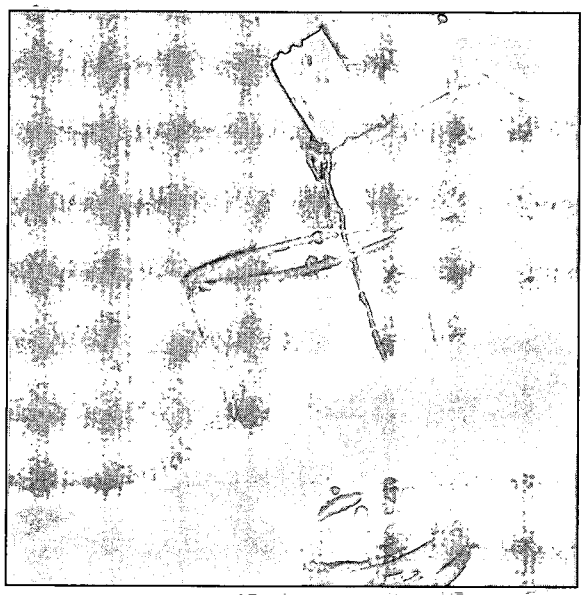
Violent episodes often result from a process that repeats itself in the relationship. Differing theories attempt to explain these processes.

Cycle of violence theory relies on the hypothesis that as frustration increases, so does aggression. Thus, stress or tension grows to a point where it eventually erupts in an abusive episode. The abuse serves as a catharsis, and the perpetrator immediately becomes remorseful and apologetic, imploring forgiveness. A honeymoon period of calm follows, but tensions gradually mount again, and the cycle repeats. The cycle of violence theory has lost some popularity amid recent research suggesting this pattern is probably the exception, rather than the rule. Research conducted by Walker (1983), a pioneer of the cycle of violence theory, found the apologetic stage to be absent in many relationships. In fact, many victims stated their abusers blamed them for the abuse. Gondolf (1993) contends most batterers exert their power and control consistently, and apologize only occasionally.

Much research concludes that those who abuse are acting out an excessive need to feel power and control in their lives (Gelles & Straus, 1988; Gondolf, 1993). The premise is that male batterers believe they have a legitimate right to exert power over their women, a belief system reinforced by a male-dominant culture. Furthermore, they learn violence works for gaining power, control and victim compliance because they rarely experience any consequences for their abusiveness. More information on theories of family violence causation is in Chapter 1.

ROLE OF SUBSTANCE ABUSE

The issue of substance abuse must be addressed concerning both the perpetrator and the victim, as intoxication increases the risk of spousal abuse (Kantor & Straus, 1989). Studies of batterers consistently conclude many are under the influence of substances when they abuse their partners (Gondolf, 1992; Hayes & Emshoff, 1993; Klein, 1994). Substance abuse also has been correlated with victims of partner abuse. Some research states approximately 50 percent of all female alcoholics were abused by a partner (Stark & Flitcraft, 1991). Despite these findings, however, caution must be used when discussing the association between substance abuse and partner abuse. Many drug-involved individuals do not abuse their partners, and many partner abusers do not have a substance abuse problem (National Woman Abuse Prevention Project, n.d.).



The close association between substance abuse and partner abuse may lie in their similarities. For example, both have an increased risk for intergenerational transmission. Both are characterized by denial or rationalization of the problem. Isolation and secrecy also are common to both. No studies have conclusively determined substance abuse to be a factor **causing** partner abuse. However, it is considered a **contributing** factor (Hayes & Emshoff, 1993).Alcohol and other drugs may intensify any emotional or psychological disorder in the individual (e.g., poor impulse control, low frustration tolerance) increasing the likelihood of a violent reaction (Cicchetti & Olsen, 1990). Similarly, psychoactive drugs lower inhibitions that might otherwise prevent one from acting out aggressively (Finkelhor et al., 1986). Some have theorized the use of alcohol and other drugs lessens the perpetrator's feelings of shame or guilt after an abusive event. The abuser claims drugs as an excuse for his behavior to alleviate his responsibility for the abuse (Hayes & Emshoff, 1993). As with childhood victimization or any other "rationale" adopted by the perpetrator, one must be careful not to allow substance abuse to become an excuse for partner abuse.

Substance abuse by the victim can create problems for intervention. For instance, drug- or alcohol-involved victims of partner abuse may not be taken as seriously (Stark & Flitcraft, 1991). In other cases, the substance abuse may be viewed as a reason for the abuse, and this is often an inaccurate assessment (Kurz & Stark, 1988).

CONSEQUENCES OF PARTNER ABUSE

Intergenerational Relationships

As previously stated, a substantial number of abusive partners come from violent homes. This suggests that those who experience or witness violence in childhood are likely to become perpetrators or victims of violence in adulthood. Indeed, research consistently documents this theory on the intergenerational transmission of violence (Hughes & Hampton, 1984). Still, there are certainly many individuals who grow up in abusive homes, yet can form healthy, nonabusive intimate relationships. Researchers are now less inclined to accept the premise that violence is transmitted intergenerationally. It is more accurate to state that those frequently exposed to family violence are **at greater risk** for becoming an abusive partner or parent, with many mediating factors significantly affecting that outcome (Kaufman & Zigler, 1987; Moore, Pepler, Mae, & Kates, 1989; Rutter, 1987). This premise offers a much more positive outlook, suggesting it is possible to interfere with intergenerational cycles of violence.

Impact of Partner Abuse on Children

In Widom's (1989) review of studies on the effects of observing or witnessing violence, she

concluded that among those witnessing severe family violence, about 16 to 17% reported engaging in marital aggression as adults. The cumulative research indicated that **observing** hitting between parents was more highly related to later marital aggression than was being hit as a teenager. However, experiencing **both** types of violence - partner and child abuse - resulted in the highest risk of subsequent partner abuse. Widom concluded that witnessing marital violence or extreme marital discord may be as damaging to children as their own physical abuse.

Jaffe et al. (as cited by Wilson, Cameron, Jaffe and Wolfe, 1989) identified six lessons children of violent parents are likely to learn:

- violence is an appropriate form of conflict resolution;
- violence has a place within family interactions;
- if violence is reported to others in the community, including mental health and criminal justice professionals, there are few, if any, consequences;
- sexism, as defined by an inequality of power, decision-making ability, and roles within the family, is to be encouraged;
- violence is an appropriate means of stress management; and
- victims of violence are, at best, to tolerate this behavior and, at worst, to examine their responsibility in bringing on the violence

Distinctive Aspects of Partner Abuse

Women and men abused by their partners generally are not identified by a public welfare agency that has an obligation to protect them, as are elders and children. No social institution watches over the abused partner in this society. The abused partner must emphatically request protection. Even then, the victim's cries for help often are futile as the legal system fails to enforce restraining orders and make arrests (see next section, Responses to Partner Abuse). As discussed previously, women often are in more danger when attempting to end abusive relationships. Moreover, the medical profession has become involved in issues of child and elder abuse, but is yet usually unwilling to intervene in cases of partner abuse (Finkelhor & Pillemer, 1988; Stark & Flitcraft, 1991).

Victims of partner abuse are less dependent on their offenders than are children, who are legally bound to their parents until they reach maturity or court intervention releases them from custody. In cases of elder abuse, the degree of dependence or independence varies with the victim's state of physical and mental health. While feelings of dependency are typical in all situations of abuse, the battered woman does have the capacity for independence while the child and, sometimes, the older person must have a caretaker. Programs for abused partners must contain a component designed to empower victims by diminishing their emotional and economic dependence on their abusers. Shelters offer temporary safe havens but are only of short-term usefulness unless they provide counseling and education that move the victim toward self-sufficiency.

Another unique aspect of partner abuse is that it must consider children who may have witnessed the abuse. Abused children and elders are not likely to have others depending on them. Abused partners often have children whose lives also are affected greatly by the abuse. Programs for battered partners must address the needs of any children who are involved.

There are cases of partner abuse misdiagnosed as elder abuse because of the victim's age. However, studies reveal partner abuse does occur among the elderly (Pillemer & Finkelhor, 1988). Sometimes the abuse has been going on for many years, and is identified only when the victim is older, perhaps by a public welfare agency. Handling this as a case of elder abuse will most likely prove to be ineffective.

RESPONSES TO PARTNER ABUSE

Help for victims has gradually emerged since partner abuse was identified as a social problem two decades ago. Some progress has been made in the legal, criminal justice, mental health, and social service professions.

Legislation and the Criminal Justice System

Historically, incidents of physical partner abuse were ignored by the criminal justice system. Police responding to calls did little more than try to pacify the parties (Binder & Meeker, 1992). Cases were rarely prosecuted. If they were, the courts dismissed them as personal or family matters (Binder & Meeker, 1992; Buzawa & Buzawa, 1990; Kurz, 1992).

State Legislation

It was not until the 1970s, when the women's movement heightened public awareness and actively crusaded for legislation, that the criminal justice system began to respond. In 1976, States began passing laws enabling victims to obtain restraining orders against their abusers; such legislation now exists in every state. By the end of the decade, new laws outlining sanctions for partner abuse were enacted in eight states (Klein, 1994).

This new legislation marked an encouraging beginning. However, many cases of partner abuse still were being disregarded as police responding to calls failed to make arrests. At first, they actually were prohibited from doing so because of laws regarding warrantless arrests which required police to witness the assault before an arrest could be made. Unless police did witness the abuse and arrest the offender, the victim had to file a formal complaint before prosecution could occur (Halsted, 1992). During the 1970s and 1980s, states introduced legislation to provide warrantless arrest powers to police. Presently, most states have statutes authorizing police to make warrantless arrests in cases of partner assault. However, in some states, the statutes contain exceptions and procedural requirements limiting their applicability (Halsted, 1992).

. . .clearly, mandatory arrest policies are necessary, but they must be enforced, and the rest of the criminal justice system must respond proactively if the victim is to feel safe in turning to the criminal justice system for help.

Table 4:1 contains a summary of legislation related to domestic violence as passed in various states through 1992. In addition to these laws specific to domestic violence, several states have passed laws relating to victims in general that are applicable in cases of partner abuse. Thirty-two states have laws requiring victim notification of bail release or pretrial release; in three states this is for felony cases only (S. S. Howley, personal communication, May 17, 1996).

Table 4:1 SUMMARY OF STATE LEGISLATION ON DOMESTIC VIOLENCE[1]

TYPE OF LEGISLATION	NUMBER OF STATES IN WHICH ENACTED[2]
Civil Protection Orders[3]	51
Mandated warrantless, probable cause arrest	47
Require courts to consider domestic violence in custody and visitation awards	32
Protection and advocacy-based services for victims of domestic violence[4]	43
Batterer Intervention Services[5]	33
Prevention and social change[6]	varies
Evidence codes specifically authorizing introduction of relevant evidence about the impact of domestic violence on victims	7
Defense against a charge of failure to protect in cases involving the mother's abuse	3

[1] Source: Hart, B. J. (1992b). State codes on domestic violence: Analysis, commentary and recommendations. *Juvenile and Family Court Journal, 43*(4).

[2] Numbers in this column represent the fifty states and the District of Columbia, for a total of 51 jurisdictions.

[3] Various states include different provisions in these laws, including injunctions against further violence (49 jurisdictions), exclusive use of a residence or eviction of a perpetrator from victim's household (50 jurisdictions), awards of custody or visitation (43 jurisdictions), payment of child or spousal support (23 jurisdictions),awards of attorneys fees and/or costs (50 jurisdictions), monetary compensation such as out-of-pocket expenses resulting from the abuse, replacement of destroyed property, relocations expenses and/or mortgage or rent payments (18 jurisdictions), and no-contact or no-harassment order may be granted after notice and hearing (29 jurisdictions).

[4] These pieces of legislation include specific measures such as funding mechanisms, program standards, confidentiality provisions, and data collection and program evaluation stipulations. among others.

[5] Provisions of this type of legislation may include funding mechanisms; mandated counseling conditions at pre-trial, post-conviction and/or with protection orders; program standards; and limitations on confidentiality; as well as other measures.

[6] Among these are included stipulations for multidisciplinary councils on domestic violence, establishment of hospital protocols, school curricula related to the prevention of domestic violence, housing assistance for battered women, community education campaigns, and unemployment compensation benefits for women who had to leave a job because of domestic violence.

Violence Against Women Act

In 1994, the United States Congress passed the Violence Against Women Act as part of the Violent Crime Control and Law Enforcement Act of 1994. This legislation authorized financial assistance to help States develop and strengthen "effective law enforcement and prosecution strategies and victim services in cases involving violent crimes against women" (Department of Justice [DOJ], 1995, p. 1). Three characteristic features of violence against women spurred the authors of this legislation to draft it and support its passage:

- the immense number of violent crimes against women;
- society's traditional view of violence against women as a serious criminal problem; and
- the justice system's typical lack of response to incidents of violence against women.

According to the Department of Justice, the purpose of the Violence Against Women Act is:

> . . .to change the criminal justice system's response to violence that occurs when any woman is threatened or assaulted by someone with whom she has or has had an intimate relationship, with whom she was previously acquainted, or who is a stranger. By committing significant Federal resources and attention to restructuring and strengthening the criminal justice response to women who have been, or potentially could be, victimized by violence, we can more effectively ensure the safety of all women (DOJ, 1995, p. 4).

The multi-year program established by the Violence Against Women Act encourages States to develop innovative and effective criminal justice approaches to achieve the following purposes (DOJ, 1995, p. 5):

- train law enforcement officers and prosecutors to identify and respond more effectively to these crimes;
- develop, train or expand law enforcement and prosecutor's units to specifically target crimes of violence against women;
- develop and implement more effective police and prosecution policies and services to prevent and respond to these crimes;
- develop and improve data collection and communications systems linking police, prosecutors and courts to identify and track arrests, protection orders, violations of protection orders, prosecutions and convictions;
- develop, expand, or improve culturally sensitive victim services programs and provide specialized domestic violence court advocates;
- develop and enhance programs addressing stalking; and
- develop and enhance programs addressing the special needs and circumstances of Indian tribes in dealing with violent crimes against women.

The Violence Against Women Act promotes a coordinated and integrated approach by requiring jurisdictions to include police, prosecutors, courts, victim services, and coalitions, task forces and/or coordinating councils in the planning process (DOJ, 1995).

Despite these legislative accomplishments, in practice, the system remains generally tolerant in cases of partner abuse. Even in states with mandatory arrest laws, police called to the scene fail to arrest the perpetrator in the majority of cases (Steinman, 1991). It is not surprising,

then, that many victims do not contact the police or seek court assistance when abused by their partners. As previously discussed, they believe such action will lead to increased abuse. One study found 50 percent of women murdered by their partners had called the police on five previous occasions (Buzawa & Buzawa, 1990). Especially when investigations have shown that police arrest does deter repeat abuse (Berk & Newton, 1985; Dutton, 1987; Langan & Innes, 1986; Sherman & Berk, 1984), clearly, mandatory arrest policies are necessary, **but they must be enforced**, and the rest of the criminal justice system must respond proactively if the victim is to feel safe in turning to the criminal justice system for help.

Mental Health and Social Services

Help for Victims

As public acceptance of partner abuse as a social problem evolved, one of the first responses was shelter services. The first shelters emerged in the early 1970s to offer temporary safety and crisis counseling to abused women and their children. Today, according to the National Coalition Against Domestic Assault (n.d.b), there are more than 2,000 shelters in the United States. In addition to emergency shelter, they offer educational programs, 24-hour hotlines, peer counseling, and child advocacy services (National Committee for Injury Prevention and Control, 1989). They remain the primary system of support available for women abused by their partners, and for their children. Unfortunately, the number of shelters available does not meet the growing need. Further, the length of time a woman and her children can stay at a shelter is usually brief. Many shelters also do not accept adolescent boys with their mothers, and this prevents some women from using the shelters' residential services.

To end an abusive relationship, a victim must take control of her own life. This is extremely difficult for those who have been tormented with abuse and may be experiencing posttraumatic symptoms. Add to the emotional and psychological repercussions of abuse other variables such as dependent children, financial deprivation, no transportation, and limited job skills, and it is apparent that resources other than temporary shelter and counseling are necessary to assist the battered partner. Increased availability of services in the social realm to help her achieve independence is crucial. Gondolf & Fisher (1988) contend that women who receive help with housing, transportation, child care, job training, and legal counsel are more likely to leave their partners. In addition, these components increase the likelihood that the partner will change his behavior.

Follow-up services also are necessary for those who have been abused by intimates. Shelters have responded to this need in the form of group and individual counseling. The primary purpose of follow-up programs is to offer sustained emotional support and practical information, keep the victim from being isolated, and make appropriate linkages with community services when necessary (McDonald, 1989).

Interventions for Perpetrators

Counseling for batterers emerged with a few pioneering programs in the late 1970s. This perpetrator-focused response has generated concern from battered women advocates that funding and attention will be diverted from the victim to the offender. Another concern is that victims, believing that counseling can change the batterer, will be less likely to end the relationship (Gondolf, 1993) or take other safety precautions. By the mid-1980s, social workers, psychotherapists, and family counselors were implementing therapeutic programs designed for batterers. The courts began mandating counseling for offenders in the late 1980s.

Today, more than half the states mandate offenders to treatment. It is now recognized that partner abusers are in need of multiple services which batterer counseling alone cannot address. Therefore, the trend is to combine counseling with other social services. For example, Colorado and Massachusetts, recognizing the association between partner abuse and substance abuse, mandate substance abuse treatment for offenders in addition to batterer counseling.

It is becoming apparent that individuals who come to the attention of mental health and social services agencies for other reasons may be in need of batterer interventions. For example, professionals providing substance abuse or child protective services may uncover a partner abuse situation, and the need for batterer treatment may be identified. Limitations of counseling, and the need for specialized treatment services for batterers also is being recognized (Gondolf, 1993). Protocols for screening and referring clients are needed to identify batterers and get them into the appropriate program(s). As services for the batterer become more diversified and comprehensive, the debate continues as to whether efforts to help the abuser wrongfully shift resources and focus from the victim. The stance taken in this manual is that both are critical. If the abuse is to end, victims must be protected and empowered while offenders are held accountable and compelled to change their behaviors.

CONCLUSION

Since the early 1970s, the subject of partner abuse has gradually grown to one of widespread national interest. Much research has been conducted, yet many theories and speculations remain the subject of controversy and debate. Despite the progress made, many questions remain only partially answered. Responses have been made in legislation, the criminal justice, mental health, and social services fields. Yet, as discussed, too many abusers are not apprehended, and too many victims are afraid to seek help.

ELDER ABUSE

[E]lder abuse shares similarities with child and partner abuse, but also differs substantially in various ways.

Chapter 5

ELDER ABUSE[1]

Of all forms of family violence discussed in this manual, elder abuse is the least studied. Child abuse began receiving national attention in the 1960s. Public concern about partner abuse followed in the 1970s. Elder abuse was given serious consideration as a third form of family violence in the 1980s. At this point, research on the topic is scant. Many interventions simply mimic those designed to combat child and partner abuse. However, it is clear from the literature available that elder abuse shares similarities with child and partner abuse, but also differs substantially in various ways. Therefore, though information on other forms of family violence makes a useful guide for further analysis, it is inadequate to attempt to explain elder abuse using these theories exclusively. It is likewise imprudent to design intervention strategies without an understanding of the unique factors relative to elder abuse. This chapter will provide a review of what is known to date about elder abuse, applying comparisons to other forms of family violence where relevant.

TYPES OF ELDER ABUSE

Most elderly persons live in the community, but a significant number live in institutions or long-term care facilities. Although all elderly people may be abused, in this manual the focus will be on victims of **family** violence. Therefore, this discussion will be limited to elderly who are victims of maltreatment at the hands of family members only. Caregivers in institutions often are "like family" to elderly patients who have little or no contact with biological family members, but the subject under study here is *domestic elder abuse* (i.e., maltreatment of those who live in the community). Also, while aging is a life-long process, the elderly usually are characterized as those 60 years and over (Tatara, 1993). Those aged 70 or older, termed "frail elderly," sometimes are set apart for study purposes because they are considered the most vulnerable among the population.

As with other forms of family violence, labels and definitions used to describe elder abuse vary considerably in the literature. Inconsistency is particularly prevalent with terminology on elder abuse. For example, definitions of physical abuse sometimes include neglect. Neglect is sometimes separated into active and passive neglect, differentiating between more and less intentional cases. Sexual abuse appears to be mentioned particularly infrequently, though it, too, is sometimes covered under physical abuse. In fact, Boudreau (1993), in summarizing what she called the "most frequently used categories of elder abuse," excluded sexual abuse and neglect as categories. Boudreau's list included: physical

1 Vulnerable adults (other than partners and elders) may include persons living with physical or mental disabilities. This manual does not address this group specifically, but they also may be victims of family violence. Their needs may resemble most closely those of elders, and they should be remembered while reviewing this chapter and when considering interventions for family violence offenders and victims.

Elder Abuse Myths and Realities

Myth: Many elderly people reside in institutions, where they are most often neglected or abused.

Reality: Only about 5 percent of persons 60 years or older live in institutions. Most who are abused live in the general community and are abused by family members (Hudson, 1986).

Myth: Most of the abused elderly are women.

Reality: Pillemer and Finkelhor (1988) found men to be abused equally as often as women, although the female victims seemed to suffer more serious consequences from the abuse than the men.

Myth: Because our society affords such respect for elderly family members, they are very rarely harmed by intimates.

Reality: Boudreau (1993) reports that older victims of abuse are typically related to their perpetrators, who are usually spouses or children.

Myth: Elder abuse usually occurs at the hands of adult children.

Reality: According to Pillemer and Finkelhor (1988), spouses are more often the perpetrators of elder abuse. This does not appear to be because partners are more violent toward one another, however. Elder spouse abuse is probably more common because many more elders live with their spouses than with their children. However, when elders are killed by family members, offspring (at 42%) outnumber spouses (at 24%) as the perpetrators (Dawson & Langan, 1994).

Myth: Elder abuse, like child and partner abuse, is intergenerational. Abusers were themselves victims or witnesses of family violence.

Reality: Pillemer & Frankel (1991) state that the intergenerational transmission of violence theory cannot explain cases of elder abuse in the same way it explains child and partner abuse because the theory purports violence is learned, or modeled, behavior. In elder abuse situations the abuse would involve retaliation instead, or in addition to, imitation.

Myth: Abuse of an elder occurs when a caregiver is unable to cope with the stress of the dependent elder's constant need for him or her.

Reality: Many studies show evidence to the contrary, that it is the abusive caretaker who is often dependent on the elder. In many cases the dependency is housing-related or financial; in others, it is because of an abuser's psychological problems (Pillemer, 1993).

abuse, psychological abuse, financial/material abuse, unsatisfactory living environment, and violation of individual/constitutional rights.

Absent a widely accepted set of categories to define elder abuse, this chapter will cover categories found in the research, yet similar to

those used in the preceding chapters.

The following categories and definitions were adapted from those established by the Select Committee on Aging (1981), as summarized by Giordano and Giordano (1984). Only those pertaining to elder abuse by family members are listed here, including *physical abuse, neglect, psychological abuse,* and *financial/material exploitation*. *Sexual abuse* is included in the category of physical abuse, as currently there is little data on sexual abuse of elders by family members.

- *Physical abuse* - violence that results in bodily harm or mental distress (e.g., assault, sexual abuse, restrictions on freedom of movement, denial of rights, murder).
- *Neglect* - breach of duty or carelessness that results in injury or the violation of rights.
- *Psychological abuse* - provoking of the fear of violence or isolation, or degrading or dehumanizing acts (e.g., name calling, verbal assault, threats).
- *Financial/material exploitation* - theft or conversion of money or objects of value belonging to an older person.

VICTIMS AND PERPETRATORS OF ELDER ABUSE

As with other forms of family violence, there are commonly accepted myths regarding the victims and perpetrators of elder abuse. Though research is far from conclusive, several findings refute the stereotypical images of victims and perpetrators of elder abuse.

Characteristics of Victims

Characteristics regarding the individual, the family, and the environment influence the likelihood that an elder will be abused. Most literature describes the "typical" abused elder as a female, over 75 years of age, who has one or more illnesses or impairments and lives with her abuser (Pillemer & Frankel, 1991). According to many researchers, the more dependent the victim on the family member, the more likely the abuse. However, this profile is being refuted now as research in the field progresses. Hornick and Associates (1988) found no significant difference in age, gender, marital status, ethnicity, and income levels between elderly who are abused and those who are not. In at least two areas mentioned above, gender and dependency, major discussions have emerged.

The debate regarding gender is discussed under the following section, Individual Factors, and dependency is discussed under Familial Factors.

Individual Factors

Many factors within the elderly individual appear to be correlated with abuse. The following discussion does not represent a typology of the abused elder. Rather, these are risk factors, or general characteristics, that increase one's vulnerability to abuse.

Gender. Most literature contends females are more likely to be abused than men. Additional research now provokes debate over whether males or females are more susceptible to abuse. Data from a study by Tatara (1993) supports the majority of research, finding females twice as likely as males to be abused by a family member. However, in the highly regarded and widely cited study conducted by Pillemer and Finkelhor (1988), elderly males were found to be victims of abuse as often as females. Further analysis led Pillemer and Finkelhor to hypothesize that males are at even *greater* risk for abuse than females. This is because, while elderly women far outnumber elderly men in the general population, older women are more likely to live alone, and those living alone are less likely to be abused. Elderly males, on the other hand, are more likely to live with relatives, making them more vulnerable to domestic abuse. Why, then, do statistics generally reveal more women to be abused than men? Pillemer and Finkelhor found women are more severely abused and suffer more serious consequences than men. They theorize that perhaps the more serious bouts of abuse are more likely to be considered abuse and thus revealed or reported. Therefore, they are more likely to be included in research data.

Other individual traits cited as characteristic of the elderly victim have not been contested as critically. The list in Table 5:1 was compiled by Thomas (1992), who summarized the work of Jordan I. Kosberg, of the University of South Florida Department of Gerontology. The traits listed are high-risk characteristics of elderly adults.

Though less frequently mentioned in the literature on elder abuse to date, according to Tomlin (1989), elderly people who have *communication difficulties* and *disabilities that tend to fluctuate* are more vulnerable to abuse.

Familial Factors

Certain family characteristics are associated with abuse. Again, the following is not intended to be a profile of the abusive family. Rather, each of the conditions described below may increase a family's tendency toward problems leading to elder abuse.

Dependency. A generally held view is that there is a relationship between elder dependency on a caretaking family member and the likelihood of abuse. Studies conducted by Steinmetz (1993) support this contention, as do several others she cites in the same work (e.g., Cicirelli, 1983; Fulmer & Ashley, 1989; Fulmer & O'Malley, 1987; Phillips, 1983). Dependency of an elder relative can be especially difficult for those in the "sandwich generation," whose own children are also dependent on them (Dobson & Dobson, 1985).

Pillemer (1993), on the other hand, contradicts these findings regarding dependency and elder abuse. Pillemer points out that if the dependency of the elderly predicted abuse, the rates of elder abuse would have to be much higher. Many dependent elderly are cared for by family members, but the rate of abuse is still only three to 4 percent. Pillemer further states that even in families caring for those with Alzheimer's disease, which renders the patient highly dependent, abuse rates are about 5 percent (Pillemer & Suitor, 1992) and 12 percent (Joslin, Coyne, Johnson, Berbig & Potenza, 1991). In fact, several case-control studies comparing abused and nonabused elderly produced no

Table 5:1
HIGH RISK CHARACTERISTICS OF ELDERLY AND OTHER VULNERABLE ADULTS

Advanced Age. This appears to be correlated with vulnerability toward abuse because persons become more limited physically and mentally as they age.

Impairment. The severity of physical and mental impairments is associated with abuse. Elderly who require more care are more likely to be maltreated.

Drinking Problems. Problem drinking increases the elderly person's dependence on others, thereby increasing the likelihood of abuse.

Internalized Blame. Many elderly people tend to deprecate and blame themselves for the abuse which can perpetuate the problems.

Excessive Loyalty. An older person who is extremely loyal to the abuser is likely to tolerate, rather than seek help for, the maltreatment, thereby allowing it to continue.

Past Abuse. Those who have been abused in the past are more likely to be abused again as they become more impaired and dependent.

Stoicism. Elderly persons who subscribe to a philosophy of tolerance, resignation or understanding are more likely to accept, and thus perpetuate, abuse.

(Source: Kosberg, 1988, as cited by Thomas, 1992).

findings that excessive dependency on the perpetrator leads to abuse (Pillemer, 1993). Instead, Pillemer's research and literature reviews suggest the perpetrators themselves tend to be dependent on the abused elderly. This hypothesis is discussed in more detail in the next section, Characteristics of Perpetrators.

Pattern of Family Violence. A theory often repeated in family violence research is that those who are exposed to abuse in the home tend to repeat the cycle. The intergenerational transmission of violence concept was discussed at length in earlier chapters. While it is tempting and appears rational to apply this theory to elder abuse, researchers as yet have produced no evidence to support it (Pillemer & Frankel, 1991). Pillemer & Frankel further claim that the cyclical pattern of violence seen in cases of partner abuse and child abuse is significantly different from that suggested for elder abuse, because the latter would involve retaliation in addition to imitation.

Still, Thomas (1992), in reviewing the work of Kosberg, points out that serious relationship problems between parent and child do not disappear when the parent reaches old age. It is reasonable to surmise, then, that an adult child may eventually act out resentment or long concealed anger. Especially as a formerly abusive parent becomes more and more dependent, the child may react under extreme stress. Similarly, a partner who was formerly abused may become abusive toward her aging partner in later years. Reasonable as it may seem, however, more research is needed to support this claim.

According to Thomas (1992), Kosberg states that the following are additional high risk factors for elder abuse in families caring for an older relative.

Overcrowding. Crowded living conditions of families caring for an elderly relative can lead to more chaos and less privacy which may precipitate abuse if family members see the older person as the cause of the added stress.

Lack of Family Support. Abuse is more likely to occur when families do not work together to provide companionship and care for an elderly relative. In this case, those who shoulder the responsibility may take out anger or resentment toward other family members on the elderly person.

Intra-familial Conflict. The elderly person living in a home where marital or other internal family conflict exists may become a scapegoat or a target for releasing stress.

Environmental Factors

Finally, external factors relating to the elderly person or family may increase the tendency toward abuse, as in the following examples.

Culture. Several issues about culture were described in Chapter 2 and may apply to the environmental context of elder abuse. In addition, American sociocultural issues, such as ageism and the protected sanctity of the family, can contribute to incidents of elder abuse. Other cultural values and belief systems may have an impact on the potential for domestic elder abuse. However, this area has not been studied systematically.

Stress. Circumstances such as unemployment and economic hardship have been implicated as contributing to stress in cases of partner and child abuse. Studies by Pillemer and Finkelhor (1988), as well as Sengstock and Liang (1982), suggested that such a correlation does exist in cases of elder abuse as well.

The isolated older person may not know how or where to seek help. . . .[B]ecause of self-blame, tolerance, or acceptance of the abuse, a victim may not even consider seeking help.

Social Isolation. Abused elders are more likely to be socially isolated than those who are not abused, according to research by Phillips (1983) and Pillemer (1986). This characteristic, again, parallels cases of child abuse and partner abuse. Those not regularly exposed to an external support system are more likely to tolerate abuse. The relationship shared with the abuser, while not healthy, may be the older person's only reliable association. In addition, as with other forms of abuse, living in isolation increases the likelihood that the maltreatment will not be reported. The isolated older person may not know how or where to seek help. In many cases, because of self-blame, tolerance, or acceptance of the abuse, a victim may not even consider seeking help.

Characteristics of Perpetrators

As is true of all forms of family violence, in reviewing the research, it becomes evident that no typical profile of a perpetrator can be drawn. However, it is helpful to look for characteristics that are relatively common among elder abusers. In studying the perpetrator, researchers have developed some risk factors useful for identifying those who may be more likely to abuse elderly family members.

Living with the Victim

The stereotypical vision of elder abuse is of a frustrated, overstressed child abusing a frail, dependent parent. However, Pillemer and

Finkelhor (1988) found in their prevalence study that spouses and children were both likely to be abusive to the elderly. In fact, in their study, 58 percent of abusers were spouses of the victim, and only 24 percent were children. The higher rate for spouses is attributed to the fact that abuse is most likely to occur at the hands of the individual with whom the elderly person lives, and this is usually the spouse. Conversely, when elderly family members are murdered, their offspring were the killers 42 percent of the time, and spouses committed 24 percent of the murders, according to the BJS study *Murder in Families* (Dawson & Langan, 1994).

Besides living with the victim, traits that place a caregiver at higher risk of being abusive include those listed in Table 5:2 (Kosberg, 1988).

Comparison of Abuse and Neglect Cases

Differences in situational variables of cases of abuse and neglect were found through evaluations of three model projects on elder abuse funded by the Administration on Aging in the early 1980s. These differences also provide helpful knowledge for understanding the occurrence of elder abuse. The evaluation was conducted by the University of Massachusetts Medical Center, University Center on Aging. Based on their findings, Wolf (1986) reports that the following factors appear to separate cases of neglect, psychological abuse, physical abuse, and financial/material exploitation.

Neglect

Cases of neglect were correlated most strongly with victim dependency. The neglected elderly tended to be older, with more impairments. Many had experienced a recent decline in mental health. Perpetrators of neglect were experiencing stress in many cases, and tended to be more socially isolated due to loss. A significant number of abusers were likely to be going through a divorce or separation.

Psychological Abuse

Victims of psychological abuse were relatively unimpaired physically and cognitively, and more self-sufficient. However, they tended to be more emotionally ill. Both the perpetrator and the victim suffered from impairments in mental health in cases of psychological abuse. Pathology in the interpersonal relationship between victim and perpetrator also was indicated.

Physical Abuse

In most cases of physical abuse, the participants lived together. Like perpetrators of psychological abuse, physical abusers were more likely to be emotionally ill and to share pathological relationships with their victims. Some perceived their victims as a source of stress, and a significant number of perpetrators showed signs of dependency.

Financial/Material Exploitation

In this study, financial/material exploitation appeared to be motivated exclusively by financial neediness or greed. In fact, the perpetrators usually were not emotionally involved with their victims and acted simply for monetary gain.

Table 5:2 HIGH-RISK TRAITS OF CAREGIVERS

Impairment or excessive stress. Physical or mental illness was mentioned previously as a risk factor for victimization. Similarly, abusers who lack the physical, mental, or emotional competence to care for the elderly are more likely to become abusive. This includes individuals suffering from a great deal of stress.

Use or abuse of medication or other drugs. Alcohol and other drugs may be associated with abuse because of their disinhibiting effects on the user. One who would normally repress an urge to strike out may not control the impulse under the influence of alcohol and other drugs. Also, mind-altering substances, including prescribed medications, can distort one's judgment and perceptions, possibly leading to an episode that might precipitate abuse.

Lack of knowledge, understanding, or experience. Caring for a dependent elderly person can be especially difficult, even if the relationship is very close. Neglect or abuse might eventually occur when a person does not have the knowledge required to meet the elder relative's needs. For example, when unable to fully understand the physical, psychological or emotional problems of the elderly person, family members may become frustrated, angry or resentful. Thus, abuse is more likely to occur.

Economic hardship. Those with financial problems are more likely to become abusive. This is probably because of increased stress, compounded when the elderly person is viewed as a source of financial dependency.

Dependency. As mentioned previously, studies show those who abuse the elderly may be dependent on the victim. According to Pillemer (1993), this dependency may be financial or related to domestic needs such as cooking and cleaning. The abuser might act out of greed, or inflict internalized resentment or anger on the elderly victim. Maltreatment also may be related to the abuser's psychological problems, such as substance abuse or mental illness.

Former abuse. Some researchers suggest those who were abused as children or witnessed violence in the home may inflict harm on the former abuser out of conscious or unconscious retaliation, or as a learned response. However, Pillemer & Frankel (1991) caution that no formal research evidence specific to elder abuse has been found to support this theory.

Unengaged outside the home (or socially isolated). As is true of high risk victims, perpetrators not connected to a support network are more likely to become abusive. Helpful associations can include family outside the home, friends, co-workers, support groups, or organizations.

Blaming. Abuse may occur if one tends to blame the elder for the problems and pressures he feels.

Unsympathetic. A person who does not demonstrate empathy for others in need may become angry or resentful toward an elderly person suffering from physical or mental impairments.

Hypercritical. Those who are quick to criticize, and become easily frustrated with others, are more likely to maltreat elders suffering from mental or physical ailments.

Unrealistic expectations. If an individual holds unrealistic expectations about the elder family member's condition, including the prognosis for improvement and level of care needed, she may become disillusioned or angry to the point of abusiveness.

(Source: Kosberg, 1988).

CONSEQUENCES OF ELDER ABUSE

Very little research has been done to determine the short- and long-term effects of abuse on the elderly. According to Pillemer & Frankel (1991), existing data stress several common physical manifestations, including bruises, sprains, abrasions, bone fractures, burns, and wounds. Data regarding psychological consequences are more difficult to uncover. One study by Phillips (1983) found depression and a weak support network to be correlated with abuse. Hudson (1986), however, points out that these factors could be antecedents rather than consequences of the abuse. Physical problems other than injuries related to abuse (e.g., appetite loss, disturbed sleep patterns) also are difficult to determine, as these impairments experienced by elders may be the result of normal aging rather than abuse.

Relationship of Elder Abuse to Other Forms of Family Violence

In efforts to discern the consequences associated with elder abuse, some researchers looked to other forms of family violence. Though conclusive evidence specific to elder abuse is lacking, it is reasonable to suggest that abused elders may share some of the same psychological symptoms observed in victims of child and partner abuse. Finkelhor and Pillemer (1988) state lowered self-esteem, feelings of powerlessness, self-blame, and increased isolation appear to be associated with all types of family abuse. Psychiatric problems such as despair, depression, sleep disturbances, phobias, and suicidal actions also have been indicated with victims of all forms of domestic violence (Lau & Kosberg, 1979; Phillips, 1983). As comparisons are made, however, it is important to remember the elderly person already is coping with the emotional struggles and physical discomforts inherent in the aging process. These difficulties may be intensified by the trauma of victimization, causing problems unique to situations of elder abuse.

Lowered self-esteem, feelings of powerlessness, self-blame, and increased isolation appear to be associated with all types of family abuse.

As demonstrated throughout this chapter, research on elder abuse draws largely from research on child and partner abuse. To some extent, comparisons can be made because the three forms of family violence do share similarities. Several of these commonalities were outlined in Chapter 2. However, it is important to note there are distinctions as well that necessitate the independent study of each topic. Some of the differences between elder abuse and other forms of family violence are summarized below. It is critical that those designing and implementing intervention programs understand and consider these distinguishing factors. Much of the following was taken from the collaborative work of Finkelhor and Pillemer (1988).

Elder Abuse and Child Abuse

Many claim elder abuse and child abuse are very similar, pointing out abused elders, like children, are dependent on their caretakers. However, as discussed earlier, the abused elder very often is *not* dependent on the abuser. As a matter of fact, in some cases, the reverse is true. The abuser is dependent on the elderly person. Even in cases where an elderly person is dependent, the situation differs from the parent-child relationship. One critical point is that parents have a legal responsibility for their minor children. Adult children and other relatives, on the other hand, are not legally responsible for

their elderly parents except in rare instances. In fact, even societal expectations that children will take care of their aging parents are becoming obsolete. Fewer than one in ten elderly parents live with their children. Options regarding living arrangements for abused children and abused elderly are quite different as well. Abused children have few, if any, choices about where or with whom they will live. They may be placed in group homes or foster care, but often they remain with or return to live with the abusive parent. The elderly, on the other hand, are given the legal right to decide their own living preferences, though finances and health status may limit their options (Finkelhor & Pillemer, 1988).

Elder Abuse and Partner Abuse

Elder abuse is compared with partner abuse less often than with child abuse, though the former two probably have more in common. In fact, elder and partner abuse may overlap, as in cases of abuse of an elderly partner. Studies have shown difficult partnerships may become more violent as the couple ages and struggles to cope with physical and mental ailments (Straus et al., 1980). To ensure appropriate intervention, the context of each individual situation would have to be studied to determine whether it more closely resembles elder abuse or partner abuse. Still, there are those who see parallels between elder and partner abuse. For instance, both parties usually are independent adults sharing a relationship by choice, though there may be strong economic or emotional connections. However, the nature of these emotional and material connections are probably very different, as are the solutions. For example, a spouse may stay in an abusive marriage because of dependent children. This would not be the case for an elderly person, who may tolerate abuse because of a fear of institutionalization. A battered partner may achieve empowerment and end an abusive relationship through job training and financial independence. For an elderly person, entering the job market is probably not a practical solution.

RESPONSES TO ELDER ABUSE

As with child and partner abuse, research regarding elder abuse has spurred policy makers and practitioners to action. Gaps in knowledge make it difficult to design truly effective tactics to prevent elder abuse. What does exist mimics strategies designed to protect children. For example, in the legal realm, mandatory elder abuse reporting laws have been enacted. In the field of social services, protective service programs have been put in place for the abused elderly. Mental health has responded with various direct services. Some responses may be as wrought with problems and controversy as they are helpful, as discussed below. The effectiveness of these strategies has not been determined, as evaluation data regarding interventions are scarce (Pillemer & Frankel, 1991). Until evaluative research is conducted, only a review of these response options can be presented.

Legal Response

Mandatory Reporting Laws

Laws exist in every state requiring certain professionals to report suspected cases of elder abuse. These laws vary considerably in definitions and methods used. Several researchers have expounded upon the problems associated with mandatory reporting. First, some argue the laws essentially treat the elderly like children, stripping them of control over their own lives, and presuming they are not competent enough to report the abuse themselves (Boudreau, 1993; Krauskopf & Burnett, 1983; Lee, 1986). Some elderly may lack the ability to comprehend or report maltreatment, but certainly

not all are unable to do so. Another criticism suggests mandatory reporting is futile because investigations and follow-up are inadequate, probably due to insufficient resources (Boudreau, 1993; Pillemer & Frankel, 1991). In addition, when penalties are not enforced for failure to report, as is often the case according to Pillemer and Frankel (1991), the laws become especially ineffective. Finally, violation of confidentiality between client and professional is an issue with mandatory reporting. Again, many admonish that it is demeaning to deprive the elderly of the right to seek advice or help from a professional without fear of disclosure. This right has been secured for victims of partner abuse. However, as noted previously, elderly people are very unlikely to report abuse for various reasons. In addition, the abuse often goes undetected because the elderly experience other impairments as a part of normal aging. They are often isolated from others as well. Therefore, mandatory reporting may be the only means to identify, and thus put an end to, the abuse.

Before deciding whether mandatory reporting is an essential evil, or an unnecessary violation of the rights of the elderly, it must first be determined whether mandatory reporting of elder abuse cases is effective in stopping elder abuse. One study (Wolf & Pillemer, 1989) did find that mandatory reporting led to an increase in the number of referrals made for elder abuse cases. With an insufficient allocation of resources to investigate and intervene in each case referred, however, an increase in referrals does not necessarily mean an increase in effective help for the abused. At this point, the debate regarding the usefulness of mandatory reporting laws is yet to be resolved.

Arrests, Restraining Orders

Arrests or restraining orders are possible responses from the criminal justice system in cases of elder abuse. These options were devised to manage situations of partner abuse (Myers & Shelton, 1987). However, legal action is rarely taken because so many victims deny that they have been abused. Research in the area of partner abuse suggests arrests are effective in deterring abuse. In response, legal steps have been taken to enable officers to make arrests even when the victim tries to protect the partner. Such legal action has not yet taken place to assure arrests of elder abusers. The potential impact of increased legal intervention in cases of elder abuse must first be explored before the effectiveness of this approach will be known. Nevertheless, even without making arrests, law enforcement officials responding to complaints of suspected elder abuse are in a special position to make a difference. They may be the only outside contact with knowledge of the suspected abuse, and they at least can provide information to the victim or the family on services available in the community.

Social Services and Mental Health Response

Protective Service Programs

Another highly controversial response to cases of elder abuse has been from the social services field in the form of protective service programs. According to Boudreau (1993), after cases of abuse are reported and investigated, statutes often require the state assume guardianship of elderly victims and make decisions in their best interest. In many cases, often because other services are lacking, institutionalization is seen as the solution. This intervention is imposed despite the elderly victim's preference. As with mandatory reporting, many critics contend the concept of protective service degrades or infantalizes the elderly. At the same time, the response made is often completely unnecessary and inappropriate for the victim involved. This may be because a quick and easy solution is sought, or because there are few options

available in the community. Many elderly are completely independent and autonomous and wish to remain that way as long as possible. Given the possible social service response, it is not surprising so many abused elderly are determined to hide their plight.

Little evaluative research has been conducted, and the potential success of these interventions cannot be judged.

Current Innovations

The range of responses from the social services and mental health fields is beginning to broaden, and new ideas have been introduced in some communities. Less intrusive alternatives to mandatory reporting and protective services may be more appropriate in most cases. Some examples are provided here. Little evaluative research has been conducted, however, and therefore, the potential success of these interventions cannot be judged.

Pillemer and Frankel (1991) suggest that successful programs for battered spouses may be effective for the abused elderly. They point to the similarities between these two forms of family violence; that is, they both often involve two legally independent adults sharing a residence with mutual emotional or financial benefits. Given this notion, they advocate community programs that heighten public awareness and provide social support for the abused elderly, such as self-help groups. Such groups have been effective in empowering victimized women, teaching them that no one has a right to harm them, emotionally or physically. Pillemer and Frankel (1991) also suggest, along with Boudreau (1993), that temporary shelters similar to those available for victims of partner abuse be set up for the abused elderly.

Boudreau (1993) urges communities to develop programs providing respite for caregivers such as home-delivered meals, adult day care, and homemaker services. She also advises family counseling may be wise before making the decision to share living space with an elderly relative. It should be acknowledged that not all families have the necessary resources to assume the caregiving role.

CONCLUSION

From the material discussed in this chapter, it is apparent there is much to learn about elder abuse. Training opportunities must be provided to those working in the field as knowledge expands with continued research.

According to Boudreau (1993), the following research agendas must be explored before a critical understanding of the elements unique to this area of family violence is achieved.

- survey data that is national in scope;
- clearer definitions and more broad-based research on risk factors;
- multicultural comparative research;
- a greater understanding of elder spousal abuse;
- comparisons of late onset and longstanding patterns of abuse; and
- evaluative research on intervention methods.

In the meantime, the temptation to compare the elderly to victims of child abuse must be resisted. Doing so symbolically diminishes the status of the elderly to that of dependent children, which may actually exacerbate the problem of elder abuse.

Module 2

RESPONDING TO FAMILY VIOLENCE

Module 2

INTRODUCTION

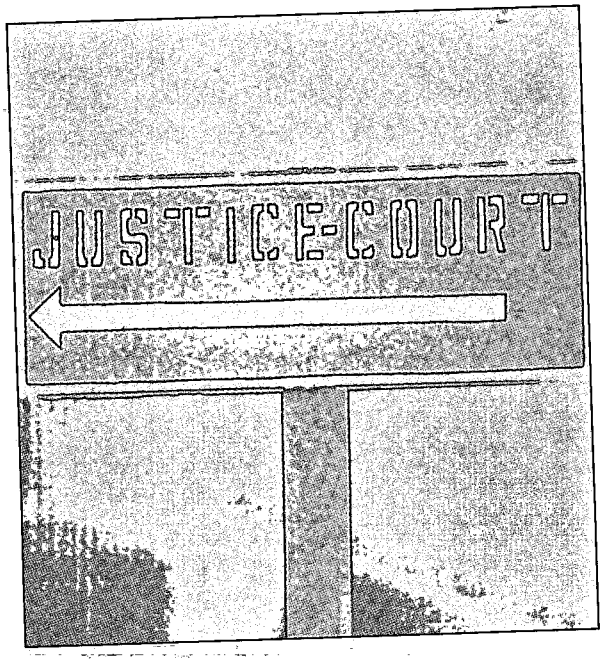
The second module of this manual addresses program development issues for community corrections agencies intervening with family violence victims and offenders. This module pertains to the broad considerations that must be addressed in planning and implementing such programs.

Chapter 6 - Responding to Family Violence: Concepts and Strategies presents a conceptual framework for responding to family violence. The importance of a coordinated community response is stressed, and some strategies for achieving this are explored.

Chapter 7 - Planning Effective Community Corrections Programs reviews several areas to examine during the planning process for new programs. Assessment of needs and resources, legal issues, involvement of key stakeholders, determining the program purpose, selecting a program design, and program policies and procedures are addressed. An addendum to the chapter provides a brief overview of recommended policies and procedures.

Chapter 8 - Legal Liability Issues examines the substance of several possible liability issues based on case law. Several methods of diminishing exposure to liability also are presented. Considering these issues carefully during the planning process and while conducting programs is important.

Chapter 9 - Program Implementation and Evaluation provides a summary of program applications and evaluation. A detailed discussion of program staffing includes suggested responsibilities for program coordinators, line officers and victims' services workers. The chapter also emphasizes staff training and development and discusses the impact of family violence cases on staff. Program funding also is addressed in this chapter. Finally, the importance of program evaluation is stressed and several types of data useful for program evaluation are described.



RESPONDING TO FAMILY VIOLENCE: CONCEPTS AND STRATEGIES

If the abuser is granted freedom in the community, the first concern must be not his or her well-being but that of the victim.

Chapter 6

RESPONDING TO FAMILY VIOLENCE: CONCEPTS AND STRATEGIES

Traditionally, family violence has been viewed as a private family matter. Module 1 provided a brief review of recent, more public responses to child maltreatment, partner abuse and elder abuse, including legislation, criminal justice practices, and social and mental health services. For different types of abuse, the primary response strategy varies. In general, for child and elder abuse, social services were instituted to address the problem. On the other hand, in cases of partner abuse, a justice system emphasis has prevailed.

Within the justice system, three major approaches evolved. Restraining orders designed to protect victims emerged in the civil justice system. Criminal punishment and court-enforced batterers' treatment developed as criminal justice strategies. There are many complexities to the problem of partner abuse, as well as other forms of family violence. Social and individual factors influence the effectiveness of various responses to these problems. Researchers suggest there may be different subgroups of batterers for whom varied approaches are appropriate. However, presently, sufficient research that helps sort these factors and guide effective interventions has not been conducted (Fagan, 1996). Fagan (1996, p. 40) concludes:

> We simply do not know what the effects of legal sanctions for domestic violence are, whether there are differences in these effects for specific population groups, what the theoretical bases are for their effects or noneffects, and what the risks and limitations of a policy of "criminalization" are.

He calls for a program of research and development to advance knowledge about intervention in partner abuse (Fagan, 1996). Similar research on interventions in other forms of family violence is needed. However, until further research is available, interventions must be based on the best evidence available and successful practices found in agencies.

This chapter first presents the conceptual model recommended in this manual for responding to family violence. It further addresses the role of community corrections in a coordinated community response to family violence.

RESPONDING TO FAMILY VIOLENCE: A CONCEPTUAL MODEL

The way problems are understood guides responses to them. Chapter 1 presented the conceptual model developed in this manual. This module addresses the lower section of the model - the response to family violence by society, the community, and the justice system.

Crime in general, and family violence specifically, require a social response as well as individual action. Very often, a host of agencies and professionals are involved already, or are willing to become involved, with family violence cases; criminal justice professionals, social workers and treatment providers are among those working in this area. The proposed conceptual framework for community corrections intervention in family violence cases emphasizes the need for a coordinated community response. This conceptual model guides the strategies recommended for program development and case intervention presented in the remainder of this manual.

Figure 6:1 provides a graphic depiction of the response to family violence, including society, the community and the justice system. The primary goals of intervention should be victim protection and empowerment through effective offender supervision and behavior change. This intervention should occur within the context of a coordinated, multidisciplinary, community response recognizing and acting on those factors within the justice system and society that can enhance or obstruct these goals.

The following sections discuss each segment of this model individually. However, in reality, these distinctions cannot be made as clearly or easily as they appear in Figure 6:1 and the related discussion. The description will begin at the top and then work from the outer rectangle inward.

Goals for Community Corrections Intervention

Establishing program goals is a critical part of program development. The purpose for intervening must be clearly defined to ensure all parts of the system work in harmony. The goals recommended in this model of intervention are, in order of priority:

- **victim protection and empowerment;**
- **offender supervision and accountability; and**
- **offender behavior change.**

The major strategies available to achieve these goals are identification and arrest of family violence offenders, a commitment to effective prosecution, and appropriate sentencing for offenders. Community corrections tactics include victim contact and support, strict enforcement of release conditions, offense-specific group intervention programs for offenders, and alliance with other agencies and service providers.

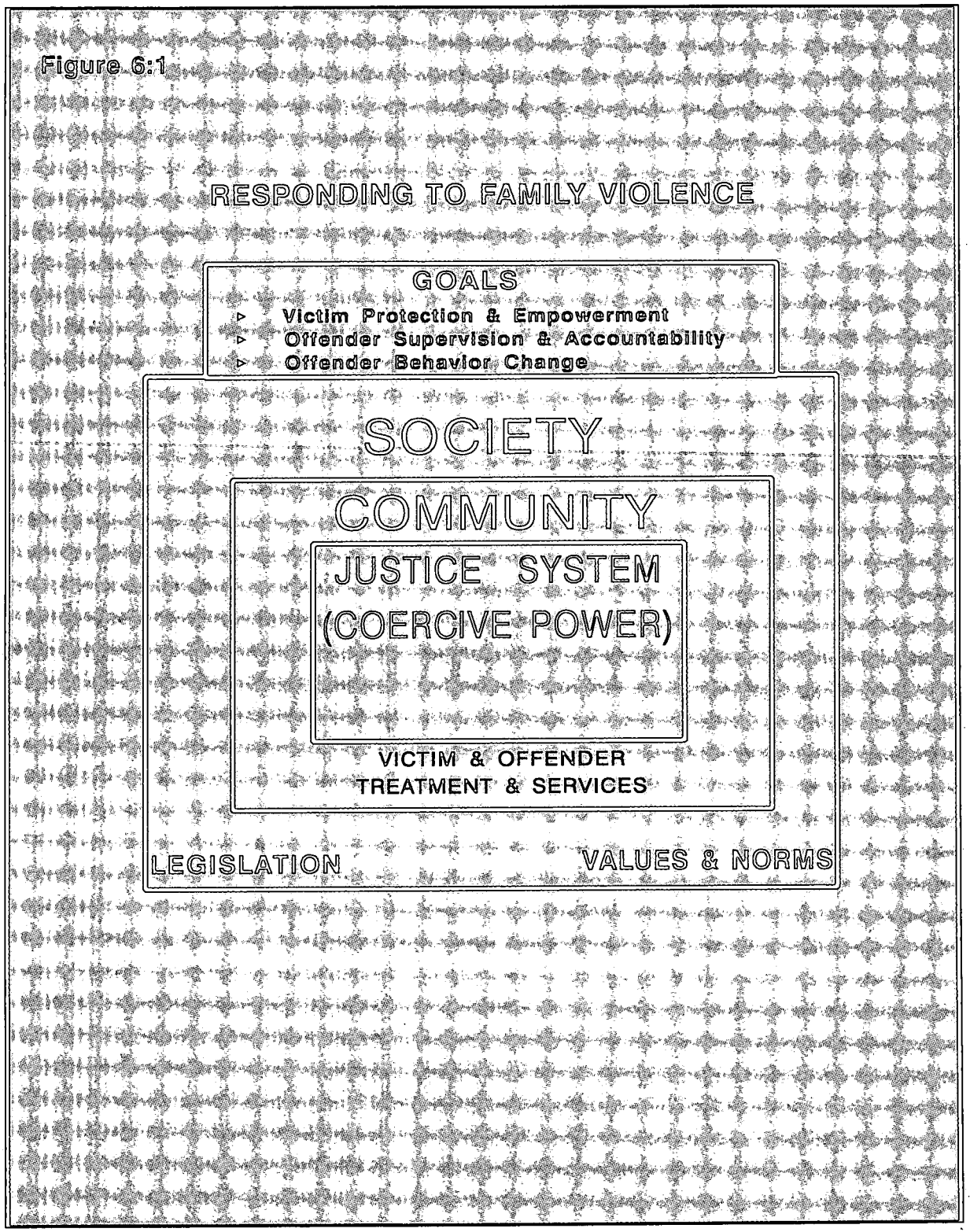
Victim Protection and Empowerment

Victim protection and services must be a priority for community corrections. Four important reasons to emphasize victim protection and services are:

1) prevention of death or injury;
2) containment of the intergenerational transmission of violence;
3) empowerment of victims; and
4) reduction of exposure to legal liability.

The potential for death and injury in family violence cases, and the increased risk of its intergenerational continuation, were discussed in Module 1. Victim empowerment is another key aspect of this goal. Seeing others take their situation seriously empowers victims of family violence to act on their own behalf. Whether it is a woman leaving her abuser, a child telling a trusted adult, or an elder accepting the aid of a social service worker, victim empowerment is more likely to occur when the justice system

Figure 6:1


RESPONDING TO FAMILY VIOLENCE
GOALS
Victim Protection & Empowerment
Offender Supervision & Accountability
Offender Behavior Change
SOCIETY
COMMUNITY
JUSTICE SYSTEM
(COERCIVE POWER)
VICTIM & OFFENDER
TREATMENT & SERVICES
LEGISLATION
VALUES & NORMS

intervenes appropriately. Conversely, when they are not believed, when they are blamed for the abuse, or when cases become "lost in the system," victims often become further victimized and less able to act for themselves. The most important method of empowering victims of family violence is to believe them, investigate, and take appropriate action.

Holding family violence offenders accountable for their actions is central to supervision and enforcement of conditions.

Legal liability is still another reason victim protection is important. Many changes in legislation and policies and procedures for law enforcement, court personnel, prosecutors, community corrections, and treatment providers occurred largely through litigation brought by victims or survivors of victims of family murder. Most lawsuits stem from victim protection responsibilities that often have at their core the justice system's failure to take these cases seriously. Because family violence cases involve a known victim who is usually in foreseeable danger from an identified perpetrator, and because these victims often have restraining or protective orders that may be interpreted as committing the state to intensified protection efforts, community corrections' exposure to legal liability is somewhat heightened in these cases. Although the United States Supreme Court recently reiterated that government cannot ensure citizens' safety (*DeShaney v. Winnebago County Department of Social Services*, 489 U.S. 189, 1989), community corrections personnel need to be aware of the legal issues affecting intervention in these cases to proceed appropriately. Legal liability issues are considered in more detail in Chapter 8.

Offender Supervision and Accountability

Community Corrections agencies have a public protection mandate. In family violence cases, the "public" consists of known and potential victims as well as others outside the family. The protection of all of them is a fundamental responsibility of community corrections. Indeed, there is evidence suggesting family violence is correlated with risk for other criminal behavior. In a review of domestic violence cases in Quincy, Massachusetts, 43% of a sample of batterers had prior criminal records of crimes against persons; two-thirds of those victims were female (Klein, 1994). Evidence from the literature on abusive parents suggests that child abusers often suffer cognitive deficits such as lack of communication and problem-solving skills, inability to be empathetic, and tendencies to attribute negative motives to others. These are all triggers for increased aggression generally (Acton & During, 1990). Stringent supervision techniques and swift and sure enforcement of conditions affects the safety of identifiable victims, as well as the public at-large.

Holding family violence offenders accountable for their actions is central to supervision and enforcement of conditions. Offenders often exhibit a sense of entitlement toward those with whom they are intimate, and they are often tenacious in their pursuit of victims. They may deny, rationalize, minimize, and blame victims for their behavior. These attempts must be confronted every time they occur. A perpetrator's drunkenness, a wife's "nagging," a child's crying, or an elder's incontinence should never become an excuse for violence. Appropriate responses from the criminal justice system reinforce to the offender and others that violence within the family is unacceptable, criminal behavior.

Offender Behavior Change

Family violence behavior is thought to be learned in most cases. Therefore, with appropriate treatment, it can be "unlearned," or different behaviors can be learned to replace abusive ones. Appropriate treatment is: based on psychoeducational and cognitive behavioral principles, provided in group settings, and specific to the type of offense(s) committed. It focuses on stopping abusive behaviors, protecting victims, and holding offenders accountable. Traditional treatment modalities, such as marriage counseling, anger control, and individual insight therapy have been ineffective when used early in the intervention process or when used exclusively. Some states legislatively prescribe appropriate treatment in domestic violence cases, because more traditional approaches have the potential for batterers to avoid accepting responsibility for their behavior or for increasing victim danger and victim blame. It is increasingly recognized that treatment generally should be long-term. This may require legislation extending the period of probation or parole allowed for some offenses. Enforcement of treatment conditions should include regular monitored attendance, active participation, and successful completion of treatment goals.

Levels of Intervention

Community corrections can make no substantial, lasting impact in family violence acting alone. If a consensus exists on any point regarding family violence, it is the need for a coordinated, multidisciplinary response from the criminal justice system and the community (Edwards, 1992; Ganley, 1987; Hofford & Harrell, 1993; Mickish, 1991; National Council of Juvenile and Family Court Judges, 1990; Pence, 1988; Pennsylvania Commission on Crime and Delinquency et al., 1993; Sadusky, n.d..; U. S. Advisory Board on Child Abuse and Neglect, 1993). The conceptual model of responding to family violence developed in this manual requires a constant interchange of information and action among all levels within society from the individual community corrections professional through the justice system, community service providers, lawmakers, and the public. The following provides a brief description of the unique and interrelated roles each has.

Society

Victim protection and the reduction of family violence can be achieved only within a social context that clearly makes violence against family members socially unacceptable. Social values and norms and legislation affect intervention on this level most.

Social Values and Norms. Social values and norms affect how individuals react to family violence cases. Everyone has preconceived assumptions about family violence, whether they are a probation officer, police officer, judge, legislator, or a citizen with no direct involvement. It is this context in which family violence cases are handled or mishandled. For example, the privacy of the family is a very strong value in American society, which should not be violated capriciously; however, family privacy also contributes to the victimization of millions of people. Some people also hold strong beliefs about the dominance of some members of society over others. This may include beliefs that men should control women, assumptions that domination of persons in some ethnic groups is acceptable, and feelings that those with more resources should have more privileges. Some also hold beliefs about the actions of family abuse victims, insinuating that they may provoke the abuse they receive. Victims may be accused of making false claims of abuse. For example, it has been alleged that vindictive spouses try to gain an advantage in

divorce proceedings by making claims of abuse. Although false claims may occur, generally, false claims of family violence are made no more often than for any other crime - in less than 2 percent of all cases - except forcible rape, which is estimated at 8 percent (Federal Bureau of Investigation, 1992). More often, the motivation for seeking civil remedies, such as a divorce (rather than criminal sanctions), is the fear of retaliation if the abuser is imprisoned or the shame and desire to keep the matter "private." Prevailing social values and norms strongly affect the ways family members interact and responses by others toward family abuse situations.

Legislation. Legislation both reflects and modifies existing social values and norms. The most significant legislative change on family violence in this decade is the criminalization of acts of violence against family members. A comprehensive review of partner abuse legislation is found in *State Codes on Domestic Violence: Analysis, Commentary and Recommendations* (Hart, 1992). Forty-seven states either allow or mandate warrantless arrest of suspected partner abusers upon a finding of probable cause by the police. This is evidence that society's beliefs about how much privacy should be afforded families, and how much power is granted some family members, is changing, at least when physical violence toward partners occurs. Other examples of legislation include:

- criminalizing stalking and violation of civil protection orders;
- considering domestic violence in child custody determinations;
- laws mandating reporting of child and elder abuse;
- repeal of the spousal privilege to refuse to testify against a spouse in domestic violence cases;
- allowing special procedures for child victims in criminal prosecution of abuse and neglect cases;
- compilation of incident reports and other statistical data; and
- the development of protocols between agencies to coordinate case dispositions and services.

Additionally, specific family violence legislation and victims' rights legislation affect community corrections work in several ways. For example, the criminalization of family violence dramatically increased the numbers of these cases sentenced to probation. This, in turn, affects caseload sizes and target populations. Appropriate classification, supervision, and mandatory treatment for offenders require specialized knowledge by probation and parole personnel. Community corrections professionals need to stay abreast of developments in legislation, particularly statutes that mandate certain responses to cases.

Victims' rights legislation also affects community corrections intervention. Some form of victims' rights legislation has been passed in every state. Federal legislation entitled, *Victims' Rights and Restitution Act of 1990* is summarized in Chapter 11, Table 11:3.

Victims' rights legislation may be very general or it may be more specific stating, for example, that the Department of Corrections will offer victims an opportunity to make an impact statement for a pre-sentencing hearing. Because legislation varies from state to state, identifying specific laws affecting family violence programs in each jurisdiction is important.

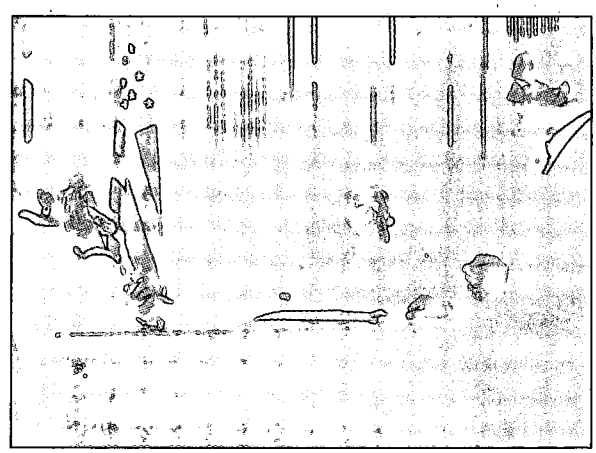
Community Involvement

The next level of intervention in this conceptualization of a response to family violence is involvement at the community level. Here, community is the geographic area within the jurisdiction of the court. Sometimes neighboring communities and counties, or the state as a whole comprise the community. The response to family violence at this level includes intervention with both victims and offenders. Family violence intervention encompasses a broad array of services. Treatment providers, protective services, shelters, legal aid, and victims' advocates and services are the primary resources within the community. Besides the services specifically related to family violence, an array of other resources is found within the community, such as housing, health care, public assistance, employment training, and education. These services are vital if the goals of victim protection and empowerment, offender supervision and accountability and offender behavior change are to be met. Most communities of moderate size and larger have most of these services available. However, some programs, such as shelters for abuse victims, may be available only on a multijurisdictional level. Smaller communities and rural areas often have fewer resources and may need to develop partnerships with other areas to provide the range of services needed.

The Justice System

The justice system encompasses the civil and criminal courts. Many family violence cases enter the system in civil court as divorces or child protection cases, and may never be addressed as crimes. However, when the criminal justice system is used, it adds a critical element: the coercive power of the state. The criminal justice system can intervene forcefully to stop family violence through practices such as mandatory arrests for domestic violence batterers, prosecuting cases even if victims are uncooperative, and holding offenders accountable for violations of court orders, particularly those that endanger victims. Community corrections specifically can use its coercive power to:

- mandate treatment for offenders;
- enforce conditions of release;
- monitor the fulfillment of victims' rights (e.g., notification of revocation and/or release); and
- share offender information with others in the community with a need to know (e.g., protective services).



The most successful programs reflected in the literature are in jurisdictions having **both appropriate services and treatment *and* a strong justice system response** (*Developments in the Law*, 1993; National Council of Juvenile and Family Court Judges, 1992). The power of the state and the rehabilitative capacity of

appropriate treatment come together through court-mandated intervention.

Probation has a long history, dating from the time of its founder, John Augustus, in the mid-1800s, of concern for the needs of offenders. Its founders, and present advocates, believe nonviolent criminals usually should stay in the community where there is a better opportunity for rehabilitation. As John Augustus (1852, p. 19) said:

> "...I confined my efforts mainly to those who were indicted for their first offence, and whose hearts were not wholly depraved, but gave promise of better things...."

Parole, similarly, is a second chance for persons who have paid their debt to society. It is a chance for offenders to start over with supervision and supportive interventions to see that they demonstrate "their worthiness to remain in the community" (Burke, 1995. p. 12).

However, in cases of family violence, an exclusive focus on the offenders is not appropriate. If the abuser is granted freedom in the community, the first concern must be not his or her well-being but that of the victim. Everything done in the management of the case should reflect the principal goal of victim protection and empowerment. To protect the victim, the goal for the offender has to be changing the violent behavior, and that requires holding the offender accountable and providing opportunities to learn new behaviors to replace the abusive ones.

Community corrections, with the rest of the justice system, is learning to view and treat family violence cases somewhat differently than other types of cases. Dr. Andrew Klein (1995) summarized the differences between the justice system's response to traditional offenders and current approaches to family violence (particularly domestic violence) offenders as depicted in Table 6:1.

Everything done in the management of the case should reflect the principal goal of victim protection and empowerment.

A complete review of the justice system response to family violence is beyond the scope of this manual. However, the role of the justice system in a coordinated community response to family violence is discussed in the next section.

A COORDINATED COMMUNITY RESPONSE TO FAMILY VIOLENCE

The conceptual model described earlier emphasized the necessity of a coordinated community response to family violence. The justice system, and its components, including community corrections, are central to an effective response to family violence, but the justice system alone is not sufficient. Other community resources and interests are essential in a multidisciplinary effort to combat family violence. A team effort helps each participant focus on appropriate roles.

Table 6:1 COMPARISON OF JUSTICE SYSTEM RESPONSE TO REGULAR AND FAMILY VIOLENCE OFFENDERS[1]

	Traditional Responses	Responses to Family Violence Offenders
Goal of Intervention	Client-oriented; to meet the offender's needs	Victim-oriented; to prevent reabuse (this requires more contact with victims than in other cases)
Treatment	Individual treatment to address the unique problems of each offender. This often includes individualized mental health counseling. Treatment activities and supervision are usually separated, and community corrections personnel have minimal interaction with treatment providers.	An intervention system must involve the entire justice system (i.e., arrest by police, prosecution of cases, serious treatment of cases by the court, effective supervision by probation or parole) and include a group treatment program focused on stopping violent behavior. Community corrections personnel are active with treatment providers to ensure offenders attend and participate in the program.
Nature of victims	Identifiable victims of crimes are usually supportive of the efforts of the justice system to intervene with offenders and hold them accountable.	Characteristic descriptors of family violence victims include: - ambivalent - needy - hostile - terrorized - confused
Risk of reoffense	Most offenders are not at high risk for violent crime	Risk is usually very high. The vast majority of family violence offenders will continue to abuse the same victim(s) and/or foster relationships with new victims they eventually will abuse.
Potential for lethality (of victims or offenders)	Low	High
System Response	The justice system is relatively closed and probation/parole is free-standing. With some exceptions, community corrections meet most of offenders' needs related to their criminal behavior.	The justice system includes both civil and criminal remedies, and there are often significant gaps between these. The justice system must work to coordinate all its efforts to protect victims. Probation and parole must interact with treatment and other services in the community regularly to ensure victim safety and offender accountability and behavior change.
Impact on offender and community	Impact on specific offenders is high, but impact on the community is relatively low.	Often the impact on specific offenders is relatively low, as many do continue some abusive behaviors. However, the impact on the community can be very high, because the response by the justice system can set a normative tone that family violence is serious criminal behavior and will not be tolerated. This response also empowers victims by giving them opportunities to escape abusive relationships, even if the perpetrator does not change.

[1] Presented by Andrew R. Klein, April 17, 1995, Chicago, Illinois.

Judge Leonard P. Edwards (1992, p. 2) summarized the importance of a coordinated community response as follows:

> No one agency or office can expect that internal changes will result in improvement in the entire justice system. There are too many agencies, courts and persons, and too many interactions, as family violence cases are detected, investigated, prosecuted and monitored. A failure in any part of the system will limit the success of the entire justice system. What is needed is a systems approach, a strategy which includes all parts of the justice system [and the community].

Varied Perspectives

While a coordinated effort is required, it is not always easily achieved. Many factors contribute to coordination difficulties, including differing viewpoints, vested interests and limited resources. This section highlights the differing perspectives of those brought together around the problem of family violence.

Criminal Justice Perspective

Depending on the political climate and the state of criminal justice research, community corrections models fluctuate from focusing on retribution to advocating rehabilitation of offenders (Lawrence, 1991). Thus, community corrections staff may see themselves as caseworkers and counselors or strictly as law enforcement officers. Perspective influences not only traditional community corrections areas, such as presentence investigations, conditions of probation and parole, treatment planning and revocations, but it also affects with whom the officer interacts in the community and for what purposes.

From the Age of Enlightenment through most of the twentieth century, rehabilitation of the offender was the dominant criminal justice theory, replacing harsh, public, physical punishments used earlier (Shichor, 1992). Rehabilitation focuses on the individual offender's needs and problems as a means to reduce criminal behavior, with most of the emphasis on changing offender attitudes and patterns of behavior. This perspective relies heavily on the medical and psychological professions.

Current, primary community corrections models evolving from the rehabilitation paradigm are diversion, advocacy, and reintegration. Generally, diversion is the redirection of low-risk offenders away from the criminal justice system into community programs, although it also can be based on the offender's willingness to stop further criminal activity under threat of case reactivation. In the advocacy model, community corrections personnel support the offender in an attempt to balance the immense authority of the state in meting out punishment (Smykla, 1981). Reintegration focuses on both the offender and the community, noting that most offenders are alienated from society and must have help in developing noncriminal social bonds.

A debate continues in criminal justice between proponents of a retributive focus and those espousing a treatment approach. As rehabilitation as a goal of intervention lost support, other approaches, such as retribution, incapacitation, and deterrence came to the forefront. These perspectives focus on control of the offender to reduce future criminal conduct and protect society. New community corrections intervention models growing from this perspective are just deserts, the adversarial approach, and restitution (Lawrence, 1991).

In the just deserts model, the goal of intervention is public protection and fairness in the

administration of justice. Community corrections actions are surveillance- and control-oriented in this model. In the adversarial approach, the relationship between the probation or parole officer and the offender is less accepting and supportive of offenders. Officers align themselves with the courts, the criminal justice system, and the community. This approach places greater importance on victims' issues than traditionally occurs in corrections. Restitution requires offenders to pay victims, criminal justice programs, and the community for the economic costs of crime (Lawrence, 1991).

A balanced approach to probation and parole intervention is an attempt to combine both treatment and retributive approaches. Most often discussed within the literature on juvenile justice, the balanced approach advocates a system that gives equal attention to community protection, offender accountability, and competency development of offenders (Maloney, Romig, & Armstrong, 1988).

Treatment and Social Service Perspectives

Treatment and social services personnel are among the primary community representatives with whom probation and parole professionals interact concerning family violence cases.

The Treatment Perspective. The purpose of treatment in any context is to improve personal and interpersonal functioning. Traditionally, mental health treatment providers worked from the premise that human nature is basically good. They think of those they deal with as "clients" (not offenders), whom they should treat with dignity and respect. Clients retain basic human rights, such as the right to self-determination and some degree of privacy or confidentiality regarding their cases. They view clients as capable individuals needing help to achieve recovery or learn methods for handling their dysfunction in an individually and socially acceptable manner. Traditionally, treatment providers work with individuals who come to treatment voluntarily and, therefore, are assumed to be highly motivated to change. Treatment is seen as a process that may include many setbacks. These lapses may or may not require additional action as the larger goal of internalized behavioral change is kept in focus. Although they work toward behavioral changes, many in the behavioral sciences see human conduct as deterministic (either by internal or external forces) whereas criminal justice practitioners tend to view behavior as a matter of free will (Melton, Petrila, Poythress, Slobogin, 1987).

The Social Work/Social Service Perspective. Social work practice methods are quite diverse, including counseling and psychotherapy, community organization, social casework, teaching and training, group work, and research. The purpose of social work, as defined by the National Association of Social Workers, is "to promote or restore a mutually beneficial interaction between individuals and society in order to improve the quality of life for everyone" (Morales & Sheafor, 1989, p. 19). Important to social workers is the interaction between the client and the environment. The social worker attempts to facilitate improved social functioning. The beliefs upon which this statement of purpose is based are (Morales & Sheafor, 1989):

- Society should provide for the common needs of all human beings and act to relieve suffering.
- All individuals should be given the opportunity and resources to reach their full potential.

- Individuals should act to improve their own well-being, as well as that of their family, community, and society.
- Interactions between individuals and their environment should foster dignity, individuality, and self-determination.
- All individuals should be treated humanely and fairly.

Table 6:2 presents a generalization of the purposes and activities of community corrections, social services, and treatment agencies as they might function regarding cases of family violence. Individual practitioners and agencies may correspond with all or only some of these categories and options. The purpose of the table is to allow for easy comparison of similarities and differences. No particular priority is intended.

There are many common goals and activities in each of the systems compared. Many activities of each profession are similar, requiring effective communication to reduce duplication, increase information flow, improve case management, and enhance the prediction of risk. Besides the more difficult area of diverse perspectives (to be discussed in the section on barriers to cooperation), often what varies is the priority given to each goal, the legal boundaries under which each system operates, the terminology used, and the tools, skills and strategies used by each.

Strategies for Working Together

Because human relationships are complicated, coordination is a much more complex process than merely defining common ground and understanding differences; this is only a starting point. Realization that one person or agency acting alone cannot resolve family violence cases provides a strong force for cooperation. By discovering common ground, each system can use the strengths of the others to improve its ability to decrease family violence. For example, the coercive power of community corrections can mandate that family violence perpetrators participate in treatment. Treatment providers can balance corrections' control orientation with offender rehabilitation, support, and personal development (American Probation and Parole Association & the National Association of State Alcohol and Drug Abuse Directors, n.d.).

By discovering common ground, each system can use the strengths of the others to improve its ability to decrease family violence.

Communicating in a Multidisciplinary Setting

Language is an asset that sets humans apart from all other living things; yet, miscommunication is all-too-often the cause of tremendous conflict. The following sections suggest some strategies for enhancing communication in a multidisciplinary setting.

Clarifying the Roles and Perspectives of Others. There are often multiple agencies and professionals involved with a given case of family violence. It is important for those intervening to know the others involved with the case and what their goals for the family are. Identification of these people can be gathered through cross-checking information with other agencies and during initial interviews with offenders and family members. If other agencies are not already involved, then this information can allow the probation or parole

Table 6:2

PURPOSES AND ACTIVITIES OF
COMMUNITY CORRECTIONS, SOCIAL SERVICES AND TREATMENT

	COMMUNITY CORRECTIONS	SOCIAL SERVICES	OFFENSE-SPECIFIC TREATMENT[2]
GOALS	∘ public safety ∘ offender -rehabilitation -supervision -accountability -control ∘ enforcement of court and parole board orders ∘ reduction of recidivism ∘ accountability to public	∘ promote beneficial interaction between individuals, their environment, and society ∘ improve quality of life for clients, e.g., through -counseling -employment -food -shelter -medical care ∘ accountability of public agencies	∘ stop abusive behaviors ∘ victim safety ∘ increase offenders' responsibility for their abusive behavior ∘ help offenders develop alternate behavior and increase control of inappropriate behavior ∘ help offenders appreciate the harm the abuse causes victims ∘ improve personal and interpersonal functioning
METHODS	∘ casework -investigations -assessment of risk and needs -classification -referral -supervision -monitoring -verification of information -interaction with families/third parties ∘ testing (substance abuse, polygraph and plethysmograph for sex offenders) ∘ revocation of probation/parole ∘ crisis intervention ∘ advocacy	∘ Casework -intake/investigation* -assessment of needs/risks* -case planning -referrals -supervision* -monitoring ∘ enforcement of court orders* ∘ crisis intervention ∘ counseling ∘ educational programs ∘ advocacy	∘ assessment of client abilities/limitations/risks ∘ treatment planning ∘ group/individual therapy ∘ testing (substance abuse and plethysmograph for sex offenders) ∘ monitoring ∘ crisis intervention ∘ educational programs ∘ advocacy

*Refers primarily to social workers providing adult or child protective services.

[2] The type of treatment provided may vary depending on statutory requirements, whether treatment is mandatory or voluntary, and other factors.

officer to make initial contact and necessary referrals. The following agencies are among those that may be involved in family violence cases.

- **Victims' Advocates** often are found in battered women's shelters, prosecutors' offices and community corrections agencies. Their purpose is to support victims' personal decision-making, make referrals, advocate for victims within the community, conduct public education, and inform victims of their rights and access to the justice system.

- **Adult and Child Protective Services** take reports of suspected abuse, investigate complaints, and take legal action through administrative hearings and judicial action. Family violence cases can be pursued civilly as well as criminally by these agencies. Their actions can include removal of a child, supervision of visitation, termination of parental rights, removal of an abuser or victim from the home, request for a legal guardian, and determination of legal competency (particularly in elder abuse cases).

Justice System includes the civil and criminal components of the justice system. Family violence may be handled in domestic relations cases such as divorce and custody. The civil justice system also can provide temporary, emergency remedies and long-term resolutions of family problems. In a civil case, the victim should have much more control over the case than in criminal cases which may (and often should) go on without victim assistance if the evidence warrants.

- **Health Services** include public health departments, hospitals, or private physicians. These professionals are under a legal obligation to report child, elder and sometimes partner abuse to law enforcement or protective services agencies. They are often the first to see signs of family violence.

- **Treatment Providers** attempt to help "clients" resolve problems, usually as defined by the client. Knowing if treatment professionals are involved with the family and for what purpose is important. Having such individuals on case conferencing teams, or exchanging information as needed, helps assure appropriate action is taken and release conditions are followed.

Some professionals intervene with family members without the knowledge that family violence is occurring. For example, social service agencies may help family members with material needs or emotional and social problems. These workers often have regular contact with the family, including conducting home visits. Workers made aware of substantiated or suspected family violence can help monitor the situation, providing the potential for timely and effective justice system intervention, if needed.

Communication Skills. According to William Gudykunst, author of *Bridging Differences: Effective Intergroup Communication* (1991), effective communication takes place when the sender and receiver attach the same meaning to the message. The glitch, however, is that no two people ever attach identical meanings to messages. There are many reasons for this, including:

- varying life experiences;
- nonverbal cues like body language;
- timing and environment;
- cultural differences;
- self-concepts;
- group memberships and stereotyping;
- mispronunciation and unfamiliarity with the language; and
- the psychological state of those involved.

However, as Gudykunst points out, "to say that meaning in communication is never totally the same for all communicators is not to say that communication is impossible or even difficult - only that it is imperfect" (Fisher, 1978, as cited by Gudykunst, 1991, p. 24). Communication is effective to the degree that it decreases misunderstandings. According to Gudykunst, methods for increasing understanding include:

- becoming mindful of communication behavior (verbal and nonverbal);
- becoming a skilled listener;
- asking for meaning clarification; and
- giving and receiving feedback on the communication.

Understanding the dynamics of effective communication forestalls many miscommunications and makes successful coordination more likely.

Cooperation

Cooperation - working together to achieve a common purpose - sounds logical and easy enough, but it is not. Team building takes time and perseverance. Each entity of the criminal justice system traditionally operates as a closed system. Effective cooperation requires an understanding of one's own conceptual framework regarding family violence intervention and an ability to identify and understand the perspectives of others.

Diminishing Barriers to Cooperation. Barriers to cooperation between community corrections and treatment personnel include risk assessment, confidentiality, and mandated counseling. Much of the information in the following section is drawn from conversations with practitioners and operations manuals.

Assessment of Offenders' Future Risk. Assessment of the offender's risk to others can be problematic because it is a point on which everyone would like assurances. Assessment is at the basis of accountability for the criminal justice system if a subsequent recurrence or tragedy occurs. For the criminal justice system, assessment issues include:

- determining whether to release an alleged perpetrator before trial, as in setting bond;
- making any pre-trial dispositions, like diversion;
- determining whether to incarcerate or grant probation to offenders;
- deciding whether to revoke probation for minor violations; and

- determining to what extent an officer is under a legal duty to warn a victim of danger.

Assessment of future risk is also important to treatment providers. Often, community corrections has viewed treatment providers as "experts" in this area and has attempted to get such reports from them. However, treatment providers may be reluctant to make these reports. If an assessment is incorrect, it can be harmful to the treatment process. Most treatment providers are comfortable with assessments on a limited basis, as with initial assessments for sentencing and treatment potential and upon release from the treatment program for any reason (e.g., successful completion, dropping out, revocation of probation, or termination).

Another reason for reluctance by treatment providers to furnish this information on an ongoing basis, is the reliability of assessment instruments to make accurate predictions of future violence, particularly in family violence cases (A. L. Ganley, personal communication, August 25, 1994). Even instruments that claim to be specifically designed for domestic violence must be used with extreme caution because, to date, there has been minimal research in this area. Use of instruments that are easy to administer but not scientifically valid can lull victims and criminal justice personnel into a false sense of security.

Respecting professional knowledge and boundaries as they relate to risk assessment is important to community corrections-treatment partnerships. Discussing these issues openly with treatment providers and getting a clear understanding of what they believe they can and cannot contribute to the assessment process is vital.

Confidentiality. Concerns and conflicts between community corrections and treatment providers in family violence cases include confidentiality issues such as:

- treatment providers' disclosures to criminal justice personnel;
- the legal duty to warn victims or potential victims of danger and other communications with victims;
- therapists' privilege against testifying; and
- officers' and treatment providers' interest in the therapeutic process.

These concerns come from legal, professional, and personal ethical obligations. Confidentiality is a sensitive issue, but it is a legal privilege that offenders and victims can waive.

Although somewhat restricted, confidentiality is not a major impediment for effective supervision and treatment of family violence offenders. Because probation and parole are considered privileges and not rights, offenders have a legally diminished status (Cohen & Gobert, 1985). State statutes that created probation and parole must be consulted for specific information on particular jurisdictions. Probationers and parolees are allowed to serve their sentences in the community only under conditions set by the court. Because the defendant has the right to refuse probation or parole, she or he is deemed to be in agreement with the conditions of release. Generally, if the conditions of release are "constitutional, reasonable, clear, and contribute to the rehabilitation of the offender and/or the protection of society," they will be upheld (del Carmen, 1985, p. 388). These criteria are broad enough to allow the courts and parole boards a great deal of discretion in fashioning conditions of release (Cohen & Gobert, 1983). Requiring offense-specific treatment, drug testing, information sharing, and warrantless search and

seizures are all limitations on privacy that are often standard in community release. Conditions of probation and parole may include a stipulation that offenders sign release of information forms.

This does not mean that probation and parole officers are not concerned with confidentiality. Community corrections professionals act as crisis intervention counselors and advocates with an interest in the offender's rehabilitation, thus recognizing the importance of confidentiality issues for offenders. Nevertheless, when weighed against safety issues and public accountability, confidentiality becomes secondary.

Treatment providers, on the other hand, have strong confidentiality obligations. Breaches of confidentiality can hinder the therapeutic process and lead to liability for mental health professionals. Additionally, all states give psychiatrists and medical doctors the right not to testify against their clients in recognition of this special relationship. Some states give this privilege to psychotherapists as well. Social workers also respect the confidentiality of their relationships with clients; however guaranteeing absolute confidentiality is not always possible (Morales & Sheafor, 1989).

Protective services agencies are other community players with strong confidentiality obligations. Often, the legislation creating these departments addresses this issue. Statutes allowing these agencies to share information with other community professionals with a need to know are best; however, court orders can be obtained to allow disclosure for specific cases. Additionally, use of open records laws can allow community corrections to receive written information, such as that contained in protective services' case files. Application for open records is often a simple administrative procedure. However, as with all legislative matters, consultation with local counsel is necessary for information on jurisdiction-specific procedures.

The combination of offenders' legal status and recognition of the legal and ethical imperative of victim protection relieve some potential concerns inherent in this issue. Thus, programs across the country address confidentiality in the following ways:

- after full disclosure of what information may be given out, and to whom it may be given, obtain a waiver of confidentiality from the offender before entry into the treatment program. These release forms should be developed with local counsel. If the offender revokes the release, then treatment is stopped and community corrections is notified;
- legislation granting immunity from liability for information shared by multidisciplinary teams;
- use of open records laws to receive written materials;
- department policies and procedures that allow and direct interagency information sharing;
- court orders allowing disclosure of information between specific agencies involved with specific cases;
- contract terms with treatment providers that require disclosure to community corrections personnel;
- a condition of release that requires probation and parole to monitor treatment, and therefore, if the chosen treatment provider will not share information, the offender must enter another program that will;

- cross-training for community corrections, treatment, and social services on laws requiring reporting of family violence; and
- training and written policies and procedures on legal obligations to victims.

Confidentiality is a very sensitive area for community coordination, as legal liability is always a potential threat. Informal information-sharing seems to be the norm; however, confidentiality is a privilege that can be waived through release of information forms developed for each agency and signed by each offender.

In addition, while there may be much to share regarding offenders of family violence, victims are afforded much greater privacy. A major issue of concern for victims is preserving the confidentiality of their location.

Mandatory Treatment. Mandatory treatment is just as much an issue of accountability as it is one of rehabilitation. Courts mandate treatment for alcohol and other substance abusers; mandatory treatment for batterers, sex offenders, and other family violence offenders is just as appropriate. Offender accountability is axiomatic to sentencing. Appropriate treatment focuses on accountability, as abusers often deny, rationalize, minimize, and externalize their behavior. For example, one might hear an offender say. "I just pushed her a little" but neglect to mention the push resulted in the victim's fall down a flight of stairs. Psychotherapy that focuses on childhood experiences often gives the family abuser the opportunity to blame violent behavior on his or her abusive upbringing. Other treatment modalities, such as anger management, couples counseling, and psychotherapy may be useful after psychoeducational, group intervention that focuses on personal accountability for behavior.

Mandatory treatment also is viewed as a method of preventing future criminal behavior, which is a proper concern for the court. Treatment providers who agree that the goal of treatment is to stop the abuse are essential to this form of crime prevention.

The traditional and preferred route to treatment for most mental health professionals is voluntary participation. However, there is growing recognition that family violence is a crime. Some states (e.g., Iowa, Washington, Massachusetts, California) now statutorily prescribe what appropriate treatment for batterers is and only allow certification for those providers agreeing to such treatment.

According to Dr. Anne Ganley (1987), the key to successful cooperation between community corrections and treatment providers lies in "keeping clear with whom one is working and for what purpose" (p.162). Table 6:3 contains some suggestions for cooperation between probation and parole agencies and treatment providers.

Understanding the goal for both treatment and community corrections is to stop abusive behavior and hold offenders accountable goes a long way toward effective cooperation. Coordinating the community's response to family violence crimes can have a substantial impact on the rate of family violence in a given community.

Community Coordinating Councils

Many communities, as well as larger jurisdictions such as States, are forming Coordinating Councils (also called Task Forces, Committees, Coalitions, Teams, and Boards) to formalize the process of inter-agency and multidisciplinary interaction and coordination. If such a group does not exist already, community corrections can be a key force in establishing one; if a Council is already developed, by all means, probation and parole should be

Table 6:3

EXAMPLES OF COOPERATION BETWEEN COMMUNITY CORRECTIONS AND TREATMENT PROVIDERS

- Treatment providers should retain control over who is admitted to their program.
- Community corrections personnel should retain sole responsibility for monitoring offender compliance with conditions of release.
- Treatment providers should provide information to probation or parole to allow for effective monitoring of offenders.
- Providers should terminate treatment if the offender is not attending treatment and/or not actively participating.
- Define the roles of each system for the offender/client, including what information will be shared and what information will not be shared.
- Develop written procedures for sharing information including:

Community Corrections

- Send a copy of the police report and conditions of release to the treatment provider with the name and telephone number of the probation or parole officer in charge of the case.
- Use a standard referral form developed in conjunction with the treatment provider.
- Take action promptly when a violation of probation/parole occurs.
- Know and reinforce treatment objectives.

Treatment

- Give regular and timely reports on offender attendance and attitude.
- Assess with an emphasis on future dangerousness.
- Document offender participation clearly and include specifics.
- Respond promptly to court referrals or requests for information.

(Source: Batterers' Treatment Program, Lawrence, MA, n.d.).

represented on it. A government entity officially organizes some Councils, and therefore, they may be considered "public"; others are organized voluntarily and are labeled "private" in this manual.

There are a variety of functions community coordination groups can perform. Many of these groups have multifaceted functions. Before, or as a part of initiating such groups, needs assessment activities (discussed in Chapter 7) are important to determine the focus of coordination activities. Table 6:4 lists several tasks and specific services these groups can do.

The participants in a council could conceivably involve many community service representatives, including those who provide correctional services, treatment services, victim services and basic needs. Several considerations should be evaluated when establishing the membership of such a group. For example, the size of the group can be an important factor. A large group with representatives from many agencies and community groups can be an effective political tool; however, managing the group to accomplish various tasks can be difficult. On the other hand, if the group is smaller, but does not include key stakeholders, accomplishing its purpose may be difficult. The level of membership is also important. Agency heads may bring more power to the group, but they may be less aware of the day-to-day issues affecting victims and offenders. However, without their participation, agreeing on actions may be difficult for the group, as they may not empower representatives to make commitments for their organizations. Potential participants in this model might include any or all of those listed in Table 6:5.

Although there are drawbacks, there are many advantages to having a community coordinating group. Working with groups such as this can be time-consuming, as different members have varied agendas and understandings of the problem early in the process. There is also often a need for individuals and agencies to compromise to achieve the goals of the group. It helps, however, to bring together varying perspectives and resources to address the problem of family violence. Thus, the efforts of many individual agencies and professionals can focus on a united approach. It also helps to alleviate gaps or duplication in services. In other words, there is strength in numbers. It is often true, also, that the decisions of the group that draw upon the resources and perspectives of many individuals are better than decisions made by individuals or single agencies.

Although there are drawbacks, there are many advantages to having a community coordinating group.

Table 6.4

POSSIBLE TASKS AND SERVICES OF COORDINATING COUNCILS

Plan, Develop and Coordinate Programs
- Assess community needs and resources
- Program planning (e.g., development of new or expanded services)
- Develop recommended policies, procedures, and regulations (public)
- Coordinate service delivery
- Certify treatment providers (public)
- Develop community resources for victims and offenders
- Provide an opportunity for communication and information sharing among service providers

Coordinated Service Delivery/Case Management
- Coordinate service delivery
- Develop interagency protocols
- Make sentencing recommendations on cases (rare)
- Screen offenders for placement in diversion/community corrections (rare)
- Make offender treatment assessment and recommendations; provide case consultation (rare)
- Make referral recommendations about specific case issues (rare)

Monitoring and Evaluation of Services
- Research and report to government unit
- Monitor programs
- Monitor agencies' compliance with protocols
- Review and identify strengths and weaknesses in system coordination

Education
- Provide public education
- Plan and deliver professional development opportunities

Fund Raising
- Seek funding sources for victim and offender services (e.g., grants)
- Perform fund raising activities (e.g., sales of items or services)
- Commit agency/organizational resources (e.g., money, personnel, facilities)

Advocacy
- Serve as a forum for citizen complaints
- Keep government abreast of local sentiments
- Advocate on behalf of victims, offenders, and community needs

Table 6:5

POSSIBLE PARTICIPANTS IN A COORDINATING COUNCIL

Criminal Justice System Components
- Community Corrections (Probation and Parole)
- Law Enforcement
- Judges and other Court Personnel (including criminal, civil, and juvenile/family courts)
- Prosecuting and Defense Attorneys;
- Legal Services
- Victim Advocates

Government Representatives
- Governor's or Mayor's Office
- Legislative or Council Members
- Appointed or Elected Officials

Community Resources and Services
- Protective Services (Child and Adult)
- Health Care
- Public Assistance
- Housing
- Job Training and Placement
- Education

Treatment Services (for victims or offenders)
- Mental Health Agencies
- Self-help Groups
- Private Treatment Providers

Victim's Services
- Women's and Children's Emergency Shelters
- Support Services
- Advocacy Services

Other Concerned Parties
- Religious Organizations
- Citizens Groups; Advocates
- Service Organizations

Client Representatives
- Victims
- Ex-Offenders

CONCLUSION

This chapter provided the conceptual groundwork for the development of family violence intervention programs in community corrections agencies. Three primary goals are recommended:

- victim protection and empowerment;
- offender supervision and accountability; and
- offender behavior change.

These goals are the basis of effective programs that entail social action, community services and justice system responsibility.

Developing coordinated responses to family violence is challenging because of the differing perspectives of those involved. However, strategies of clarifying roles, communicating and cooperating can enhance effective intervention and overcome barriers in a coordinated approach to family violence.

Chapter 7

PLANNING EFFECTIVE COMMUNITY CORRECTIONS PROGRAMS

An important challenge confronting community corrections agencies and professionals is determining the best way to accomplish their missions, including community protection, holding offenders accountable, and helping offenders change.

Chapter 7

PLANNING EFFECTIVE COMMUNITY CORRECTIONS PROGRAMS[1]

Most criminally adjudicated family violence offenders, especially those who have committed partner abuse or child sexual abuse, are sentenced to community corrections supervision at some time during their encounter with the criminal justice system. Social service agencies more often handle other cases of child and elder abuse, without criminal justice system involvement, unless injuries inflicted on victims are severe.

Many identified family violence offenders are sentenced to community corrections supervision now. In the past, however, many offenders who were abusive to family members were arrested and placed on supervision for other offenses without the crime of family violence being addressed. There still are many such offenders on probation or parole.

An important challenge confronting community corrections agencies and professionals is determining the best way to accomplish their missions, including community protection, holding offenders accountable, and helping offenders change. With family violence cases, these aspects of service delivery become especially difficult and demanding.

Whether the community corrections agency is a small office in a rural area with only a few officers and support staff, or in a major metropolitan area with hundreds of employees, it is vital the agency and professionals handling family violence cases systematically assess needs and develop plans to intervene with victims and offenders of family violence. Neglecting this exposes the agency to liability and bypasses opportunities to empower victims and effect changes in offenders to stop the continuation of family abuse.

This chapter describes the steps that should be undertaken conscientiously to plan and implement an effective program. Program planning is similar to taking a trip. One chooses a destination and the best route to get there to have a successful trip. Similarly, thinking about the purpose of the program and the best way to conduct it is necessary for an effective program.

Table 7:1 provides an overview of the critical aspects of program development for a community corrections agency. This chapter discusses:

- preliminary information to gather and consider before program planning begins;

[1] Portions of this chapter are based on the document, *Identifying and Intervening with Drug-Involved Youth*, by Ann H. Crowe and Pamela Schaefer, published by the American Probation and Parole Association, 1992.

- including key stakeholders in the planning process;
- developing a purpose statement;
- selecting a program design; and
- creating policies and procedures.

Table 7:1
OVERVIEW OF PROGRAM DEVELOPMENT PROCESS

- Conduct needs and resources assessment
- Explore legal issues
- Involve key stakeholders
- Determine program purpose
- Establish the program design
- Develop program policies and procedures
- Determine staff duties and qualifications and assign appropriate staff
- Provide staff training
- Secure needed funding for the program
- Evaluate the program

INFORMATION NEEDED BEFORE PROGRAM PLANNING

Two steps should precede planning a program. The first is gathering information about the needs and existing resources related to family violence; the second is considering important legal issues.

Assessment of Needs and Resources

Challenges and concerns occur any time changes in agency policies and practices are proposed. These include:

Is the program really needed?
How will the program be funded?
How will the changes affect staff?

To address these questions, preliminary information should be gathered and used as the basis for the program plan. The better the information gathered, the more likely the program will meet community and agency needs and be received positively. Two types of information should be gathered during the needs and resources assessment process: facts; and opinions and viewpoints.

Factual Data

Usually, this information is collected from agency and community records. The data is probably already available in some form; the task of the needs assessment is collecting and analyzing it to answer questions about developing a program.

Data about Family Violence in the Community. Most instances of family violence do not come to the attention of the criminal justice system. Therefore, collecting community data is important to understand fully the potential need for intervening with family violence victims and offenders. Several sources may provide helpful information about the extent of family violence in the community. These include:

- records from civil court cases, including family court;

- child abuse registries or other information collected about reports of family violence;
- hospital emergency room information containing data about treated injuries resulting from family violence;
- social service agencies that provide assistance in cases of both child and adult abuse;
- women's shelters;
- children's emergency shelters and group living facilities; and
- mental health agencies.

Data from Community Corrections Agencies. If a community corrections agency has computerized records, it will expedite gathering information about family violence offenders. Computerized records may allow for collecting information about closed as well as

Table 7-2

SAMPLE QUESTIONS FOR COMMUNITY CORRECTIONS

How many family violence offenders are currently on community corrections caseloads? (This should include offenders adjudicated for family violence, as well as those for whom family violence is an issue but not the cause of criminal charges brought against them.)

How many offenders continue committing family violence offenses while on probation or parole? What occurs if new family violence offenses are committed (e.g., revocation, disciplinary measures)?

How many offenders on probation or parole have restraining orders or emergency protective orders against them for family violence? This information must be gathered from civil court files.

What is the prior criminal and civil or family/juvenile court record of offenders? Does it include previous family violence offenses or restraining/protective orders? Have there been prior charges of child abuse in juvenile or family court?

Have family violence offenders been adjudicated on other types of charges? Have these been crimes against persons or property? Who are the victims?

How many family violence offenders have demonstrated an unwillingness to comply with previous court orders (e.g., driving without a license, violation of probation, failure to pay child support, violation of a restraining order)?

What are the general demographics of family violence offenders (i.e., age, race, sex, education level, employment status, age at first offense)?

What is the family situation of family violence offenders (i.e., marital status, children, presently living with or away from family)?

Who were the victims of family violence offenders (i.e., children, partners, older relatives)?

current cases. However, if computerized information is not available, gathering as much information as possible is still important. Officers who are very familiar with their caseloads may compile information about their cases fairly easily. Table 7:2 on the previous page contains sample questions related to community corrections cases.

Data from Other Parts of the Justice System. Many cases coming to the attention of the criminal justice system may not result in placement of offenders on probation or parole. Developing an integrated response to family violence is important for an effective program. Therefore, information should be gathered throughout the system to identify the actual extent of family violence. Law enforcement, prosecutors, courts, and incarceration facilities are among the parts of the system to examine. This includes both criminal and civil courts, as well as juvenile or family courts. Information about the numbers of cases coming to the attention of these agencies and the disposition of these cases is important. (Please see Table 7:3 for sample questions.)

Data about Services Available in the Community. Communities have an array of agencies and organizations involved with family violence cases. For example, most communities have child and adult protective service agencies, mental health programs, victims' advocacy organizations, medical facilities, legal organizations and many others with a concern for the problem of family violence. Many services needed by both victims and offenders are available already. However, better mechanisms to identify and coordinate these services are required.

Table 7:3
SAMPLE QUESTIONS FOR THE JUSTICE SYSTEM

How many arrests were made during the past year for family violence cases?

How many of those cases were sent to court? What happened to cases that were not sent to court? Were charges dropped by the victim? Were there technical problems? Are the cases still pending?

Of those cases sent to court, what were the outcomes? Were defendants found guilty or innocent? If guilty, what sentence was imposed?

How many restraining or emergency protective orders were issued during the past year? Were these through civil, family or criminal courts? Are the orders multijurisdictional in scope? How are orders enforced? How many violations of these orders are known?

What are the demographics of arrest cases, court cases and incarcerated offenders?

Who were the victims of the arrested, adjudicated or incarcerated offenders.

Information collected about each agency's services might be compiled in a community resource directory. Important data to collect include those listed in Table 7:4.

Table 7:4
INFORMATION ON COMMUNITY SERVICES

- Name of Agency or Organization
- Program Name (if different from agency)
- Address
- Phone number
- Contact person for referrals
- Days and hours of operation
- Specific services provided
- Client eligibility requirements for each service (e.g., ages, geographic area)
- Cost for each service
- Referral process

Other areas that may be explored include:

- Average time from referral until clients receive services
- Staff positions and qualifications of staff
- Any certificates or licenses used for agency operation

Opinions and Viewpoints

Besides the data just discussed, a thorough needs assessment includes gathering information about the views of key persons in the agency, justice system, and community to detect attitudes, levels of support, or opposition to family violence intervention programs. These persons will vary from one place to another, but may include judges, criminal justice agencies' administrators and staff, administrators and staff of community agencies, and civic leaders. Information can be gathered through surveys and questionnaires, group meetings, or individual discussions. Whatever method is used, the source and content of the information should be documented for later reference, or in the event findings are challenged. Table 7:5 contains ideas of general areas to explore with key stakeholders.

Table 7:5
AREAS FOR EXPLORATION WITH KEY INFORMANTS

What is the perception of the extent and consequences of family violence in the community or agency?

What is the general attitude about family violence? (e.g., Is it viewed as criminal behavior, acceptable in certain circumstance, or virtually a community norm?)

What unmet needs related to family violence can be identified by these individuals?

What ideas are there for improving the community's response to family violence?

What level of commitment is there for making changes that will improve the response to family violence?

Information for an assessment of needs and resources must be analyzed and condensed to a manageable form after gathering it. Data and opinions can be interpreted several ways. Therefore, if possible, more than one person should participate in the task of analyzing and reporting results so various points of view are represented. The final product should be a concise report that includes findings and recommendations.

Doing a thorough needs and resources assessment is a major task, especially for agency administrators and staff who are already very busy. There are some possible ways to make the task easier. Consider partializing the tasks and assigning staff to complete small parts of the process. If there is concern among other agencies and professionals in the community, ask them to participate in the process. Large agencies may have evaluation staff to whom many tasks can be assigned. Some agencies might apply for small grants to hire consultants to assist with the needs assessment. Finally, agency volunteers also can be recruited to help with the assessment. Collecting the data for part or all of the needs and resources assessment makes a valuable project for students. If there is a nearby college or university, contact with a faculty member may result in some enthusiastic volunteers.

Legal Issues

Legal issues affecting a family violence intervention program in community corrections agencies will vary markedly from one jurisdiction to another. All possible variations cannot be described in this manual. During the program planning process, specific legal issues in a given jurisdiction should be explored fully. Therefore, this section provides only a brief listing of these.

First, any state legislation regarding the various types of family violence to be included in the program should be explored. Some questions to address include those listed in Table 7:6.

This is not an exhaustive set of questions or areas for investigation. Additional information on state laws concerning family violence should be reviewed[2].

Besides legal issues pertaining directly to family violence and outlining specific duties of the criminal justice system, several legal issues related to community corrections should be investigated. The overriding question for community corrections agencies and professionals is that of legal liabilities that may result from the performance of certain actions or the failure to provide specific services. Additional information on liability issues may be found in chapter 8.

Federal and state laws related to confidentiality of information about offenders and victims in cases of family violence also should be examined. Stringent federal laws protect the privacy of persons receiving substance abuse treatment, often a component of the intervention plan for family violence offenders. Other confidentiality provisions may be those that apply generally to releasing information or sharing information among criminal justice, treatment, social service and other professionals. As discussed in Chapter 6, different standards of confidentiality may be applicable to victims (with full constitutional rights) and offenders (who have diminished rights).

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[2] See, for example: Hart, B. J. (1992b). *State codes on domestic violence: Analysis, commentary and recommendations.* Reno, NV: National Council of Juvenile and Family Court Judges; and National Council of Juvenile and Family Court Judges. (1994a). *Family violence: A model state code.* Reno, NV: Author.

Table 7.6
LEGAL ISSUES TO CONSIDER

Does legislation define family violence (specifically child abuse, partner abuse and abuse of elders) as a civil or a criminal matter?

Does the state have a mandatory reporting law for child abuse, partner abuse and/or elder abuse?

What are the jurisdiction's laws on obtaining and enforcing restraining or protective orders?

Are there mandatory arrest procedures for family violence offenses and/or violations of protective orders?

Are presentence investigations required? Is a victim impact statement included?

Do laws provide for assistance to victims (e.g., during court proceedings; in obtaining restraining orders; for financial losses resulting from the violence; for counseling and medical expenses)?

For which family violence offenses are perpetrators sentenced as misdemeanants or felony offenders? Do penalties increase with subsequent offenses?

Does state law provide for alternative sentencing, such as diversion or deferred sentencing?

Do laws permit seizure of weapons in family violence cases?

Are there any prescribed conditions of release?

Are there specific requirements for notification of victims (e.g., about court processes, when offenders are released from custody)?

Is mandatory treatment required of family violence offenders?

INVOLVEMENT OF KEY STAKEHOLDERS

A deciding factor in the success of a new program can be getting the support of key persons in both the agency and the community. Among the persons to consider involving are:

- agency administrators;
- agency staff;
- judicial/court representatives;
- law enforcement;
- prosecutors;
- victims' advocates and service providers;
- survivors of family violence;
- agency board representatives;
- community social service and mental health providers;
- concerned citizens' groups and civic leaders;
- academicians; and
- delegates from possible funding sources.

Actually having representatives from all these groups could make the planning process unwieldy. Usually, the most manageable size group for making effective decisions is about five to seven members. Determining the most advantageous groups and individuals to involve in each community is important. Other persons can be asked to join temporarily if their special expertise is needed. Subcommittees, with particular responsibilities delegated to them, also can be established. Regardless of group

composition, keep all interested persons informed. A periodic memorandum summarizing steps taken, a special meeting, or informal conversations are ways to do this.

Any program development effort leading to changes in community corrections agencies must involve both administrators and line personnel within the agency. Trying to initiate or alter programs without buy-in at both levels is very frustrating. Employees bring important insights about the operation of the program from their various perspectives. Judges, other court personnel, and other criminal justice system representatives, whose responsibilities the program may affect, are critical persons to include in planning, as well.

A deciding factor in the success of a new program can be getting the support of key persons in both the agency and the community.

The planning process should result in several vital decisions, including:

- the purpose of the program;
- program design;
- program policies and procedures;
- program staffing;
- program funding; and
- program evaluation.

The first three of these areas are discussed in this chapter. The last three are addressed in Chapter 9.

PROGRAM PURPOSE

Delineating a clear statement of the program's purpose is a vital first step. In considering the statement of purpose for a new program, the agency's overall mission must be reviewed. The planned program components must coincide with both the agency's mission and the program purpose. For example, if the agency mission stresses community protection and the program purpose addresses the need for victim protection, but no policies and procedures are developed to accomplish this, there is a mismatch, and the program will not meet expectations. Beyond the agency's mission, any legal restrictions and potential liabilities, as well as agency and community resources should be deliberated. The purpose statement also should recognize any limitations of the program. For example, legislation may restrict or mandate certain sentencing options; if the program will not have resources to provide a full array of services to victims, or offense-specific treatment for offenders, these limitations should be recognized. If possible, cooperative efforts with community resources to provide services not available through the agency should be developed.

The statement of the program's purpose should be a concise description of:

- Why the program is being developed;

  This part of the purpose statement might include brief statements reiterating the theoretical underpinnings of the program. For example:

  - Family violence is a crime.
  - Family violence offenders have learned to behave in abusive ways that are often culturally sanctioned.

- Their behaviors and attitudes must change or be controlled to ensure the protection of their families and society.

- What the program will do, or the program's goals;

  In this manual, three program goals are recommended: victim protection and empowerment, offender supervision and accountability, and offender behavior change.

- Who will be involved in the program;

  This may include a brief description of the types of offenders and victims to be served, the staff who will be involved, and other agencies or professionals with whom the program will cooperate.

- How the program will accomplish its purpose.

  For example, the program may establish specialized caseloads of family violence offenders that will receive intensive supervision.

COMMUNITY CORRECTIONS PROGRAM DESIGNS

To meet the goals of intervention with family violence victims and offenders, consideration must be given to the most effective design of community corrections programs. The specific recommended elements of these programs are considered throughout this manual. However, preliminary decisions about program designs should be contemplated early in the program development process.

Two program structures have been identified. These are described briefly, followed by some decision points to be considered for each type.

Self-Contained Programs

Self-contained family violence programs provide all services to victims and offenders related to the family abuse. A few services to which both victims and offenders may be referred include help in such areas as financial assistance, housing, legal services, health care, shelter services for victims, job training and job placement. See Figure 7:1 for a graphic depiction of this model.

Services. In general, community corrections agencies using this approach provide all, or nearly all, the family violence-related services needed by both victims and offenders. For example, the probation or parole agency might provide intensive supervision similar to that provided for other high-risk community corrections offenders. This could include any of the following:

- regular supervision of offenders by a probation or parole officer through office visits by the probationers/parolees, home visits by the officer, phone contacts, and/or electronic monitoring;

- identification and monitoring of substance abuse problems;

- conducting weapons forfeitures and searches, curfew checks, and other field surveillance activities;

- collection of monetary assessments such as fines or restitution;

- supervision of the offender's performance of community service;

- referral of the offender for needed services such as those described above; and

- holding the offender accountable for failure to comply with the court's orders through a variety of graduated sanctions.

Besides typical supervision, in this model the community corrections agency would provide most other services needed by victims and offenders, as determined through the assessment process. These services are listed in Tables 7:7 and 7:8.

Advantages of This Design

The primary advantage of this model is the thorough supervision of offenders it provides. Not only does the supervising officer perform typical probation or parole supervisory services, but the offender also is seen by community corrections personnel for various treatment services available through the agency. The level of services to victims suggested through this model also is an advantage, as the frequent interaction with victims should assist in monitoring any ongoing family abuse. Effective implementation of this model requires small caseloads and specialized training for officers. This allows officers to hone their professional skills and provide intensive services to a smaller group of offenders they know well.

Disadvantages of This Design

A primary disadvantage of this approach is the cost. Offense-specific and substance abuse treatment are expensive to provide and require that community corrections professionals have extensive training. Having offenders pay for their own treatment, supervision, drug testing, and other services might offset some of this expense. When nearly all services are provided within the agency, smaller caseloads are required, necessitating larger staffs. Another disadvantage is the virtual exclusion of the rest of the community, making family violence seem as though it is a problem only for the criminal justice system.

Shared-Responsibility Programs

Shared-responsibility programs may have the same goals as self-contained programs. However, community corrections agencies using this model develop partnerships with other community agencies to provide some of the services victims and offenders need. As shown in Figure 7:2, this approach also refers clients for basic services such as financial assistance, housing, legal services, health care, shelter services for victims, job training and job placement.

Services

As with the self-contained model, in shared-responsibility programs, community corrections agencies perform intensive supervision of family violence offenders. In addition, community corrections professionals provide some direct services to victims of family violence (particularly adult victims). Unlike the self-contained model, in this program design, community corrections agencies play a coordinating and case management role, but look to other agencies to provide many services victims and offenders need.

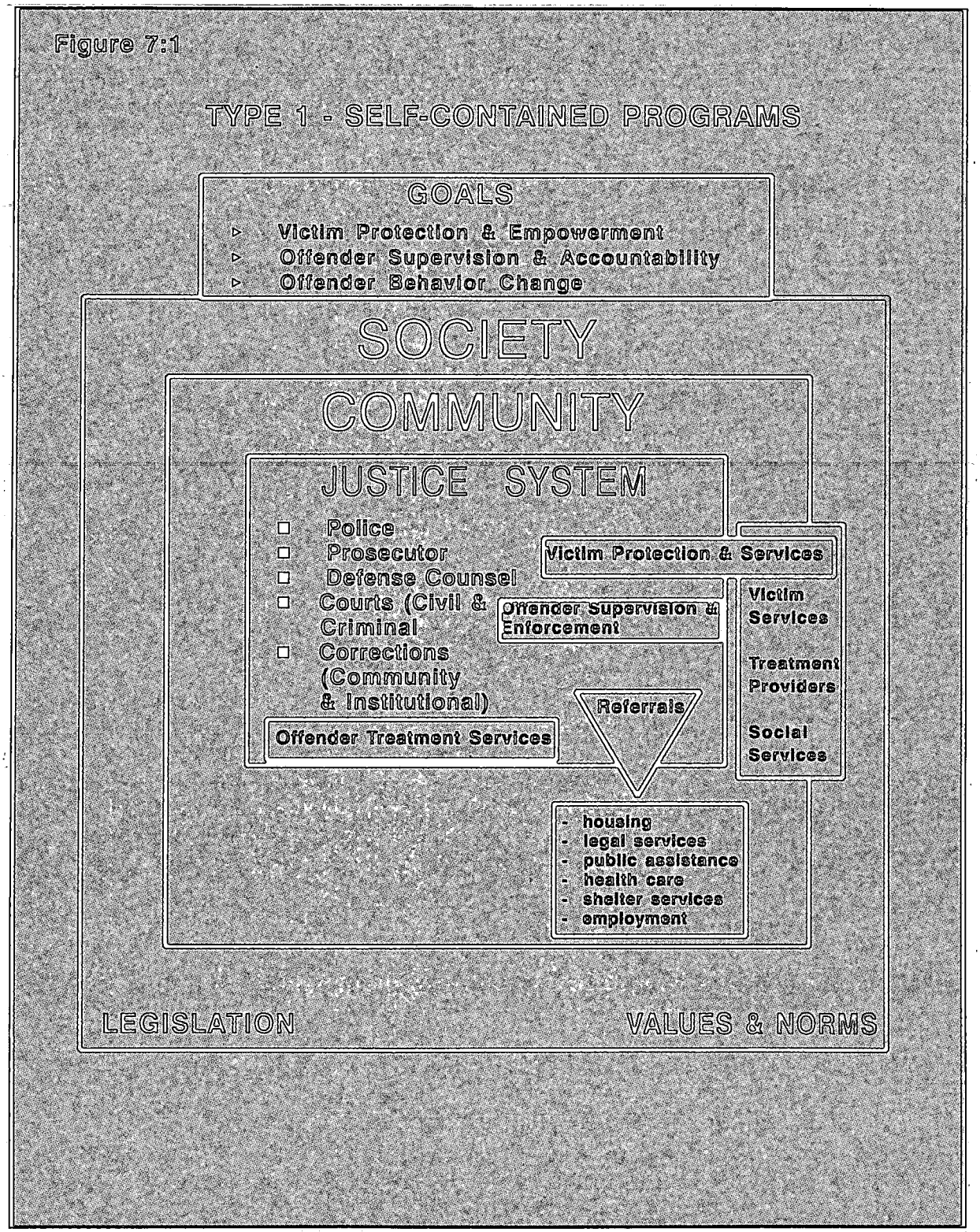


Figure 7:1
TYPE 1 - SELF-CONTAINED PROGRAMS
GOALS
Victim Protection & Empowerment
Offender Supervision & Accountability
Offender Behavior Change
SOCIETY
COMMUNITY
JUSTICE SYSTEM
Police
Prosecutor
Defense Counsel
Courts (Civil & Criminal
Corrections (Community & Institutional)
Offender Treatment Services
Victim Protection & Services
Offender Supervision & Enforcement
Referrals
Victim Services
Treatment Providers
Social Services
- housing
- legal services
- public assistance
- health care
- shelter services
- employment
LEGISLATION
VALUES & NORMS

Figure 7:2

TYPE II - SHARED RESPONSIBILITY PROGRAMS

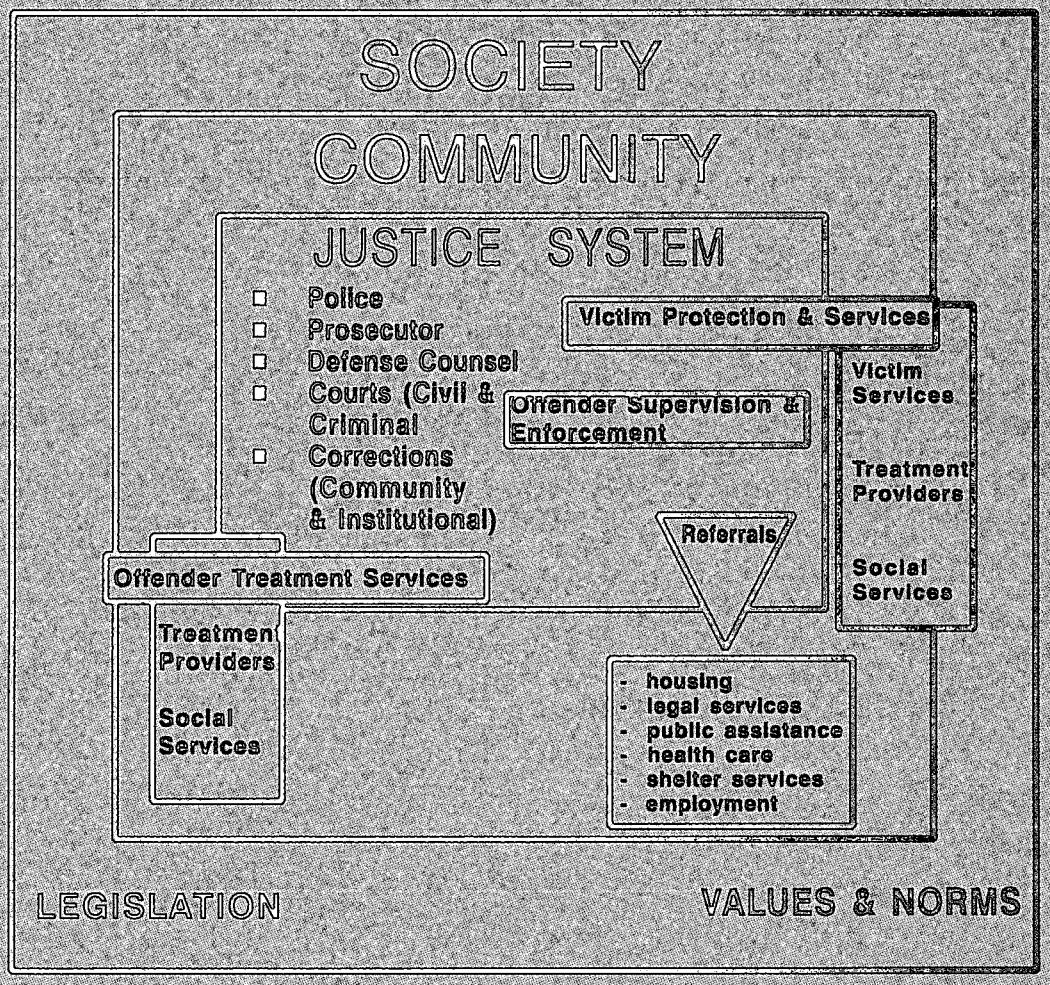


Table 7:7

COMPARISON OF SERVICES FOR *VICTIMS* IN TWO PROGRAM DESIGNS

SERVICES	PROVIDED BY COMMUNITY CORRECTIONS		PROVIDED BY COMMUNITY OR OTHER PARTS OF JUSTICE SYSTEM	
	Self-Contained	Shared-Responsibility	Self-Contained	Shared-Responsibility
Regular contact with the victim to assess and monitor her/his needs and safety	✓	✓		
Safety planning with victims	✓	✓	✓	✓
Intervention in crises	✓	✓	✓	✓
Warning victims of danger	✓	✓		
Safeguarding confidential victim information	✓	✓		
Validating victims and allowing them to express their feelings	✓	✓	✓	✓
Providing realistic information about victims' situations and the criminal justice system	✓	✓		
Providing assistance and advocacy for any criminal justice/legal issues confronting victims	✓	✓		
Notification of victims of various events during the criminal justice process	✓	✓		
Making referrals to community services	✓	✓	✓	✓
Assuring victims the probation or parole officer is responsible for the case, and the officer will take action on probation/parole violations, removing the burden from the victim for deciding whether to press charges	✓	✓		
Support groups			✓	✓
Counseling/treatment			✓	✓

Table 7:8

COMPARISON OF SERVICES FOR *OFFENDERS* IN TWO PROGRAM DESIGNS

SERVICES	PROVIDED BY COMMUNITY CORRECTIONS		PROVIDED BY COMMUNITY OR OTHER PARTS OF JUSTICE SYSTEM	
	Self-Contained	**Shared-Responsibility**	**Self-Contained**	**Shared-Responsibility**
Mandated, offense-specific treatment, such as batterer's groups for partner abuse or sexual offender treatment for sexual abusers	✓			✓
Substance abuse treatment	✓̸		✓̸	✓
Relapse prevention programming	✓			✓
Education programs for identified needs (e.g., parenting education, life skills training)	✓̸		✓̸	✓
Other treatment services needed	✓̸		✓̸	✓
Self-help groups	✓̸		✓̸	✓
Monitoring and strict enforcement of probation/parole conditions	✓	✓		
Random substance abuse testing	✓	✓		
Electronic monitoring/curfew checks	✓	✓		
Monitoring of monetary obligations	✓	✓		
Referrals to other services needed	✓	✓	✓	✓

Key: ✓ indicates services usually provided by a specific agency
✓̸ designates services that might be provided by any of several agencies or by more than one agency

Advantages of This Design

This model is more realistic for many community corrections agencies because it does not require the same commitment of staff resources and as many areas of expertise as the self-contained model. This approach views the problem of family violence as a community problem and enlists the community to provide needed services to both victims and offenders. With more service providers involved in the delivery of services, there is at least the opportunity for more contacts with offenders and victims.

Disadvantages of This Design

The more agencies and individuals who have responsibility for some aspect of service delivery, the more opportunity there is for a breakdown in communication or a gap in service to occur. In

other words, case management becomes an essential, and somewhat more difficult, task with this model. However, because resources are shared with community agencies, the community correction agency's resources will not be depleted as rapidly with this model.

PROGRAM POLICIES AND PROCEDURES

Purpose of Written Policies

Policies provide a general course of action that determines the specific decisions made and tasks undertaken as part of the program. Procedures provide direction for conducting the program activities. All agencies have policies and procedures; however, some are in writing, while others are not. Written policies are the result of conscious decision-making, while unwritten policies are often the result of trial-and-error processes. Unwritten policies can lead to serious problems, because they can change subtly over time. New employees have difficulty learning their jobs if unwritten policies are employed. Inconsistencies and counterproductive activities are likely without written policies and procedures.

Three primary purposes for developing a sound policy and procedures document are:

1) It protects the agency, staff, and clients.

   Sound policies help protect the agency and staff from possible legal liability resulting from improper actions by staff. The rights, responsibilities and decision-making latitude of staff should be detailed to avoid errors in judgment that could result in legal problems and program failures. Policies and procedures also consider the legal rights of victims and offenders and establish methods to protect those rights.

2) It clarifies staff and program expectations.

   Implementation of the program is more consistent if everyone understands and works toward the same purpose and follows clearly defined procedural guidelines. Continuity from one staff member to another is achievable only through written policies and procedures. Staff training should be based on the agency's policies and procedures.

3) It helps ensure program credibility, replication and support.

   If any aspect of a program should be called into question, written policies verify that a careful decision-making process was undertaken before it was started. If program evaluations confirm the success of a program, those with written policies can be replicated by other agencies. Finally, a potential funding source that can view the purpose and operational guidelines of a program in written form is more likely to want to invest in the program.

Components of a Policy Document

Most agencies have a format for developing policies and procedures, such as narratives, outlines, or goals and objectives. The content of the policies and procedures document should include the following areas.

Purpose of the Program

As discussed earlier in this chapter, the purpose of the program should concur with the agency's mission. This section also might contain information about the reasons the program was developed, such as information from the needs assessment.

Legal Authority and Limitations of the Program

The legal basis, principal agencies responsible, and the legal authority to conduct this program should be stated. Any legal conditions that regulate or restrict a program should be outlined explicitly in the policies and procedures document.

Victims and Offenders Included in the Program

If sufficient resources are available, having the program address the needs of all family violence offenders and victims is desirable. However, if program resources are limited, specifying certain types of individuals to be given priority for program services may be necessary. Specific criteria for inclusion in the program, and latitude staff have in making judgments about program involvement, should be listed.

Specific Program Components and Procedures

Detailed information should be provided about each service the program provides. For example, there may be victim notification, victim referral, offender supervision, offender treatment, and other services. The policy document should detail information about eligibility criteria, activities that will comprise the service, how referrals are made, what constitutes successful delivery of the service and successful completion of requirements by offenders, and consequences used if offenders do not comply with program demands.

Throughout the rest of this manual, recommended program components and approaches are discussed. The addendum to this chapter provides a brief summary of some major program options recommended for a successful program to intervene in family violence. These are presented in greater detail in the following chapters. Agency policies should describe specifically how activities related to each program element will be conducted.

Staff Responsibilities

The person responsible for coordinating the program should be designated by name or title. The authority, responsibilities and accountability of staff for administration, day-to-day implementation, evaluation and other program tasks should be clearly delineated. Staff members should know exactly what is expected of them. If the program will affect other staff in the agency, this should be detailed, as well. For example, clerical staff may need to handle client records in a particular way to expedite the probation officer finding out about new restraining orders issued or new offenses.

Fiscal Management

Various costs should be identified and procedures for handling these specified. For example, some community corrections agencies arrange with community service providers to furnish treatment services on a sliding fee basis. Offenders then are expected to pay treatment costs based on their income. If offenders use drugs, they may be required to pay for the cost of drug testing to monitor the drug use. Information about any external funding for the program or any particular accounting requirements also should be included.

To achieve its purpose, the program needs adequate funding. Funding sources may include one or more of the following: reallocation of the agency's budget, grants, offenders' fees and fines, resource sharing among community and criminal justice system agencies (e.g., shared training), state or municipal taxes designated for family

violence (e.g., a portion of state sales tax, a fee assessed on marriage licenses), agency and community fund raising, and individual or corporate contributions. (Please see additional information on this topic in Chapter 9.)

Roles of Other Agencies and Professionals

Coordination and collaboration within the criminal justice system and with community agencies is vital for intervening with family violence. Therefore, roles and responsibilities of all agencies should be clearly defined. These descriptions should be developed mutually and include expectations of both the community corrections agency and cooperating agencies.

Documentation and Evaluation

The policy and procedures manual should contain instructions about any recording requirements, as well as copies of forms that are to be used.

Confidentiality

Victims' and offenders' rights to privacy should be articulated in the policy and procedures document. Procedures to be followed regarding confidentiality should be described, and consequences for staff's failure to abide by these should be stated.

Public Relations

A mechanism should be in place to provide program information to other professionals and to the public. Usually, a single person, such as the agency administrator or a public information officer, is designated as a channel for information flow outside the agency. This should be operationalized whether reporting positive program outcomes or responding to negative publicity.

Policy Approval, Dissemination, and Review

Policies should go through usual channels of approval before implementation. This may include a legal review and approval by a judicial or governing body. Abbreviated copies may be circulated to others in the criminal justice system and community for comments as well. Sometimes obtaining consent to begin the program can be quite time-consuming. To facilitate the process, inform those who will approve the policy about the process as it progresses. This expedites the approval process.

After formal approval, policies and procedures should be disseminated to all staff who should be required to read them. Providing training for all personnel about the new policies is also advisable. Policies should be reviewed regularly (at least annually) to determine whether any changes are needed.

CONCLUSION

This chapter reviewed some important steps in planning and implementing a program to intervene in family violence. The following chapters expand upon much of this information and give more detailed suggestions for program development.

Addendum to Chapter 7

RECOMMENDED PROGRAM POLICIES AND PROCEDURES FOR INTERVENING IN FAMILY VIOLENCE[1]

Contact with and Services for Victims

Community corrections personnel should make an initial contact with adult victims to: help in assessing the offender; assess the victim's needs and safety; inform the victim of the offender's conditions of release; inform the victim of safety precautions and planning; and provide information on community resources. All contact should be documented. For child victims, contact should be initiated through protective services or mental health agencies, as appropriate. Periodic, but cautious contact should be maintained with adult victims to assess their safety. The victim should be told how information will be handled (e.g., what can and cannot be kept in confidence). The victim also should be told that she or he will not be responsible for what happens to the offender. The offender is under the supervision of the probation/parole department and is accountable to his or her supervising officer. Modifications of conditions of release are allowed only with the court's permission.

Offender Assessment

A comprehensive assessment of the offender should be completed as soon as possible to determine dangerousness, treatment needs, need for other services, and motivation to change. Assessments should include interviews with the offender, victim and collateral sources. Other assessment methods and instruments may be incorporated routinely or as needed, including: self-administered tests, observations, physiological measures, psychological tests, and substance abuse tests. During supervision, assessment should be ongoing to learn whether the offender's situation or needs change.

Offender Classification and Case Management

Family violence offenders should be classified as high-risk offenders. The case management plan should include frequent contact with community corrections personnel, enforcement of all conditions of probation/parole with immediate sanctions for violations, treatment specific to the offense(s) committed, and monitoring for substance abuse. The case plan should be evaluated and revised periodically, if needed.

Special Conditions of Probation/Parole

Special conditions specific to the offender and the offense should be included in the probation or parole orders. These include protective, treatment, punitive and financial conditions as outlined in Figure 7:9.

Supervision Level and Procedures

Family violence offenders should receive intensive supervision. Specialized caseloads for family violence are recommended, where possible. This ensures the supervising officer has special knowledge and skills for intervening with these offenders. Frequent face-to-face contact with offenders, monitoring of attendance *and participation* in treatment, and monitoring of all other conditions of probation/parole should occur. Officers should not rely on victims to monitor offender compliance.

Table 7:9

RECOMMENDED CONDITIONS OF RELEASE FOR FAMILY VIOLENCE OFFENDERS

Protective:

- no further abuse
- no contact with victims or their families
- abide by all court restrictions and directives
- submit to warrantless search and seizure
- electronic monitoring
- intensive supervision
- supervised child visitation and/or public drop-off/pick-up point
- cooperation with child/adult protective services
- forfeiture of weapons and suspension of license
- release of information to third parties as appropriate

Treatment:

- mandatory attendance, participation in and successful completion of an offense-specific group intervention program
- substance abuse testing
- substance abuse treatment
- abstinence
- self-help/support groups
- release of information to third party treatment providers

Punitive:

- incarceration
- non-custodial loss of liberty
- fine
- community work service

Financial:

- family support
- restitution
- attorney fees for victim
- counseling for victims and children
- group intervention program and substance abuse treatment program fees for offender
- cost of urinalysis
- fees/court assessment

(Sources: This is based on the original work of Klein, 1994 with additional contributions by Black, 1995; Family Assault Supervision Team, n.d.; & Hofford, 1991).

Enforcement of Conditions of Probation/Parole

All conditions of probation/parole should be strictly enforced. Any violations should be sanctioned immediately. When necessary, revocation should be sought.

Use of Incarceration

Use of incarceration may be a necessary part of the case plan. This may include shock incarceration to impress upon the offender the gravity of his or her actions and the seriousness with which the agency will respond. Incarceration also may be used as a sanction for failure to comply with orders of probation/parole. Incarceration should be used when needed to ensure the safety of the victim. Loss of liberty in the community also may be an option through curfews, day reporting, home detention, and electronic monitoring.

Consequences for Violations

Immediate consequences should follow any violation of probation/parole conditions, no matter how slight the infraction. An array of intermediate sanctions should be available in the community. Depending on the significance and potential dangerousness of the violation, this may include actions such as loss of privileges, increased reporting requirements, increased substance abuse testing, and mandated community service. As mentioned above, losses of liberty in the community and incarceration also may be useful sanctions when warranted by the offender's attitude toward the court's orders and/or the potential danger to the victim and the community.

Requirements for Participating in Treatment

The court order and the case plan should require the offender's participation in a treatment program specifically for offenders committing similar types of family violence (e.g., batterers' treatment for partner abusers, sex offender treatment for incest perpetrators). Not only should the offender be required to attend treatment, but he or she should be required to participate (e.g., take part in discussions, complete homework assignments) as expected by the treatment provider. The community corrections agency should monitor both attendance and participation.

Criteria for selecting treatment programs/providers to which to refer offenders generally should include:

- the treatment approach has a priority of protecting victims and does not blame victims for their abuse;
- treatment is specific to the offense;
- group treatment is provided;
- a psychoeducational/cognitive behavioral approach is used;
- the treatment provider(s) has received special training in the methods used;
- the treatment provider agrees to share information about offenders' attendance and participation in treatment;
- the treatment modality holds the offender responsible for his or her behavior;
- the treatment does not include family or couple's counseling, mediation and anger ventilation; couple's counseling is appropriate only when and if the victim wants it and the offender's abusive behavior has stopped;
- the length of treatment is sufficient, often a year or more; and
- the treatment includes a relapse prevention component (especially for sex offenders).

Monitoring and Treatment for Substance Abuse

Every offender should be assessed for the possibility of alcohol or other drug abuse. If a substance abuse problem is identified, the offender should be referred to appropriate treatment that may include residential or in-patient treatment, out-patient treatment, pharmacotherapy, therapeutic communities and self-help (e.g., Alcoholics Anonymous). The community corrections agency should monitor orders to maintain abstinence through urinalysis for illegal drug use. Breathalyser tests can be administered on home visits and at other times when the offender could be drinking.

Challenging Offenders' Attempts to Deny, Minimize, Externalize and Rationalize Behaviors

Offenders will not stop their abusive behavior until they accept responsibility for it. Therefore, they should be confronted each time they attempt to deny, minimize, externalize or rationalize their behaviors. The criminal nature of their abusive behavior must be stressed. Further, community corrections staff must provide a pro-social model of behavior and should guard against any efforts by offenders to co-opt their probation/parole officers.

Coordination and Cooperation with Other Service Providers

Family violence is a community problem and the entire community should become involved to stop the violence. It is recommended that communities form coordinating councils (sometimes called task forces, teams, etc.). Membership on a council may include, but not be limited to: judges, court staff, prosecuting and defense attorneys, law enforcement, elected officials, probation/parole administrators and personnel, battered women's services personnel, social services personnel, medical providers, victim representatives, treatment providers, representatives of civic organizations, and academicians. The goals and purpose of councils may include better communication and coordination among agencies, awareness and prevention throughout the community, and development of needed resources such as treatment programs and funding. Councils also may develop products, such as needs assessment reports, resource directories, and a volunteer referral process. (National Council of Juvenile and Family Court Judges, 1994b).

Confidentiality

Offenders should sign release of information forms to allow probation/parole, treatment and other service providers to share information as needed for assessing the offender, monitoring his or her compliance with probation/parole conditions, and fulfilling other legal duties (e.g., duty to warn victims). The probation/parole officer should explain to the offender what information can be kept in confidence and what information cannot. For example, federal laws protect the confidentiality of someone receiving substance abuse treatment.

The probation/parole officer also should explain to victims what information can be kept in confidence. They may refer victims to persons with whom they can speak in confidence. Officers should make provisions for protecting confidential information about victims (e.g., where a partner or child resides) to ensure their safety. This information should be kept separate from offenders' files so it is not inadvertently released if files are subpoenaed. Safeguards should be in place to prevent unauthorized access to computer files that might contain victim information.

The policies should state how officers should document compliance with confidentiality rules, to whom and under what conditions information can be shared, and the consequences for unauthorized disclosure of information.

Staff Responsibilities

Every program should have a designated coordinator and other needed staff.

A program coordinator should be designated as soon as possible, and that person should have major responsibility for guiding the development of the program. Sufficient line officers should be assigned to the program to provide the level of intensive supervision required for family violence offenders. Besides supervision of offenders, line officers should maintain contact with victims to the extent the victim consents; however, victims should be informed that in an emergency they should contact police. Some agencies have a victim's services worker, as well, who provides support and advocacy services for victims. However, this should not exempt line officers from having some contact with victims. Such contact will help them evaluate whether or not offenders are complying with their conditions of probation/parole.

Staff Training

All staff of community corrections agencies should receive training about family violence. Family violence offenders may be on caseloads for other offenses; some assessment for family violence should be done on all offenders. Staff should be able to recognize indicators and make appropriate referrals. Staff of a specialized family violence caseload should receive extensive training. Training topics should include, but not be limited to: dynamics of family violence; battered-spouse and battered-child syndromes; the correlations between spouse abuse, child abuse, and delinquency; impact of arrest; victim safety issues; proper courtroom treatment of victims, offenders, and witnesses; impact of personal attitudes and gender bias on the demeanor and actions of justice system personnel; sanctions available and treatment standards for offenders; elements of a good protection order; shelter and support services available for victims; and effectiveness of coordinating and consolidating cases and services (Hofford & Harrell, 1993).

Record-Keeping

Case records should document assessment procedures and findings, case plans, supervision activities, violations, sanctions, and revocations. In addition, case records and agency records should collect information about offender demographics, types of offenses, other criminal offenses and other data useful in understanding the types and needs of offenders served by the agency.

Program Evaluation

Various types of data about the program should be collected and analyzed regularly. Program evaluation should assess whether the agency has managed the program responsibly, track cases to learn successful and unsuccessful strategies, assess changing service needs, and provide information for program changes, if needed (Hofford & Harrell, 1993).

Notes

1. Resources used in the preparation of this Addendum include: Assessment and Action Planning, 1993; Hofford, 1991; Hofford & Harrell, 1993; Klein, 1994; National Council of Juvenile and Family Court Judges, 1994b; Pithers, Martin, & Cumming, 1989.

LEGAL LIABILITY ISSUES

In both program development and the performance of professional duties, considering legal liability issues is imperative.

Chapter 8

LEGAL LIABILITY ISSUES

Legal liability for community corrections agencies and personnel must be considered when setting priorities about goals and the use of limited resources. Particularly in the areas of spouse abuse and child abuse, lawsuits have been brought, successfully and unsuccessfully, against law enforcement personnel for failure to take appropriate actions against perpetrators. These lawsuits most often are based on equal protection violations and failure to protect claims. Although most of the cases cited in this chapter are not against community corrections agencies or personnel, remembering that legal arguments can be applied to those who share similarities with defendants in previous cases is important. For example, probation and parole officers may be found similar enough to police officers that successful arguments against police may be effective against community corrections. Analogy often is used to develop legal positions.

This chapter reviews some pertinent case law and provides recommendations for decreasing exposure to liability. Each department and community corrections professional dealing with family violence cases is strongly encouraged to seek the guidance of counsel to review State-specific statutes and case law.

EQUAL PROTECTION

The equal protection clause is found in the Fourteenth Amendment to the United States Constitution and in every State constitution in varying forms. The federal version of the equal protection clause prohibits a State from denying any person within its jurisdiction equal protection of its laws. It means similarly situated persons must receive similar treatment under the law. It not only applies to legislation that may be discriminatory, but also to discriminatory government action in the administration and enforcement of the laws *(Thurman v. City of Torrington,* 1984). In 1979, twelve married battered women sued the New York Police Department for failure to arrest spouse abusers (*Bruno v. Codd,* 1979). The Department, like many other departments then and now, had an arrest avoidance policy for "domestic disturbances." The policy instructed officers to use crisis intervention techniques such as separation and mediation. The women argued that because they were married to their attackers, they were treated differently than victims attacked by strangers. The case resulted in a consent decree that created changes in police policy and mandated domestic violence training for the department. This case was important to subsequent efforts to criminalize spousal assault.

In *Thurman v. City of Torrington* (1984), Tracy Thurman attempted repeatedly over a nine-month period to file a complaint against her estranged husband and to have him arrested for his threats to kill and maim her and to take their child from her legal custody. Short of killing her, Mr. Thurman continually made good on all his threats. After police witnessed Mrs. Thurman injured from stab wounds and Mr. Thurman kicking her, they made an arrest. The Court stated the pleadings evidenced a "pattern . . . of deliberate indifference" to Mrs. Thurman and to the officers' "duty to protect" her (Id. at 1530). This pattern created a "custom" or "policy" of the municipality unlike that used when the perpetrator of the assault is a stranger (Id.). Mrs.

Thurman eventually was awarded 1.9 million dollars.

FAILURE TO PROTECT

Failure to protect claims can arise from several legal doctrines (e.g., duty to warn and negligent supervision) defined somewhat differently depending on the substantive area of law in which they are found. For example, failure to protect claims have originated in negligence cases, civil rights claims, and/or due process claims (*Baker v. City of New York,* 1966; *Board of Regents v. Roth*, 1972; *DeShaney v. Winnebago County Department of Social Services,* 1989). Generally stated, a failure to protect may be established when a duty is owed by one individual to another, and a breach of that duty causes injury to the party to whom the duty is owed. This duty is founded on the relationship between the parties (*American Jurisprudence*, 1989). The *public duty rule* states no liability will be found against government officials for failure to protect an individual because the duty is owed to the public generally and not to a specific individual (*American Jurisprudence*, 1989). However, as with all legal doctrines, exceptions exist. A *special relationship* may exist when the state affirmatively undertakes the protection of a known individual identified as one in foreseeable danger from an identifiable perpetrator. Thereafter, governmental actions must be reasonable in light of the potential danger (*American Jurisprudence*, 1989).

In *Baker v. City of New York* (1966), the Court found a special relationship was created when the State issued an order of protection to the victim. The husband shot his wife outside the courtroom after the probation officer refused the wife's request to wait in his office, as she was afraid of her husband. The protective order previously issued by the municipality entitled the victim to special protection. It was left to the jury to decide if the probation officer was thereafter negligent in his duties.

However, the United States Supreme Court has limited the special relationship exception to the public duty rule significantly. In *DeShaney v. Winnebago County Department of Social Services* (1989), the Court made a distinction between government action that may expose the State to liability and government inaction that does not expose the State to liability. The Court dismissed the child victim's civil rights claim that the Department of Social Services violated his due process right to life, liberty, and property. Although the Department knew the child was in danger of abuse from his father, they did not take steps to remove the child who later was rendered severely mentally retarded from head injuries caused by his father. The Court stated:

> [N]othing in the language of the Due Process Clause itself requires the State to protect the life, liberty, and property of its citizens against invasion by private actors. The Clause is phrased as a limitation on the State's power to act, not as a guarantee of certain minimal levels of safety and security (Id. at 195). [T]he purpose was to protect the people from the State, not to ensure that the State protected them from each other (Id. at 196).

The *DeShaney* case made it much more difficult for family violence victims to sue government personnel for failure to protect them. However, as discussed in *Developments in the Law* (1992), potential theories of liability still exist. First, although the Court limited the special relationship exception, it did not abolish it; therefore, affirmative actions may be required by government employees when the State has taken the potential victim into its *custody*. Second, the potential for liability still exists if government action places an individual in more danger than

she or he would have been in if the government had not acted. For example, leading a victim to believe the perpetrator has been incarcerated when, in fact, she or he has been released, would place the victim in greater danger if she or he relies on the information and, thus, lowers her or his guard. Third, where State laws require certain actions be taken if specific circumstances are found (such as mandatory arrest upon probable cause or mandatory intensive supervision for high risk probationers), an *entitlement* may be created by the State necessitating heightened protection for the victim. Thus, statutes and agency policies should be permissive rather than mandatory, leaving such decisions to the discretion of the professionals. Last, the Court reiterated the States' prohibition against discriminatory treatment as dictated by the equal protection clause (*Developments in the Law*, 1993).

There is another type of failure to protect claim based on the *duty to warn* doctrine. According to information given in the publication entitled *Civil Liabilities of Parole Personnel for Release, Non-Release, Supervision, and Revocation* (del Carmen & Louis, 1988), two elements must be present for liability to be imposed: 1) the risk must have been *reasonably foreseeable*; and 2) the injured party must have *reasonably relied* on the probation or parole officer. Risk is reasonably foreseeable when "the circumstances of the relationship between the parolee and the third party [victim] suggest that the parolee may engage in criminal or antisocial conduct related to his or her past conduct" (del Carmen & Louis, 1988, p. 37). Reliance exists when the conduct of the probation or parole officer is such that the victim had reason to rely on the officer's explicit or implicit assurances of safety (del Carmen & Louis, 1988). This duty to warn may be stronger in family violence cases where the potential victim is known, the offender is under treatment that is closely monitored by the officer, and a relationship between the officer and the victim is likely to be present.

The leading case on the duty to warn is *Tarasoff v. Regents of University of California* (1976; [there are two cases: *Tarasoff I* (1974) and Tarasoff II (1976)]). This is a California State case, and therefore, it is not precedent in other jurisdictions. In *Tarasoff*, the Court found the defendant/therapist liable for failure to warn the decedent/victim of the danger posed by the offender/patient from his threats to kill her. Because of the obvious need for confidentiality in the patient-therapist relationship, the imposition of liability in this case was unforeseen. It is not yet known to what extent the United States Supreme Court would agree with this decision, but it has been cited in other jurisdictions imposing such liability. Again, because of the use of interventions for family violence offenders that are, in some ways, similar to mental health treatment for family violence offenders, and the working relationship between community corrections and treatment providers, the duty to warn must be acknowledged by those working in this area. It is noteworthy that the Tarasoff case, and most others invoking the duty to warn, are family violence cases (*McNeill*, 1987).

This duty to warn may be stronger in family violence cases where the potential victim is known, the offender is under treatment that is closely monitored by the officer, and a relationship between the officer and the victim is likely to be present.

Alternately, liability may arise from an officer's disclosure of an offender's criminal background.

However, because probation and parole generally are classified as privileges rather than rights, the diminished legal capacity of probationers and parolees makes exposure to liability for disclosure doubtful unless specifically prohibited by statute or agency regulation (del Carmen & Louis, 1988).

DEFENSES TO LIABILITY

The two most common, potential defenses for community corrections personnel are: 1) *governmental immunity* and 2) the *good faith* defense (del Carmen & Louis, 1988). The *doctrine of sovereign immunity* prohibits bringing a lawsuit against the government or any of its political subdivisions unless they waive such immunity. The federal government waives much of its immunity to civil actions brought by private persons under the Federal Tort Claims Act. Most States waive such immunity to varying degrees as well. Most failure to protect claims arise under State law; therefore, knowing the status of immunity for a particular jurisdiction is necessary. Generally, there are three types of immunity: 1) *absolute immunity*; 2) *quasi-judicial immunity*; and 3) *qualified immunity*.

Absolute Immunity

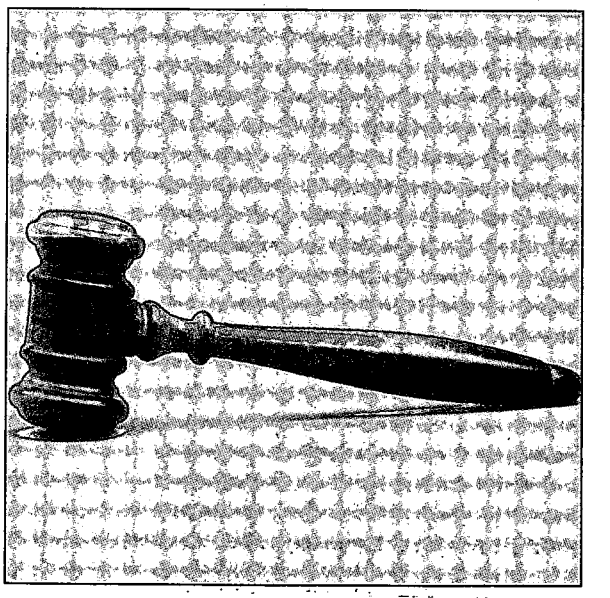
Absolute immunity bars suit regardless of the culpability of the defendant's conduct so long as such conduct occurred while acting in an official capacity. It is extended to judges, prosecutors, and legislators to promote fearless decision-making in government.

However, in an Arizona case entitled *Acevedo v. Pima County Adult Probation Department* (1984), a probation officer, who should have known a sex offender was living in a house with children, violating his conditions of probation, was found not to be covered by governmental immunity in a suit brought by the victims of the offender's re-offense.

> [I]mmunity cannot be invoked in this case . . . because the probation officers did not act pursuant to the court's directive. A probation officer cannot assert for immunity unless the officer is acting pursuant to or in aid of the directions of the court. [Here] the probation officers acted contrary to the court's directive. The record shows that the sentencing court specifically prohibited the probationer from having any contact with minors. (Id. at 41).

Quasi-Judicial Immunity

Quasi-judicial immunity is given to officials when performing judicial-type functions but not when performing other job related functions (del Carmen & Louis, 1988). Therefore, quasi-judicial immunity protects an officer when acting pursuant to court orders, or when conducting a presentence investigation. However, the supervision of offenders may be classified as an administrative function not covered by such immunity.



Qualified Immunity

Qualified immunity may be extended under two different circumstances. First, it may be applied to discretionary acts of an officer performed as part of his or her office. Second, qualified immunity may shield an officer who acted in *good faith* while performing official functions. Qualified immunity covers most community corrections personnel.

Immunity is a legal question to be decided by a judge considering State statutes and case law; it is not applicable to federal claims. All community corrections officers should have some understanding of their State's decisions on this issue (Collins, 1994).

In the event an officer is not covered by immunity, or when making a determination of whether qualified immunity will be extended, the question arises: Did the officer act in *good faith*? The good faith defense applies as long as the officer's "conduct does not violate clearly established statutory or constitutional rights of which a reasonable person would have known" (*Harlow v. Fitzgerald,* 1982, as cited by del Carmen & Louis, 1988, p. 8). A determination of good faith is subjective and generally not statutorily defined. A judge may decide whether the officer acted with an honest belief that she or he was acting lawfully and without malice. The burden to show the officer acted in bad faith is on the person bringing the complaint. Generally, one must act with total indifference to a person's safety and/or clearly established constitutional rights to be found acting in bad faith.

Decreasing Exposure to Legal Liability

This section addresses the liability concerns of individual community corrections personnel.

The following are **recommendations** and do not provide a guarantee against liability:

- Follow department policies and procedures specific to family violence cases. If the department does not have such information, make a written request for guidance to a supervisor. Document the response.

- Document activities, including discussions with victims. Attempt to make initial contact in writing (sent certified mail) explaining the probation or parole officer's role, the conditions of release for the offender, and how to reach the probation or parole officer or supervisor. (**However**, be sure victims know they should call the police in case of an emergency). Give victims resource information, and let them know that information they share about probation/parole violations **cannot** be kept confidential.

- Know the law, including what constitutes spouse/partner, child, and elder abuse in the jurisdiction and what mandatory reporting laws exist.

- Explain to offenders in an initial meeting that there will be attempts to communicate with third parties, including victims, treatment providers, and other public agencies regarding progress in treatment and the offender's behavior. Get signed releases of information after this disclosure.

- Ask the court for permission to give and receive information from other agencies that may be involved with the family (e.g., child protective services).

- Identify high risk situations, and take all reasonable precautions to notify victims and potential victims (e.g., a new girlfriend of a

batterer). High risk situations include the following:

- general threats to kill;
- abusers in crisis;
- ongoing or increased substance abuse;
- abuser has access to weapons;
- (partner abuse) offender has abused children;
- offender has history of violence outside the home;
- abuser refuses to cooperate with treatment;
- abuser omits sharing information with the treatment provider about the level of his or her violence; and
- specific threats to kill a victim, kidnap children, and/or commit suicide (Browne, 1987; Campbell, 1995; Hart, 1988; Sonkin, 1987; Sonkin, Martin & Walker, 1985; Straus, 1991).

. . .the magnitude and potential lethality of the problem is so immense as to force attention to it.

More information on assessing dangerousness is provided in Chapter 10.

- Whenever possible, be able to cite authorization for actions in either:

  - the jurisdiction's probation/parole enabling statute;
  - other family violence laws (e.g., mandatory report laws);
  - court orders; and/or
  - agency regulations, policy, or procedures.

  (Specific statutes override broader ones and court orders override statutes.)

- Always act in good faith.

- Report all violations to the Court and/or to supervisors.

Intervention versus Nonintervention

Given the review of case law in this chapter, community corrections practitioners may ask the question: If intervention in these cases poses a risk of liability, especially if given specialized treatment, would it not be safest to treat family violence offenses like any other assault case? There are three responses to this question. First, much of the specialized legislation and intervention strategies have been created precisely to make the criminal justice system respond to family violence in the same way it responds to violence by strangers. Historical inertia keeps many in the system (as well as outside the system) wedded to the notion that family violence is a private matter. This legitimizes a more limited response by the criminal justice system in the minds of many. Special family violence legislation is a strong tool in combating this inertia and decreasing the risk of liability from an equal protection or civil rights violation.

Second, the magnitude and potential lethality of the problem is so immense as to force attention to it. A response is required from society and from the legal and justice systems designed to protect the public from the violence of others. Additionally, studies documenting the intergenerational transmission of not only family violence, but increased use of violence generally, attest to the need for a strong response. It is almost axiomatic that violence within families will increase in frequency and lethality unless steps are taken to intervene. Attempting to ignore the problem increases both personal safety concerns and economic costs to society while

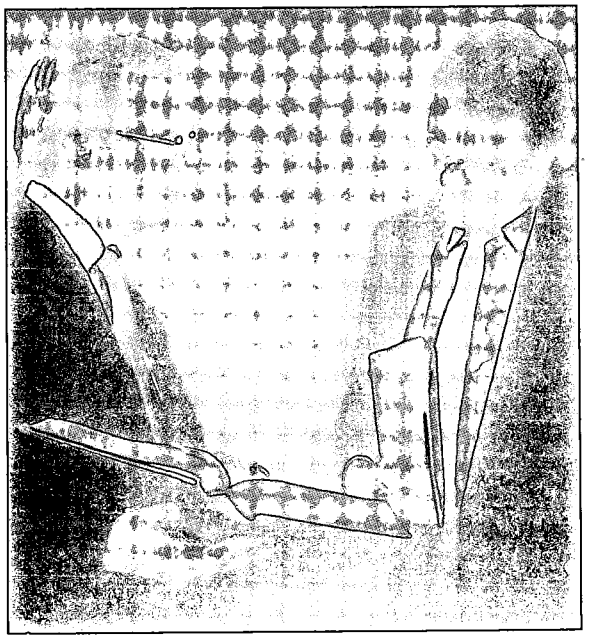
decreasing accountability of the system to those who fund it.

Last, presently, the United States Supreme Court is narrowing government officials' exposure to liability from these types of cases (*Developments in the Law,* 1993; Collins, 1994). Most State courts are following precedent in their States on these issues (Collins, 1994). The High Court, and many lower courts, have reiterated that government cannot be the insurer of individual safety. Courts recognize the difficulty of the mission of the criminal justice system, as well as limited resources and the need to allow local officials to decide how best to allocate those resources. Cases requiring injunctive relief, that is, cases asking courts to stop a particular practice or begin a particular practice, are more successful than cases exposing public officials to incarceration and/or monetary damages.

CONCLUSION

In both program development and the performance of professional duties, considering legal liability issues is imperative. Based on current interpretations of case law, it appears community corrections professionals supervising family violence offenders and acting in good faith should have minimal concerns about liability. However, it behooves all professionals and administrators to stay informed about developments in their State statutes and case law.

Chapter 9



PROGRAM IMPLEMENTATION AND EVALUATION

[P]lacing family violence offenders on specialized caseloads that are intensively supervised is recommended.

Chapter 9

PROGRAM IMPLEMENTATION AND EVALUATION

After planning a program to intervene in family violence, implementation in a community corrections agency is the next step. Staffing and funding are two key factors in starting effective programs. Program evaluation is as important as any other aspect of program planning and initiation. Finding out "what works," and perhaps what is not working, is critical for an ongoing effort to stop family violence. This chapter addresses staffing issues, program funding, and evaluation.

PROGRAM STAFFING ISSUES

Staff Duties and Qualifications

A program coordinator should be designated as early as possible in the program development process. As this person will oversee and coordinate the program policies and operations, she or he should be involved in the initial planning stages. Specific duties of the individual may vary depending on the type of program, agency resources, and many other factors. However, general responsibilities of the position may include, but are not limited to, the ones listed in Table 9:1.

Where caseloads are large enough, placing family violence offenders on **specialized caseloads that are intensively supervised** is recommended strongly. This is preferable to general (non-intensive) supervision or intensive

Table 9:1

PROGRAM COORDINATOR RESPONSIBILITIES

- Assist in development of policies and procedures governing the program;
- Negotiate contracts or agreements with outside agencies for services to be provided to victims or offenders;
- Act as a liaison with contracted agencies to ensure contract obligations are fulfilled and services rendered are satisfactory;
- Take necessary steps when services are not satisfactory to solve problems, renegotiate contracts, or seek services elsewhere;
- Coordinate training opportunities for program personnel;
- Make budgetary decisions in compliance with agency policy;
- Monitor legal issues, such as legislative and case law developments;
- Assist in selection and hiring of staff involved in the program;
- Assist in designing and implementing program evaluation procedures; and
- Oversee the collection, recording, organizing, processing, and reporting of data for program evaluation.

Table 9:2 LINE OFFICER RESPONSIBILITIES

- Conduct pre-sentence investigations and make recommendations to the court;
- Assess offenders' level of risk, individual needs, and resources;
- Develop appropriate case plans;
- Initiate and maintain contact with victims;
- Provide or refer victims to needed services;
- Hold offenders accountable for their behavior and compliance with court orders; implement sanctions when necessary;
- Check with other components of the justice system to learn of new charges, and new restraining or protective orders;
- Maintain contact with third party sources (e.g., treatment providers, neighbors, associates) to learn of ongoing abusive behavior;
- Provide or refer offenders to appropriate treatment services;
- Maintain appropriate case documentation;
- Monitor attendance and participation of offenders in treatment programs;
- Monitor offenders for drug use;
- Collect or arrange for the collection of any payments the offender is ordered to make (e.g., child support, restitution, victim resettlement costs);
- Arrange for and monitor the offender's compliance with special conditions of release, such as apologizing to the victim and performing community service;
- Monitor or search the offender and his/her dwelling and vehicles for weapons and signs of victim contact (e.g., children's toys; a partner's belongings);
- Enforce child (or other family) visitation requirements;
- Challenge offenders' attempts to deny, rationalize, minimize or externalize their abusive behavior; and
- Provide a role model of prosocial behavior.

supervision programs dealing with offenders with various types of offenses. As family violence offenders usually are considered high-risk offenders, regular supervision practices generally do not provide the degree of structure and monitoring needed. Probation and parole officers managing specialized caseloads can gain specific knowledge and expertise required to work with family violence offenders. They can become informed about the community resources especially needed by these offenders and their victims, and they can develop working relationships with community service providers.

Besides the program coordinator, in larger agencies there may be both supervisory and line personnel. Supervisors generally will be responsible for:

- overseeing the work performance of all supervised employees;
- monitoring the progress of employees and regularly administering performance appraisals; and
- taking remedial action, if necessary, when disciplinary problems occur.

The specific duties of line personnel vary. However, responsibilities generally include, but are not limited to, those listed in Table 9:2 on the previous page.

Some agencies have a staff member whose responsibilities solely are to work with victims. If so, some recommended tasks and responsibilities are included in Table 9:3. However, even if a specialized victims' services worker is available, line officers supervising family violence offenders also should have contact with victims.

Qualifications for staff in a program to intervene in family violence also should be carefully considered. Requirements for staff may vary depending on the program model, agency mission, community needs and many other factors. Clearly delineating job expectations and qualifications of staff in the program planning process is important. A careful selection procedure for choosing staff to take part in the program should be undertaken. Desirable qualifications include the following:

- demonstrated commitment to the purpose and goals of the program;
- prior successful experience working with community corrections offenders and victims;
- specialized training in family violence; and
- necessary skills to perform the job duties.

Table 9:3
VICTIM'S SERVICES WORKER

- Maintain contact with the victim;
- Notify victims of new offenses by their abuser and/or changes in the status of the offender (e.g., release from incarceration);
- Help victims develop a safety plan;
- Help victims assess their needs and refer them to appropriate services and resources;
- Prepare and support victims during court procedures, such as revocation hearings;
- Communicate with all parts of the criminal justice system and community services to maintain cooperative working relationships on behalf of clients; and
- Educate other staff on the jurisdiction's victims' rights requirements.

Staff Training and Development

Education and sensitization training about family violence are important for all professionals within the criminal justice and community service delivery systems. All community corrections personnel should receive fundamental training, including the dynamics of all types of family violence and recognition of indicators of abuse in probationers and parolees and in the family members of offenders. Probation and parole officers should appreciate the potential lethality of family violence and should understand their agency's position about intervention when abuse is suspected.

All community corrections personnel should receive fundamental training, including the dynamics of all types of family violence and recognition of indicators of abuse in probationers and parolees and in the family members of offenders.

Those who work with specialized caseloads of family violence offenders, or all community corrections staff if these cases are assigned throughout the agency, must receive more comprehensive training. Hofford and Harrell (1993) list several topics that should be addressed in training for justice system personnel:

- dynamics of family violence;
- battered-spouse and battered-child syndromes;
- the correlation between spouse abuse, child abuse, and delinquency;
- impact of arrest;
- evidence gathering and prosecution techniques;
- victim safety issues;
- proper courtroom treatment of victims, offenders, and witnesses;
- impact of personal attitudes and gender bias on the demeanor and actions of justice system personnel;
- sanctions available and treatment standards for offenders;
- elements of a good protection order;
- shelter and support services available for victims; and
- effectiveness of coordinating and consolidating cases and services.

Cross training between community corrections staff and other professionals in the justice system and in community service agencies is recommended highly. As discussed in chapter 6, a coordinated community response to family violence is essential, and this requires the development of a common knowledge base and commitment to collective goals among all persons in the community (or state) who will be involved in working with victims and offenders.

Staff Impact

Many issues may affect staff who work with victims and perpetrators of family violence. Administrative and supervisory staff should understand the potential for these concerns and employ safeguards to prevent problems.

Staff as Victims or Perpetrators

Some community corrections staff members have experienced victimization within their own families, either as children or as adults. With knowledge of the consequences of family violence, understanding the lasting effects of abuse is important. A past or current victim of family violence may have difficulty responding to other victims and perpetrators appropriately. They may identify too strongly with victims, react in unhealthy ways to offenders, or perhaps try to avoid victims and offenders altogether. Concomitantly, survivors of family violence who have dealt with their issues of victimization may be excellent candidates to supervise family violence cases because of their awareness of and sensitivity to the victims and dynamics in these cases.

If a staff member is a perpetrator of family violence, either presently or in the past, it could be very detrimental to the program and to clients. Staff members who have issues in their own lives related to power and control or inappropriately learned behaviors are unlikely to be able to intervene effectively with victims and offenders. Supervisors should make confidential referrals of staff who have been victims or perpetrators to appropriate treatment resources.

Staff Attitudes

Staff members are socialized in the same general culture as offenders, and they may have values about gender, age, children and other issues biased toward abusiveness within families. Staff members may not even recognize these issues for themselves. Supervisors should challenge any behavior by staff that minimizes the abuse or shows a staff member agrees with or identifies with the abuser. Offenders may try to develop personal relationships with officers to enlist their support. Officers must understand such behavior or alliances will reinforce the offender's beliefs that she or he has a right to be abusive. Officers should view family violence as criminal behavior and hold offenders accountable in all interactions they have with them (Klein, 1994).

Staff Traumatization and Burnout

Staff working regularly with family violence victims and offenders are likely to find that constantly hearing accounts of family violence can be very upsetting. To manage the stress productively, staff need time and opportunities to discuss their experiences and express their feelings. If this is not available, some may resort to inappropriate coping methods such as not listening to victims' stories, trying to resolve the issues too quickly, refusing to work with complex cases, ignoring reports of ongoing abuse and placing the blame on the victim (Vicarious traumatization, 1993). Building opportunities into the regular supervisory process for discussion of trauma staff experience and how they cope with it is vital. In addition, or as an alternative, developing a confidential staff peer support/counseling procedure may be useful.

Staff who cannot manage the stress of their jobs appropriately are likely to experience problems in their personal lives and in their jobs. Typical symptoms of stress may include increased alcohol use, changes in sleeping and eating habits, absenteeism, irritability, and depression. Too much stress, without adequate ways to relieve it, may result in staff making poor professional judgments or deciding to leave their jobs.

PROGRAM FUNDING

Program Costs and Benefits

An effective intervention program in community corrections agencies may require additional

resources or the redistribution of existing resources. As discussed in the legal considerations covered in Chapters 7 and 8, failing to respond to family violence cases appropriately may not be less expensive. Both police and probation departments have been sued successfully for not providing appropriate protection to victims. Thus, the costs could be greater for not having a program.

Staffing costs likely will be the largest new expenditure. Sometimes, just reassigning staff and cases will be sufficient. Ideally, staff should carry small caseloads of family violence offenders so they can supervise them more intensively. The victim contacts needed to supervise these cases appropriately increases the responsibilities and time requirements of officers significantly. Over time, successful programs are likely to result in increased numbers of cases and the need for additional staff.

Better case coordination may reduce costs.

In addition to staffing costs, the training of staff in family violence issues may increase costs (Hofford & Harrell, 1993). However, training is vital, and one way of reducing costs is developing training programs with other agencies and sharing both expenses and expertise. Some community agencies may have specialists who will provide training at no cost. Others may be willing to divide the cost of hiring a consultant trainer.

Besides staff and training costs, there will be treatment costs for offenders. However, requiring offenders to pay for their own treatment (usually on a sliding fee basis) can offset these. Offenders can bear the cost of drug testing also (Hofford & Harrell, 1993; Klein, 1994). In addition, some probation and parole departments charge offenders a supervision fee.

Better case coordination may reduce costs. If case managers can avoid duplication of services and achieve more efficient and effective use of resources, they will save money (Hofford & Harrell, 1993). One comprehensive community program states that no extra budget is required. Existing personnel were trained and used for new program responsibilities. Volunteers were used extensively, and offenders paid for batterer's treatment and alcohol and drug testing (Gelb, 1994).

Program Funding

There are many possible ways to generate new funds, if needed. Small grants may be available for program development and staff training. Some States assess added fees for services (e.g., on marriage licenses) and use them to fund specific program activities. Inter-agency cooperation and resource sharing should be explored. Volunteers may provide valuable services or may help the agency with fund raising activities. Businesses, organizations, churches, and the community-at-large should be encouraged to participate in fund raising. Offenders can be assessed fees, as mentioned above, and they also may be required to do community service work to "pay back" the community for the cost of their crimes.

PROGRAM EVALUATION

Purpose

Program evaluation is a vital part of program planning and implementation. It is discussed last, only because it encompasses all other aspects of the program. *Formative* evaluation oversees the program processes and gives personnel information needed to improve

program practices. It also documents appropriate performance of procedures. *Summative* evaluation measures and substantiates a program's effectiveness or ineffectiveness in reaching its intended goals. Both types of evaluation processes are required for a complete evaluation.

Evaluation is useless if not employed to improve the program. Effective evaluation is vital for both internal and external documentation of program processes and outcomes. Program staff can use evaluation information to assess whether or not program practices are effective and efficient, making adjustments, if needed. Evaluation data can be shared with those outside the program to document the need for the program and the need for funding.

Developing an Evaluation Plan

Several steps are required to develop a plan for program evaluation. These are listed and described briefly.

1) Determine Program Objectives

Objectives clearly state what the program should do, and therefore, what to measure by the evaluation. The objectives must correlate with the agency mission and program purpose, and they should be written in language that is clear, specific, measurable, practical, and specific to a time frame.

2) Select Evaluation Methods

Evaluation methods should be appropriate for the program and agency objectives and resources. Descriptive studies, before and after program analyses, and experimental designs are possible options.

Descriptive evaluation designs compile data about program function and outcomes. These data may be both quantitative and qualitative. Although much information can be quantified, documenting the opinions of victims, offenders, staff and community members also is important. This information is used to portray the effectiveness of or problems associated with the program's processes and outcomes.

Before and after studies compare factors after program intervention with similar characteristics before intervention. For example, the program might compare rates of successful treatment completion, collection of fines and fees, compliance with court orders and other indicators of program effectiveness, both before and after program implementation.

Experimental programs compare the effects of a group receiving intervention with a similar group not receiving the intervention. Ethical issues are involved in withholding available services for experimental purposes. However, the results of a program in one jurisdiction might be compared with a similar jurisdiction that does not have the program. For example, how do the two jurisdictions compare on rates of family violence, rates of treatment completion, rates of re-offending, serious injuries and fatalities caused by family violence, and similar factors?

Hofford & Harrell (1993) suggest collecting data on program resource allocations (inputs), case profiles, program services delivered (outputs), and program accomplishments (milestones).

Resource Allocations. Document program resources such as staff hours, budget, office space and equipment, computer services (Hofford & Harrell, 1993) and volunteer contributions. Sometimes these can be tracked exactly; in others, approximations are required. For example, if some officers work with cases other than family violence cases, estimating the

percentage of their time devoted to the program will be required.

Case Profiles. Aggregate information about victims and offenders is important for tracking changes in characteristics over time. These data also can be used to evaluate the effects of various program strategies. These data are important to collect before the program begins, when feasible, and at regular intervals during its operation. If possible, this information should be collected throughout the criminal justice system to help program planners study the extent of the problem (Hofford & Harrell, 1993). Examples of case data include those listed in Table 9:4.

Service Delivery. Data on the number of cases handled and the number of services provided through the program should be collected. For example, measures of program performance might include, but not be limited to:

- officers' contacts with victims and offenders;
- services and referrals provided to victims;
- offenders' attendance at treatment programs;
- referrals and attendance of offenders at other services;
- fines, restitution, child support and other fees paid by offenders;
- drug tests administered and the results of them;
- offenders' attendance at drug treatment programs;

Table 9:4
FAMILY VIOLENCE CASE DATA

Demographics of victims and offenders on probation or parole for family violence offenses, such as:

- age;
- sex;
- race;
- income;
- education and employment status;
- family composition (e.g., number of children; older relatives in home; marital status); and
- criminal and civil history, including protective or restraining orders issued.

Type(s) of family violence offenses. This includes capturing data on the type(s) of victims, as well as the type(s) of offenses. Thus, there should be categories for child abuse, partner abuse and elder abuse, and within each of these there should be the capability to capture information about the following types of abuse:

- physical abuse;
- sexual abuse/exploitation;
- psychological abuse;
- neglect (physical, medical, educational, etc.); and
- financial abuse/exploitation.

Conditions of probation or parole and requirements of the case plan. Data should be collected on the orders of the judge and the offender's supervision and treatment plan developed by the officer.

- offenders' compliance with court orders and sanctions imposed for noncompliance; and
- new offenses committed by offenders and the results of legal actions taken.

Program Accomplishments. Major program milestones, such as reorganizations, new intermediate sanctions or alternative sentencing options, new data systems, additional staff or funding resources should be documented. At the community level, accomplishments might include new programs for families, new legislation, and similar achievements (Hofford & Harrell, 1993).

Program accomplishments also might include aggregate information on case outcomes. For example, are more cases being referred to probation and parole? Are more offenders being revoked for violation of protective orders? How many offenders successfully complete treatment? How many serious injuries or fatalities resulted from family violence? Increases in successful treatment completion and decreases in injuries or fatalities show program successes. Increased caseloads and revocations also may be signs of success in family violence programs. They demonstrate interventions are occurring and victims probably are safer.

3) Develop a Management Information System

The Management Information System (MIS) is the means of collecting information to compile and analyze later. A computerized system is preferable because it is easier, faster, more efficient and more convenient. However, the lack of a computer system should not deter data collection. Simple paper and pencil forms can be developed to record data. These can be compiled later and analyzed by program administrators or evaluators. At the very least, all probation and parole professionals should maintain excellent case records so data can be retrieved later for evaluation purposes.

Problem solving strategies should address any difficulties the evaluation exposes.

4) Establish Standard Procedures

The evaluation process should be articulated in the program's policies and procedures document. The expectations of community corrections officers to collect and record data should be clearly stated. The staff position responsible for compiling and analyzing data should be named. In addition, the policies and procedures document should provide information about confidentiality of case information and the way evaluation data may and may not be used.

5) Use Evaluation Findings

Program and agency decision makers should study evaluation results carefully. Problem-solving strategies should address any difficulties the evaluation exposes. They also should share evaluation results with others in the criminal justice system and community service delivery system. Positive results can be shared with the community. Sometimes, they should share negative results also to help the community understand the need for intervention and increased funding.

CONCLUSION

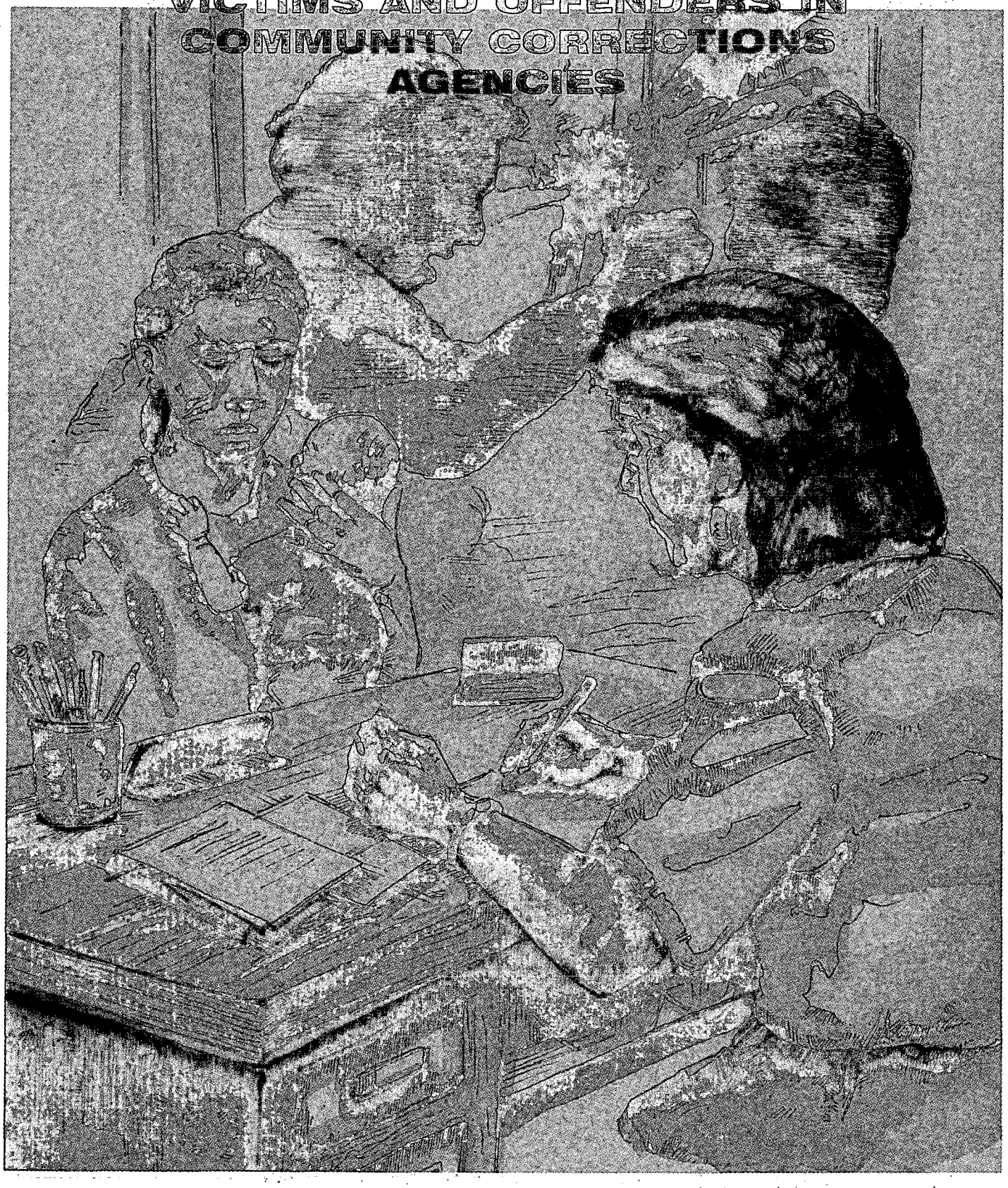
This chapter provided a brief overview of program implementation. The important areas of

staffing, funding and evaluation for program implementation were reviewed.

The four chapters in Module 2 explicated a conceptual model for community corrections agencies responding to family violence and practical information needed for program planning and development. Module 3 provides recommended practices for working with family violence victims and offenders. Assessment, victim protection and empowerment, offender supervision and accountability, and offender behavior change are addressed.

Module 3

WORKING WITH FAMILY VIOLENCE VICTIMS AND OFFENDERS IN COMMUNITY CORRECTIONS AGENCIES



Module 3

INTRODUCTION

This module focuses on community corrections interventions with family violence victims and offenders. The majority of family violence offenders sentenced to community corrections are partner abusers and sex offenders. This is reflected in the attention given each type of family violence in the following chapters. While general child and elder maltreatment are addressed, the primary focus is on intervening in cases of partner abuse and sexual abuse.

This Module contains four chapters consistent with the goals of intervention discussed earlier in this manual: victim protection and empowerment; offender supervision and accountability; and offender behavior change.

Chapter 10 - Intake and Assessment discusses the assessment procedures probation or parole professionals undertake when first encountering a family violence case. The risk factors to assess in various types of family abuse are considered, and potential lethality factors for cases of partner abuse are discussed. Some interviewing techniques and strategies to confront offender resistance also are presented.

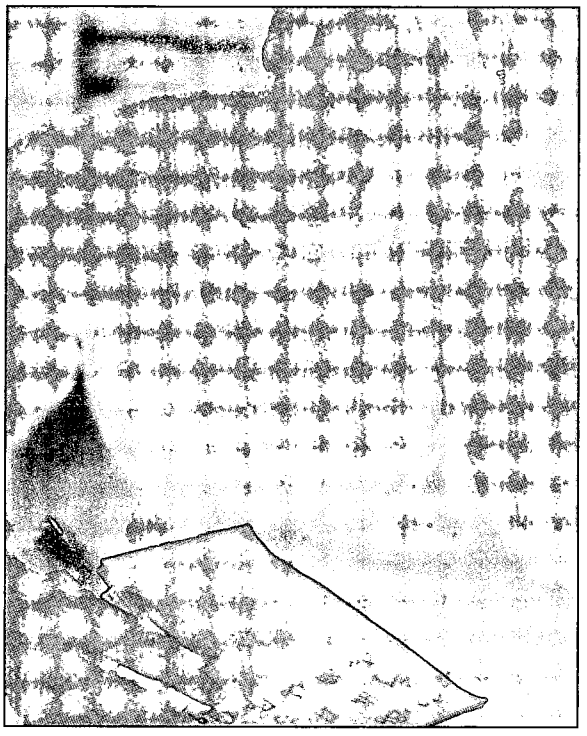
Chapter 11 - Victim Protection and Empowerment recommends practices community corrections professionals undertake to ensure the safety of victims. Community resources and referral processes for victims also are addressed.

Chapter 12 - Offender Supervision and Accountability reviews effective supervision strategies and means used to hold offenders accountable. An important tool for offender supervision and accountability - the conditions of release - is emphasized.

Chapter 13 - Offender Behavior Change provides information on various treatment approaches and methods. Referring offenders to group intervention programs that are specific to the offense committed and are based on appropriate treatment philosophies is vital.

Throughout these chapters there is an intermingling of information from professional literature as well as examples drawn from community corrections family violence intervention programs operating across the United States. Attention to family violence is relatively recent, and specific programs to address these victims and offenders in community corrections is quite new. The recommendations provided in the following chapters represent practices presently considered most promising. However, there is a need for extensive program evaluations to test the effectiveness of current programs. As such evaluation efforts are undertaken, program strategies may be modified and enhanced from the knowledge gained.

Chapter 10



ASSESSMENT

The results of an assessment depend heavily on the goals or purpose of the assessment. What one looks for determines the scope of the methods and resources employed.

Chapter 10

ASSESSMENT

A thorough assessment is the foundation of good case planning and intervention. It facilitates an appraisal of potential risk to victims and a determination of appropriate intervention and supervision strategies for family violence offenders. Each victim and offender may share many characteristics with similar victims and offenders, but each is also unique. His or her individual needs and resources must be evaluated and used as the basis of the case management strategy.

This chapter describes the components of a comprehensive assessment of victims and offenders and provides an overview of the skills and resources needed by community corrections professionals to conduct a thorough assessment. It is not intended that all community corrections professionals necessarily will perform all aspects of an assessment. Rather, they should know what components are needed, the best resources for obtaining them, and how to understand and integrate the various segments of information gathered.

In some communities, probation and parole professionals may perform more assessment tasks because other resources are scarce. However, where possible, multidisciplinary assessment resources should be used to achieve the most comprehensive evaluation and to facilitate the community's coordinated response to family violence. Where assessment resources are available, the role of community corrections professionals may, in part, be one of brokering the needed assessment resources on behalf of victims and offenders. This makes it vital that probation and parole officers understand various methods and resources for performing assessments so they can make informed choices among different options. Service providers in the community can perform clinical assessments, but each community corrections professional must also collect crucial information and make critical decisions about the classification of offenders regarding risks and needs. While assessments by other community professionals often are conducted in a clinical environment, probation and parole personnel are able to see victims and offenders in their natural environments - in their homes, at work and in community settings. This adds to the comprehensiveness of the assessment process and outcomes.

As in other parts of this manual, all aspects of family violence will be addressed, but emphasis is placed on assessment of partner abusers and child sexual offenders, as these are the ones most frequently sentenced to community corrections. Information is drawn both from professional literature and the assessment practices of various probation and parole agencies.

PURPOSE OF ASSESSMENT

Community corrections professionals may make initial contact with victims and offenders of family violence at various points of their encounter with the criminal justice system. The specific time of first contact with probation or parole will depend on state statutes, court practices and agency policies. Some probation officers conduct pretrial assessments, others prepare presentence investigations, and some do not have any contact with cases until after

sentencing. Parole officers may be involved in prerelease assessment and planning for incarcerated offenders, or their first contact may be postrelease. The purpose of assessment is influenced somewhat by the point at which it occurs. However, at whatever point initial contact is made, community corrections professionals should begin the assessment process. As shown in Figure 10:1, assessment then continues throughout the duration of case supervision. While an initial assessment is vital, ongoing assessment activities help evaluate the accuracy of earlier assessments and the effectiveness of case plans based on it.

The results of an assessment depend heavily on the goals or purpose of the assessment. What one looks for determines the scope of the methods and resources employed. One's perspective on family violence, professional training and personal experiences all influence the approach to the assessment process and the interpretation of findings.

This chapter builds on previous concepts, definitions and theories explored in this manual that view family violence as learned, purposeful behavior intended to control the victim or maintain the power of the abuser. A multidisciplinary approach to assessment is stressed through recommendations that information be obtained from as many sources as possible.

Blau, Dall & Anderson (1993, pp. 199-200) distinguish between two types of assessment:

- *investigative assessments* determine the severity and nature of the violent behavior. Their purpose is to decide the ongoing risk to the victim and the appropriate course of action to take.
- *Interventive assessments* occur after crises have stabilized and the task is to develop appropriate plans for both victims and offenders. These assessments also are ongoing and serve to monitor progress of clients and the appropriateness of the treatment plan.

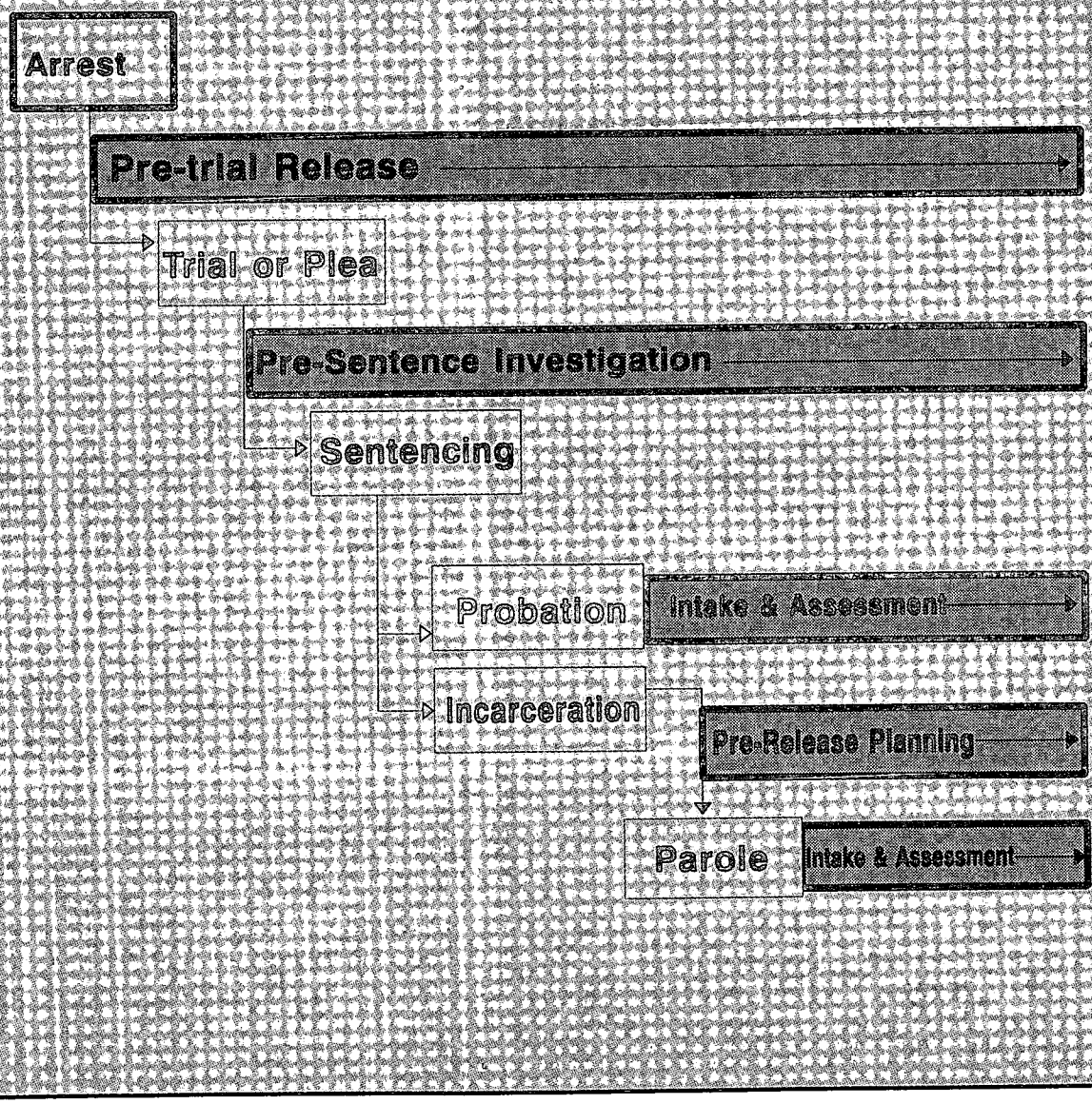
Community corrections professionals may be involved in investigative assessments, particularly if they conduct pretrial or presentence investigations. If so, they are likely to share investigative responsibilities with police and/or protective services workers. However, all probation and parole officers have primary responsibility for performing interventive assessments. These are especially important in cases involving family violence offenders.

Building on the conceptual model described in Chapter 1, the goals of assessment in family violence cases include (Ganley, 1987; Saunders, 1992; Sonkin, 1987):

- determining the dangerousness of the offender and the relative safety of the victim;
- assessing the needs of victim(s) and other family members so appropriate referrals may be made;
- determining the pattern of violence perpetrated by the offender and concurrent problems that may be exacerbating the problem (e.g., substance abuse);
- developing an intervention plan for the offender;
- evaluating the offender's motivation to change and suitability for community release and treatment;

Figure 10:1

POINTS OF INITIAL CASE CONTACT AND ASSESSMENT



- answering questions posed or providing information required by the court (e.g., presentence investigation report);
- evaluating the offender's progress toward meeting the goals of the intervention plan; and
- compiling information that is helpful in evaluating programs and making decisions about the use of scarce resources.

ASSESSMENT OF VICTIMS

There are two reasons for assessing victims. First, determining any needs they may have, including those related to their safety is vital. Second, victims are instrumental in the assessment of offenders. They have first-hand knowledge of the offender's patterns of abuse and factors that increase the risk of violence. Because family violence offenders tend to deny, minimize, externalize and rationalize their behavior, the victim's account is likely to be more accurate and should be used for comparison with the offender's version. Victims should be assessed in the manner that is most appropriate for their needs. This section briefly presents methods of assessing victims. More information on victim protection and empowerment is included in Chapter 11.

. . .victims are instrumental in the assessment of offenders. They have first-hand knowledge of the offender's patterns of abuse and factors that increase the risk of violence.

Assessing Children and Elders

In most cases, victims of physical or sexual child abuse have a social worker from the Child Protective Services Department; they also may have a therapist working with them. Often law enforcement personnel are involved in investigative assessments of child abuse. These persons perform assessments, and it is unlikely that community corrections will have much contact with these victims. Similarly, in cases where older persons have been abused, an Adult Protective Services unit is likely to be involved. These professionals have been especially trained to work with children or elders. However, establishing working relationships with protective services agencies, so information that may be vital to the supervision of offenders can be shared, is important.

On some occasions, however, it may be necessary for a community corrections professional to make initial assessments of victims of child or elder abuse. This may occur if interactions with offenders indicate the possibility of abuse. For example, if a probation officer is conducting a home visit with an offender and notices a child or elder who has suspicious injuries or other indicators of abuse or neglect, assessment of the child or elder becomes necessary to determine if a report to protective services should be made. In such a case, the following procedures should be taken.

- Separate the suspected victim from possible abusers so he or she can talk freely.
- Approach the child or elder with respect and in a non-threatening manner.
- Use language that the child or elder understands.

- Assure the possible victim that she or he has done nothing wrong and is not in trouble.
- If children or elders are reluctant to talk, ask if there is someone they would like to speak with (e.g., teacher, friend, relative). Express concern for their safety.
- Ask the child or elder to explain how she or he received the injury or why she or he is behaving as they are (e.g., crying, isolated, fearful).

If abuse is suspected most state laws require professionals to report it to the protective services agency. Community corrections professionals should know the reporting laws and procedures in their states.

Assessing Partner Abuse Victims

Probation and parole officers have more frequent contact with victims of partner abuse. In most locations there is not an equivalent of a protective services agency for adults who are neither elderly nor vulnerable because of physical or developmental challenges. Some partner abuse victims seek services such as shelters, mental health counseling, or legal remedies (e.g., restraining orders). However, many are systematically isolated and controlled by their batterers and have little knowledge of community resources or skills for accessing needed services.

Victim Assessment Procedures

Contact should be made with partner abuse victims as soon as possible when community corrections professionals become involved with these cases. See Table 10:1 for a suggested protocol for assessing victims. Periodic contact should continue with the victim throughout the period the offender is receiving community supervision. The purpose of contact is to assess the victim's ongoing safety and needs, as well as to determine whether or not the offender is complying with the conditions of probation or parole. It should not be the responsibility of the victim to monitor the offender's behavior; however, she may be the only one who has certain information, (e.g., if the offender has made unauthorized contact with her).

Areas to Assess with Victims

There are several areas to assess with domestic violence victims. Table 10:2 contains a list gleaned from several assessment instruments and program manuals. Several areas listed are the same as those for which offenders should be assessed, and they are discussed in greater detail later in this chapter.

Assessments with victims may be conducted through an interview process during which the community corrections professional or victim's advocate questions and probes the victim about the areas listed in the table. There also are some assessment instruments designed for use with victims. Some of these are administered by a professional, but others may be self-administered by the victim. Module 4 contains resource information on several assessment instruments.

Table 10.1

SUGGESTED PROTOCOL FOR ASSESSING PARTNER ABUSE VICTIMS

1. Contact victim advocates, police or others known to have knowledge about the case prior to the interview with the victim or offender to obtain any applicable information.

2. Contact the victim after interviewing the defendant in order to verify statements made by the offender. Victim contact should be made at the earliest point of contact with the offender (i.e., pretrial, presentencing, probation intake, parole planning, or parole intake).

3. Always interview victims and perpetrators separately. If both are in court for a pretrial hearing, interview the defendant first and then the victim. If the offender comes to the court or probation office alone, contact the victim as soon as the offender leaves. This allows an interview with the victim before the perpetrator has an opportunity to prepare or coach her for the interview.

4. Express concern for the victim's safety and explain the need for her involvement in the assessment process.

5. Ask the victim to describe the abuse in general and the specific incident resulting in this court involvement.

6. Use an interview guide or assessment instruments selected for the assessment process. This helps ensure a thorough assessment.

7. Explain the court and legal processes being conducted (i.e., pre-trial hearing, sentencing, probation, parole).

8. Confirm the victim's mailing address or request another address where she would like to be contacted (e.g., a family member or friend). Inform the victim that a letter will be sent to her that will provide information on domestic violence and community resources available to her.

9. Mail a letter to the victim explaining the court, probation and/or parole processes affecting her. Include the name and phone number of the shelter closest to her, information about obtaining restraining or protection orders, a list of community resources she may need, information on planning for her safety, and other information on domestic abuse.

10. If a victim refuses to provide information or requests materials not be sent to her, document this in the case record.

11. Maintain the victim's contact information in a secure place separate from the offender's file.

12. Make a follow-up call to verify the victim received the mailed information and inquire as to whether she has any additional information to share, feels she is safe at present, or has any other problems for which she needs assistance.

(Sources: Black, 1995; Domestic Violence Committee, New York Department of Probation, n.d.; Family Division, Superior Court of Connecticut, 1986; Pence, 1989).

Table 10.2 AREAS FOR ASSESSMENT OF PARTNER ABUSE VICTIMS

Family History: Were either the victim or perpetrator abused as children or witnesses to marital violence?

Types of Violence Experienced: What types of physical and emotional abuse has the offender perpetrated against the victim?

Cycle/Frequency of Violence: How long has the violence been committed and how frequently does it occur? Is it becoming more serious? How many times have police been called? Is there a current (or previous) restraining order? Has the offender been abusive in previous relationships?

Present Offense: What is the victim's account of the present offense?

Dangerousness/Lethality: What is the victim's assessment of the danger to her and her children? What is her level of fear? What is the most serious violence she has experienced? Does she know whether or not the offender has access to weapons? In what ways has he threatened her? Has the offender ever harmed pets or taken hostages?

Suicide Threats or Attempts: Have either the offender or victim threatened or attempted suicide?

Forced Sex: Has the perpetrator forced the victim to have sex against her will?

Child Abuse: Has the offender ever abused the children? Has the family ever been investigated or received services from the child protective services department?

Substance Abuse: Do either the offender or the victim have a problem with the abuse of alcohol or other drugs? Has either of them received substance abuse treatment? Does the victim perceive substance abuse is a contributing factor in the violence?

Violence or other Criminal Activity Outside the Home: Does the victim report the offender's involvement in abusive behaviors or other criminal activities away from home?

Property Destruction: Does the offender ever throw objects, break things, or otherwise destroy property?

Isolation of the Victim and/or Perpetrator: Is the victim allowed to work, go out with friends and family, participate in activities in the community, and receive mail and phone calls? Does the perpetrator work, have friends, and participate in activities outside the home?

Attitudes Toward Violence: Is violence viewed as acceptable or expected behavior?

Offender's Attitudes Toward Victim: Is the offender jealous, critical or demeaning toward the victim?

Victim's Needs: Does the victim need housing or temporary shelter, medical care, financial assistance, legal assistance, educational services, counseling or support?

Victim's Support System: Who can she turn to when she needs help or support? Does she have family or friends in the immediate vicinity? Is she aware of, or has she used, community services?

(Sources: Black, 1995; Family Assault Supervision Team, n.d.; Family Division, Connecticut Superior Court, 1986; Onondaga County Probation Department, 1991; Pence, 1989).

Interviewing Techniques with Victims

While offenders are granted probation or parole as a privilege and must abide by their conditions of release and cooperate with their supervising officers to remain free in the community, victims are under no such court mandate. Both offenders and victims may view community corrections interventions as an intrusion. Victims also may feel violated by having strangers know about intimate and often painful details of their family life (Onondaga County, NY Probation Department, 1991). It can be frustrating to work with victims who do not choose to cooperate, even though they are in great danger. However, their right to refuse help must be respected.

When they are approached in a compassionate manner, many victims will cooperate. The interviewing techniques used in the initial and ongoing assessments of victims are a key to gaining that cooperation. When assessing victims, it is important to be sensitive and empathetic, but not express shock or revulsion about the abuse (Saunders, 1992). Responses to the woman should indicate the interviewer's understanding of her feelings. For example:

> "It sounds as though that incident was very frightening to you."
>
> "Are you sad that your marriage has not turned out the way you expected?"
>
> "If you don't know what he will do next, it can be very frightening and stressful."

Statements such as these reflect the interviewer's understanding of the victim's emotional experience. They show her that her feelings have been understood, or they allow the client to either expand upon the emotional content or correct the interviewer's understanding of the situation (Middleman & Goldberg, 1974). For example, in response to the first statement above, a victim might reply:

> "Yes, I was scared, but I was mad, too. I've had enough of being hit and having the house torn up. And I'm worried about my kids. My little boy is starting to hit his sister when he gets frustrated."

Other recommendations for interviewing partner abuse victims have been compiled from program materials provided by community corrections agencies. These are listed in Table 10:3.

ASSESSMENT OF OFFENDERS

When determining which offenders to assess, agencies need to make some critical decisions. Community corrections caseloads contain offenders whose present sentence results from a conviction for a family violence offense, such as domestic violence or child sexual abuse. However, there may be offenders on probation or parole for other crimes who have family violence arrests or convictions in their past records. Further, there likely are many offenders who never were arrested for a family violence offense who, nevertheless, are violent toward their family members. There are certain types of offenses that are especially likely to include a family violence component. These include breaking and entering, annoying phone calls, stalking, malicious property damage, and cruelty to animals (Klein, 1996). An agency's resources and commitment to stopping the violence will influence the extent to which assessments of each of these groups will be undertaken.

The first group - adjudicated family violence offenders - must be assessed, and appropriate intervention plans should be developed. If possible, all clients should be screened for family violence offenses, whether or not there is an official record of such conduct. The rationale for such an exhaustive approach is two-fold. First, it is estimated there are millions of abused children, partners and elders in this country, but the numbers of arrests and offenders processed through court make it obvious only a fraction of

Table 10:3 INTERVIEWING TECHNIQUES FOR PARTNER ABUSE VICTIMS

Victim safety should be the first priority.
- Express concern for her safety, but respect her reasons for staying.
- Recognize the cycle of violence, and help her understand it is likely to happen again.
- Understand that leaving her batterer may be the most dangerous time for her.
- Ask if this is a good time to talk; avoid interviewing victims if abusers are present.

Support the victim.
- Help her understand the abuse is not her fault; she does not deserve to be beaten or verbally abused.
- Emphasize the abuser is responsible for his behavior.
- Encourage and support her if she realizes she needs to get away from danger; but do not pressure her to leave or criticize her for not leaving.
- Explain the benefits of intervention with the abuser and acknowledge that the process of change will be difficult for both of them.
- Always be honest with the victim.

Listen carefully to victims.
- Take her story seriously.
- Don't interrupt.
- Listen to how things are said and what is not said.

Question victims with care.
- Use probing, open-ended questions.
- Follow responses with specific questions to get details.
- Ask for examples and specifics.
- Define terms used.
- Clarify common statements (e.g., "What did you mean when you said he hits you *a lot*?")
- Avoid giving victims answers to your questions (e.g., Ask "What do you argue about?" instead of "Don't you argue about the children?").

Be aware of personal thoughts, feelings and biases.
- Try to remain nonjudgmental.
- Understand differing cultural and religious values and beliefs.
- Recognize and understand victims' ambivalence; they often love their partners.

Define roles and responsibilities.
- Clarify the professional role and responsibilities of a community corrections professional.
- Explain what can and cannot be done.
- Be sure the victim understands that some information she shares may not be kept in confidence.

Empower Victims.
- Recognize that abusers often damage victims' confidence and self-esteem.
- Offer them information that increases their choices.
- Avoid taking over and making decisions for her.
- Encourage victims to take small steps toward independence and to rebuild self-confidence.

Identify the victim's needs.
- Ask if she needs medical attention.
- Ask if she needs safe housing.
- Help her prioritize her needs.
- Provide information about services available to her.

(Sources: Black, 1995; Family Assault Supervision Team, n.d.)

these abusers ever come to the attention of the criminal justice system. Second, family violence is related to many other types of criminal activity. There is a strong correlation between family violence and substance abuse, other types of violence, and arrests of both adults and juveniles (Brier & Elliott, 1994; Widom 1989). In addition, the link between child abuse and becoming an abusive parent is strong. Further, studies indicate that observing spouse abuse by one's father increases the likelihood men will abuse their partners (Widom, 1989). Therefore, intervening to curb family violence at the earliest possible moment is critical for stemming the tide of substance abuse and criminal and violent behaviors plaguing communities.

Offender Assessment Procedures

Most community corrections professionals are accustomed to conducting assessments of clients; fewer become involved with victim assessments.

Some agencies prescribe set procedures for probation and parole officers to use in conducting assessments. The following five-step process is suggested. It contains recommendations from literature and program manuals.

Step 1: Prepare for the Assessment

Gathering as much preliminary information as possible before conducting the assessment is important. Having such information allows the community corrections professional to confront offenders' attempts to minimize, deny or blame others for their behavior. This helps set a tone that the offender's abusive behavior will be the focus of attention for subsequent supervision and treatment (Sonkin, 1987).

The lists in Table 10:4 contain possible sources for and types of information that should be collected.

Table 10:4

PREPARATION FOR ASSESSMENTS

Sources of Information	Types of Information
Police officers involved in an arrest	Details of offense(s)
Police reports	Current and previous reports/incidents of family violence
Civil and criminal court records	Previous criminal records - including records from other jurisdictions in which the offender or victim may have lived
Shelter workers and records	Criminal and civil protective or restraining orders issued
Social service personnel and records	Injuries sustained by the victim
Hospital personnel and records	Participation by the offender or victim in treatment or other community services
Treatment providers and records	

Talking with the arresting police officer is especially important, as actual charges against the defendant may result from a plea bargain diminishing their severity. The arresting police officer can provide details of the actual abuse that occurred.

Step 2: Set the Stage

Stage setting refers to the physical and emotional environment of the interview. Community corrections professional should control this, especially when offenders are assessed. These offenders are accustomed to controlling and manipulating most situations, and the tone should be set from the beginning that the officer is in control. The environment selected may be very different for offenders than for victims.

Much of the assessment process may be done in an office setting, but it can be very informative to include home visits in the process. This permits observation of the offender (and sometimes the victim) in the setting in which the abuse is most likely to occur. If there are children or elderly persons in the home (whether or not the abuse was directed toward them), a home visit is even more critical.

When assessing an offender, a confrontive approach may be appropriate, including a face-to-face seating arrangement. Begin interviews by acknowledging the other person's feelings. This establishes an emotional climate of acceptance, while focusing the interview on the abusive behavior. For example, an interview with an offender might begin with:

> "It sounds like you are pretty angry with your wife and the courts for the trouble you are in."

During this step, the purpose and process of the interview is explained. The reason for the interview is the offender's abusive behavior, and this should be clearly stated to him or her. Explain the types of interviews, questionnaires and other processes to be undertaken. The ways in which results of the assessment will be used also should be described (e.g., "After all parts of the assessment are completed, I will write a presentence investigation report to submit to the judge. If you are placed on probation, the report will be used to develop a plan for your supervision.").

If possible, all clients should be screened for family violence offenses, whether or not there is an official record of such conduct.

Explain confidentiality as well. Offenders may be required to sign an authorization for release of information to allow assessors to request from and share information with other sources. A sample release of information form is included in Module 4.

Step 3: Gather Information

Among the areas for information gathering are the offender's:

- background, current situation and history of violence;
- use of alcohol and other drugs;
- attitudes about violence, victims, the criminal justice system, and treatment;
- needs; and
- motivation to change.

Several techniques and instruments may be employed in the assessment of family violence offenders. Five broad categories of these are listed in Table 10:5.

Table 10:5

SOURCES OF INFORMATION FOR ASSESSMENTS

1. *Existing information* obtained through a review of records (included in Step 1), such as:
   - arrest and court records (including a complete description of the offense);
   - medical records (e.g., hospital emergency room visits by the victim); and
   - treatment program records (e.g., substance abuse, batterer's treatment).

2. *Self-reports* through which information is obtained from the offender, victim or collateral sources including:
   - informal interviews, such as a discussion or conference that does not have a specific purpose or agenda;
   - structured interviews that prescribe the general areas to explore but do not restrict the interviewer to those areas nor limit the depth to which a particular line of questioning may go;
   - standardized interviews that limit the interviewer to a set style and list of questions; and
   - self-administered tests and questionnaires.

   A victim impact statement should be obtained, if possible.

3. *Observations* that may be undertaken by professionals or collateral sources, such as:
   - unstructured observations of the interactions between partners or between parents and children;
   - behavior rating scales completed by offenders or victims; (e.g., parental ratings of children's behaviors; partners' ratings of each other's behaviors); and
   - coding systems used to assess various situations (e.g., safety of the home) or interactions.

4. *Psychological tests* including those intended to evaluate:
   - intelligence;
   - personality;
   - various pathologies (e.g., depression, anxiety); and
   - a psycho-sexual evaluation for sex offenders

5. *Physiological measures*, such as:
   - urinalysis to determine the presence of illicit drugs in the body; and
   - measures of arousal to certain stimuli (e.g., the polygraph and the penile plethysmograph).

(Sources: Blau, Dall, & Anderson, 1993; English, Pullen, Jones & Krauth, 1996; O'Leary & Murphy, 1992; Saunders, 1992).

Depending on the situation of a given family violence case, any or all of these might be employed. Certainly, there is usually a heavy reliance on interviews and self-reporting by offenders and victims. However, because of the secretive nature of family violence, these methods alone often are not sufficient. To get the most accurate view and assessment of the case, as many of these methods as possible should be used, provided they are appropriate to the case. At minimum, there should be a check of previous arrests and criminal records of the defendant; interviews with offenders, victims and pertinent collateral sources; a substance abuse assessment; and observations by criminal justice and treatment professionals.

Certain approaches are more effective with some clients than others. Victims, offenders and collateral sources also are apt to relate differently to those they encounter in the criminal justice system and in other helping agencies. Therefore,

using a variety of methods and involving other professionals in the assessment process is advantageous.

Each of the categories of assessment techniques just described has benefits and drawbacks. Exploring existing information through reviewing records is an important starting point for an assessment. As much information as possible should be gathered from the criminal justice system, including arrest records and court files. Obtain information about previous periods of incarceration or probation supervision. Finding out other locations in which the offender has lived and checking for criminal records in those locations is vital. The disadvantage of reviewing records is they only indicate crimes for which the offender was arrested, injuries for which the victim received treatment, or other services formally provided. In most cases of family violence, many episodes of abuse have occurred but have not been reported; therefore, no records exist. Relying only on records reviews is likely to give a skewed representation of the case.

Self-report measures, similarly, provide important information for assessing family violence cases, but there are several drawbacks to this approach as well. For example, children and elderly victims of abuse may not communicate well or may not always remember specific facts about the abuse. Both victims and perpetrators are likely to deny or minimize the extent of the abuse to protect themselves. Offenders will try to escape the consequences of the criminal justice system, and victims may be fearful of retaliation from the perpetrator.

As with other offenders, a general social history is needed. Information that may be obtained through self-reports and other assessment methods include:

- identifying information (e.g., name, address, age, race, sex);
- family background (i.e., family of origin);
- previous family relationships (e.g., former marriages/partners; child custody; foster home placements);
- present family status (e.g., marital status, family composition);
- education;
- employment;
- military service;
- health and mental health status and treatment; for sex offenders, information on sexually transmitted diseases should be obtained (English, Pullen, Jones, & Krauth, 1996);
- juvenile and adult criminal history;
- substance abuse involvement;
- financial status;
- stresses (e.g., unemployment, financial problems); and
- support system, interests, and strengths.

Observations yield important information that is not subject to the reporting biases just mentioned. However, observing is quite time-consuming and requires a great deal of professional expertise. When individuals know they are being observed, they often try to change their behavior to meet their perceptions of the observer's expectations. Thus, until those being observed become comfortable enough to forget the observer, he or she is not likely to get an accurate view of what is going on. In cases where victims or offenders rate each other, there is always the possibility that the abusive experience will affect their responses.

Psychological tests must be administered by trained mental health professionals experienced

in conducting the tests and interpreting the results. They are usually an unbiased and objective source of information. However, as with observations, persons undergoing psychological tests may attempt to manipulate the tests and the investigator. Some individuals do not perform well in testing situations; they may have reading problems, have trouble understanding the language of the tests, or become anxious during test taking.

Physiological measures appear to provide scientific proof in certain cases, but even they have their limitations. For example, urinalysis can only detect the presence of drugs in the body for a short time. These tests cannot necessarily determine whether or not an offender was under the influence of drugs when a violent episode occurred several days earlier or whether or not the offender will use drugs in the future. However, if **random** urinalysis is performed on offenders throughout their period of supervision, the use of illicit drugs, which may exacerbate the problem of family violence, is likely to be detected[1]. Other physiologic measures, such as the polygraph and the plethysmograph are often used to assess sex offenders.

Step 4: Analyze Data

A comprehensive assessment may collect a huge amount of data. This requires reviewing and sifting through it to see how all the pieces fit together. The aim of the analysis will be developing an accurate picture of the problems and needs of both victims and offenders.

Step 5: Develop Recommendations and Case Management Plans

Figure 10:1 indicated the various points at which initial case contact and assessment occurs. The purpose of the assessment determines the type of reports and recommendations generated. Pretrial and presentence investigations may require a formal report and recommendations for the court. Courts or community corrections agencies may have prescribed formats for such reports. However, they should contain the following information (Sonkin, 1987):

- the processes through which the information was collected;
- a summary of the findings (e.g., identification of the problems of the offender; assessment of dangerousness and motivation to change);
- warnings and recommendations made to victims; and
- recommendations regarding release, sentencing, treatment and/or supervision of the offender.

If the offender is sentenced to probation or parole, the case management plan should articulate the particular problems identified in the assessment and how each will be addressed. For example, a treatment plan might include the areas listed in Table 10:6.

[1] For information on preferred approaches to drug testing offenders, please see *American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies*, published by the Bureau of Justice Assistance, U. S. Department of Justice, 1991.

Table 10:6

SAMPLE TREATMENT PLAN
(Domestic Violence Offender)

Problem Areas	Treatment Plan
1. Substance abuse - the offender admits to becoming drunk weekly and using marijuana occasionally.	◦ Abstinence from all use of alcohol or other drugs ◦ Weekly random urinalysis ◦ Regular attendance at Alcoholics Anonymous ◦ Outpatient drug counseling.
2. Spouse abuse - arrested for one offense; the victim reports many previous episodes.	◦ Mandatory attendance at Batterer's Treatment program for 52 weeks. More than two absences will result in return to court. ◦ Offender is to move out of the home. No contact with the victim without prior approval. ◦ No more violence. Any new episode of abuse will result in return to court. ◦ Visitations with children are to be scheduled and supervised by Child's Place.
3. Weapons - offender admits having a hunting rifle; victim reports he owns a handgun also.	◦ Forfeiture of all weapons and permits to the local police for duration of probation supervision.
4. Financial - Victim reports she and children are dependent on the offender financially.	◦ Offender is to pay regular child support. ◦ Offender is to pay for rent and medical bills. ◦ Offender is to pay for victim's and children's therapy. ◦ Offender is to pay to repair damages he caused to the home and to change the locks on the house. ◦ Offender is to pay for batterer's treatment, substance abuse treatment and urinalysis. ◦ Offender is to pay court costs and attorney's fees for himself and victim. ◦ All payments are to be made through the court collection office, the offender is not to have contact with the victim for the purpose of making financial payments.

Areas to Assess with Family Violence Offenders

Many probation and parole professionals regularly conduct risk and needs assessments on offenders. The areas covered by these assessments also will apply to family violence cases. However, there are some special considerations for these cases, as well. Part of the assessment task often calls for the probation or parole officer to attempt to predict the degree of risk or dangerousness presented by the offender. General questions include:

- Will the offender continue to be violent toward a family member(s)?
- Will the violence escalate toward more harmful forms of abuse (e.g., from hitting

with an open hand to using fists, choking or using weapons)?

- Is there a potential for lethality if the violence continues?

Far too many incidents of family violence have tragic outcomes. Children, partners and elders may be killed or permanently disabled by their abusers. Children, partners and elders also have resorted to killing their abusers when they felt they had no other choice and their own lives were at risk. Researchers have not yet determined which characteristics of offenders and victims result in the greatest potential danger. However, studies have identified some traits that create greater risk, and practitioners have developed recommendations based on their extensive experience. Although the psychological trauma experienced by victims can be very debilitating, in this section, dangerousness refers to the likelihood of perpetrators inflicting severe injury to or killing the victim(s).

Far too many incidents of family violence have tragic outcomes. . . .studies have identified some traits that create greater risk, and practitioners have developed recommendations based on their extensive experience.

Unfortunately, there are no simple instruments that can be used to provide conclusive evidence an offender will or will not become more dangerous. Prediction is difficult because the more dangerous the event, the less frequently it occurs. Thus, there is less information upon which to determine a statistical probability that certain characteristics lead to an increased risk of violence (Limandri & Sheridan, 1995). For example, family murders are the least likely events to occur, and they generally receive limited research attention. Two broad categories of prediction strategies are clinical and statistical prediction. *Clinical prediction* is based on professional training and experience with similar individuals that is applied to a particular individual (Milner & Campbell, 1995). A probation officer who studies family violence research and works with many family violence offenders is better equipped to assess the potential dangerousness of a given offender using clinical predictions. *Statistical prediction* is based on how similar an offender is to others who have acted violently or how closely his or her actions resemble the way others have acted in similar situations (Milner & Campbell, 1995).

In this section, the risk factors commonly cited in professional literature for each type of family violence are enumerated. In addition, research on lethality factors also is explored.

Physical Child Abuse

Risk Factors. Risk factors for child maltreatment may be divided generally into two categories: characteristics of the child and characteristics of abusers. Gelles and Cornell (1990) reported on several child characteristics described in professional literature that make youngsters more vulnerable to abuse. These include: younger age, low-birth-weight and premature babies, and those with physical or mental disabilities. However, reviews of research and more recent studies call these areas into question (Gelles & Cornell, 1990).

Risk factors associated with perpetrators are of greater concern to probation and parole professionals. Milner (1995) reviewed individual parent and family characteristics that appear to increase the risk of physical child abuse. He groups individual risk factors into four categories: demographic/social; biological; cognitive/affective; and behavioral. Examples of these and the familial risk factors are provided in Table 10:7.

Table 10.7

OFFENDER RISK FACTORS FOR PHYSICAL CHILD ABUSE

Demographic/Social Factors
- Nonbiological parent
- Single parent
- Young parent
- Lower education level
- Large number of children
- Social isolation
- Parent's history of abuse as a child
- Lower socioeconomic status

Biological Factors
- Neuropsychological factors (e.g., attention deficit disorder and antisocial personality are associated with both child abuse and neuropsychological deficits)
- Psychophysiological factors (abusers are more physiologically reactive to child and stressful non-child-related stimuli)
- Physical health problems (e.g., physical disabilities, psychosomatic illnesses)

Cognitive/Affective Factors
- Personality characteristics (e.g., poor ego-strength, low self-esteem, external locus of control)
- Inadequate child development knowledge
- Inappropriate expectations of children
- Negative perceptions and evaluations of children
- Inappropriately attributing children's behavior as intended hostility or other motives
- Negative emotions and affect (e.g., distress, depression, loneliness, anxiety, anger)
- Various types of psychopathology

Behavioral Factors
- Use of alcohol and other drugs
- Harsh discipline practices
- Use of less reasoning, explaining, praising, and use of fewer rewards in interactions with children
- Inadequate interpersonal skills
- Inability to cope with stress

Familial Factors
- Lack of resources
- Large number of family members
- Inadequate living environment
- Marital discord
- Partner abuse
- Verbal and physical conflict
- Social isolation
- Lack of family cohesion and expressiveness

(Source: Milner, 1995).

Risk Factors for Severe Child Maltreatment and Child Fatalities. Minimal research has been done on factors related to the risk of fatalities from child maltreatment. Some of the sketchy data available is inconsistent. The U. S. Advisory Board on Child Abuse and Neglect (1995) conducted a two-year study on child abuse fatalities. They listened to public and expert testimony and interviewed parents incarcerated for killing their children. Their report contains qualitative data on their findings about lethality factors. The report on the Board's findings and other studies of child fatalities include the following conclusions:

- Most physical child abuse fatalities are caused by fathers and other male caretakers who are enraged or extremely stressed (Levine, Compaan, & Freeman, 1994, 1995 as cited in U. S. Advisory Board on Child Abuse and Neglect, 1995).

- The typical perpetrator is in his or her mid-twenties.

- The majority of deaths (60%) occur in two-adult families where a male is present.

- Professionals report many parents who fatally abuse or neglect their children are substance abusers and have histories of child or spousal abuse or other violence.

- About 90 percent of children murdered by parents were four years of age or younger, and 41 percent were under the age of one year (McClain, Sacks, & Frohlke 1993; Levine et al, 1994; Levine et al, 1995; as cited in U. S. Advisory Board, 1995).

According to the report, *Murder in Families*, in a survey of 1988 murder cases, 57 percent of the murders of persons under age 12 were committed by the victim's parents. Unlike the U. S. Advisory Board, however, this report found that 55 percent of the killers were women. Of the defendants in these family murders, parents were less likely than spouse or sibling murderers to have used alcohol at the time of the murder, and they were least likely to use a firearm in the killing. Forty-five percent of parents who killed their children had a prior criminal history, and 79 percent of the child victims under age 12 had been abused previously by their assailant. Finally, this study collected information from prosecutors' files concerning the reasons given by parents for murdering their offspring and the methods of killing. Table 10:8 contains these lists with the number of cases for which each category applied (multiple reasons and methods were possible).

Another way of examining the severity of child maltreatment is by looking at the responses of youth to their abusers. As reviewed in Chapter 3, children killed more than 300 parents or stepparents each year between 1977 and 1986. Severely abused children pushed beyond their limits are by far the most likely to commit these murders.

Table 10:8

REASONS FOR AND METHODS OF CHILD MURDERS

Reasons for Parental Murders of Children Under Age 12*

- Unspecified form of child abuse (18)
- Victim's behavior, such as crying or misbehaving (15)
- Parent's emotional instability or retardation (9)
- Unwanted newborn baby (8)
- Unintended consequence of the commission of another crime (e.g., lethal conflict between the parents) (6)
- Neglect (5)
- Difficulty handling the responsibility of child rearing (3)
- Child held hostage (1)

*Represents data from 62 of the 84 cases of offspring murder.

Methods of Killing**

- Beating (35)
- "Shaken baby syndrome" (10)
- Arson (6)
- Newborn disposed of in toilet or trash can (6)
- Drowning in bathtub (6)
- Firearm (5)
- Suffocation/strangulation (5)
- Neglect (dehydration, starvation, and failure to use infant heart monitor) (4)
- Stabbing (3)
- Starvation (2)
- Other methods (e.g., carbon monoxide poisoning, lethal doses of drugs, running over with car, boiling, putting in freezer) (5)

**The method could be determined for all but three of the victims.

(Source: Dawson & Langan, 1994).

In-depth case studies of youth who murdered parents frequently establish that they killed because of intolerable conditions at home. Typically, they were psychologically abused by one or both parents. Extreme cases of child abuse which result in children killing their parents often include the parents' threats to kill their children. They also often witnessed or suffered physical, sexual, and verbal abuse. Severe spouse abuse also frequently exists, and often occurs before the onset of the child's physical abuse. The killings represent an act of desperation for youth who see killing their parents as the only way out of a family situation they could no longer endure (Heide, 1992).

Much additional research is needed to develop screening methods and instruments to assess offenders for risk of future child abuse and potential lethality. However, the factors cited in this section provide a beginning attempt to recognize these characteristics.

Child Sexual Abuse

Risk Factors. Research studies indicate incest offenders have the lowest recidivism rates of all types of sex offenders, usually ranging from four to ten percent (Becker, 1994; McGrath, 1992; Quinsey, Lalumiere, Rice & Harris, 1995). However, this does not mean that probation and parole professionals should not be concerned about the risk for re-offense. Much of the research on sexual offenders has not singled out incest offenses, and many sexual offenders engage in more than one type of deviant sexual behavior. In a major study conducted between 1977 and 1985 by Abel and colleagues with a sample of 561 nonincarcerated male sex offenders, 12 percent engaged only in incestuous acts, while 23 percent engaged in both incestuous and nonincestuous abuse (Abel et al., 1988 as cited in Becker, 1994). More research is needed to accurately identify the risk factors for familial child sexual abuse. However, Table 10:9 provides a summary of research findings on risks of sexual offenders' re-offending.

Table 10:9
FACTORS ASSOCIATED WITH CHILD SEXUAL ABUSE

Risk Factors For Recidivism Among Sexual Offenders
- Prior convictions for sexual offenses
- Psychopathy

Risk Factors for Recidivism Among Child Molesters
- Deviant sexual arousal/attraction to children
- Access to victim (child of age and sex to which perpetrator is attracted)
- Alcohol abuse
- Pornography use
- Negative emotional states (particularly anxiety and depression for child molesters)
- Absence of emotional supports
- Onset of deviant sexual interest during adolescence
- Unorthodox ethical values
- Difficulty in establishing meaningful relationships with adult females
- Use of force during the offense
- Ages 30-45 for incest offenders

Indicators of Dangerousness among Sexual Offenders
- Violent behavior in the past
- Fantasies that include sadistic or other violent themes
- Threats of violence to victim

(Sources: Becker, 1994; McGrath, 1992; Quinsey, Lalumiere, Rice & Harris, 1995).

Partner Abuse

At the completion of a study of 644 male batterers receiving restraining orders in 1990 in Quincy, Massachusetts, Andrew Klein, the Chief Probation Officer concluded:

> "...men who find their way into the court and eventually end up under correctional supervision for spousal/partner assault share the same risk characteristics of the most dangerous offenders currently on probation/parole across the country. In fact, many, if not most, of these men have been in the criminal courts before, repeatedly, for offenses that span the entire criminal spectrum" (Klein, 1994, p. 5).

His research, and that of other social scientists, identified several risk factors for partner abuse that should be included in the assessment and classification of offenders placed on community corrections caseloads.

Risk Factors. Table 10:10 contains a summary list of the major factors most commonly cited as risks for partner abuse in reviews of research studies. While it is always necessary to review individual factors, as a group, partner abusers often share many of these characteristics.

Many other factors play a role in some partner abuse situations. Although the research findings are not as strong for these areas, it may be useful to include them in assessments of offenders. Table 10:11 contains additional risk factors cited in the professional literature and in program materials from community corrections agencies.

Risk of Severe Abuse and Lethality. Of paramount concern to professionals supervising domestic violence offenders in the community is the potential for severe abuse or lethality. This is the most difficult outcome to predict because it occurs least often. Nevertheless, some research indicates important factors to assess, albeit much more research is needed in this area.

Table 10:10

MAJOR RISK FACTORS FOR PARTNER ABUSE

- Violence in family of origin (experiencing violence between parents, as well as being abused as a child, places one at risk)
- Criminal history, especially prior family violence crimes and violations of restraining orders
- Substance abuse
- Generalized aggression (this includes assaults against both males and females outside the home)
- Relatively youthful
- Low education and income of the male batterer (especially if the education or income of the partner is higher); unemployment of male partners
- Abuse perpetrated toward children and/or pets as well as partners
- Violence includes sexual abuse
- Threats of violence toward victims
- Behavioral deficits, particularly less assertiveness on the part of batterers
- Different religious backgrounds of partners
- Cohabitating partners are at higher risk than married partners

(Sources: Gelles, Lackner & Wolfner, n.d.; Klein, 1994; Saunders, 1995).

Table 10:11

OTHER RISK FACTORS FOR PARTNER ABUSE

Emotional Factors

- Personality disorders of offenders
- Anger/use of anger to intimidate and control
- Stress
- Depression
- Anxiety
- Alienation
- Low sense of personal efficacy
- Narcissistic Personality
- Low impulse control
- Rigid thinking
- Dependency of offender on victim
- Low self-esteem

Attitudes/Beliefs

- Partners with differing values about children and dependency
- Offender's irrational beliefs
- Offender's jealousy/possessiveness
- Offender's traditional views about women and families/sexist beliefs
- Offender's beliefs in male privilege
- Offender's beliefs that violence is justified

Behavioral Factors

- Pregnancy as a reason for marriage
- Longer history of abuse
- Violence has increased over time
- Uses of objects or weapons
- Has injured victim
- Isolation of victim
- Control over everyday choices of victim (e.g., what she wears, who she sees, where she goes)
- Inability to defer gratification
- Threats (e.g., to harm her, destroy property, commit suicide)
- Intimidation
- Emotional abuse (e.g., calling names, humiliating partner)
- Using children (e.g., harassment through child visitation, threatening to take children)
- Economic abuse
- Social non-conformity

(Sources: Black, 1995; Intake Form, n.d.; Pence, 1989; Saunders, 1995; State of Connecticut, 1986).

Campbell (1995) reviewed several lists of danger signs and other research in developing her Danger Assessment instrument. In addition, Saunders (1995) reviewed research findings on risk factors for severe partner abuse. The Factors associated with severe abuse or lethality that were found in two or more studies or reports are listed in Table 10:12.

Table 10:12
RISK FACTORS FOR SEVERE PARTNER ABUSE OR LETHALITY

- Threats to kill
- Substance use/abuse
- Availability of weapons
- Serious injury inflicted in previous abuse episodes
- Suicide threats or attempts by either partner
- Frequency of violence
- Assaults on children or other family members
- Violence outside the home
- Forced sex
- History of abuse in perpetrator's family of origin
- Isolation of victim; centrality of victim in offender's life
- Perpetrator's attitude that violence is acceptable in some situations
- Extreme male dominance and control of victim

(Sources: Browne, 1987; Campbell, 1995; Hart, 1988; Saunders, 1995; Sonkin, Martin, & Walker, 1985; Straus, 1991).

Besides these factors, there are several others identified from research studies on severe wife assault. Additional factors enumerated by Saunders (1995) include:

- low education and income of the abuser;
- battering of the woman while she is pregnant;
- under-controlled hostility;
- blaming victims for abuse;
- showing no remorse;
- justifying violence;
- younger;
- history of more separations and divorces; and
- less stable residences.

Additionally, other indicators of lethality or severe assault are found in program materials from community corrections and treatment agencies. While these may not be validated in scientific studies, they merit consideration when assessing offenders. These are listed in Table 10:13.

Finally, Sonkin (1987) identified the following indicators of danger in partner abuse situations. He recommends therapists who observe these trends consider their duty to warn and protect victims. Community corrections officers also may observe these risk indicators.

- The violence escalates, either in frequency or severity, during the course of treatment.
- Explicit or implicit threats are made during the course of treatment.
- The client is in crisis and is unable to assure the therapist of his self-control (depending on the situation, even with such assurances from the client it may be necessary to issue a warning):
  - when the victim(s) express(es) fear for her own or others' safety;
  - when there is an escalation in the use of drugs and/or alcohol by the client;

Table 10:13
ADDITIONAL INDICATORS OF LETHALITY OR SEVERE PARTNER ABUSE

- Fantasies of homicide or suicide
- Hostage taking
- Repeated outreach to law enforcement
- Pet abuse
- Expressions of ownership of or entitlement to the partner
- Batterer risk-taking without regard to consequences
- History of employment or participation in settings where violence is used (e.g., military combat)
- A client who is psychiatrically disturbed and has stopped taking medication
- Change in relationship between the abuser and partner (e.g., separation, divorce becomes final, change in custody of children, partner begins new relationship)
- Offender access to victim
- Denial or minimization of behavior
- Anger and rage
- Offender is clinically depressed
- No involvement or lack of success in treatment
- Unemployed or significantly underemployed

(Sources: Beacon Domestic Violence Program, n.d.; Black, 1995; Hart, 1990a; Onondaga County Probation Department, n.d.; STAR Services, n.d.b).

- when the client refuses to cooperate with the treatment plan (e.g., attend counseling sessions, attend alcohol/drug treatment sessions, utilize treatment material, etc.);
- when discovering the client has omitted telling the therapist about specific acts of violence committed while in therapy; and
- when during the treatment process, the therapist learns that prior to entering treatment, the offender committed life-threatening violence or made specific threats to kill.

(Sonkin, 1987, pp. 184-85)

Elder Abuse

The least work has been done on identifying risk and lethality factors for elder abuse. While much needs to be done to validate or add to this list, Table 10: 14 contains risk factors for elder mistreatment.

Table 10:14
RISK FACTORS FOR ELDER MISTREATMENT

- Psychopathology of the abuser (psychiatric disorders; alcohol or other drug abuse)
- External stress (financial problems, caregiving responsibilities, other tensions)
- Transgenerational violence (*possibly* retaliation or learned behavior - not confirmed by research)
- Dependency (financial dependency of the abuser on the victim; sometimes there is mutual dependency)
- Social isolation (isolation may provide increased opportunities for mistreatment; isolation is a barrier to detection)
- Living arrangement/access

(Sources: Breckman & Adelman, 1992; Davies, 1993; Gelles & Cornell, 1990; Mount Sinai Victim Services, 1988).

Offender Motivation to Change

Another important part of the evaluation process is determining the offender's motivation to participate in and benefit from intervention and community supervision. This is an area that needs to be assessed jointly by probation and parole officers and treatment providers. Some

areas can be assessed initially, while others require review during treatment and supervision.

Many offenders learned to behave in violent ways toward their families to meet their own needs for power and control. The behavior often is reinforced subtly and overtly by social norms and values. Changing one's behaviors is difficult and threatening. Abusers are directed to end a known way of responding to others and meeting their needs and to assume new attitudes and behaviors unfamiliar to them. For most people, change is difficult and often initially resisted.

Traditional mental health treatment professionals frequently support the notion that patients must be motivated to change before they can benefit from treatment. If applied to treatment for family violence offenders, this approach quickly would rule out most such offenders. Thus, a different conceptualization of both the intervention process and the offender's motivation must be developed.

By the time most family violence offenders become involved in the criminal justice system, a pattern of abuse has developed. Few offenders are arrested the first time they abuse a family member. Even if they truly want to stop the violence, most are unable to do so on their own; many do not decide their behavior should change. Therefore, the coercive power of the criminal justice system becomes a necessary component of the behavior change process. As with other types of treatment, such as drug and alcohol treatment, the initial motivation for change often must be a strong external force or threat - the punitive sanctions of the criminal justice system. Similar to mandatory treatment for substance abuse, some evidence suggests coerced intervention for family violence can be just as effective as voluntary treatment (Ganley, 1987; Klein, 1994).

Treatment providers for family violence offenders must view themselves as part of the external control needed initially for abusers to enter and benefit from treatment. As discussed in the following chapters, the intervention strategies presently advocated involve a strong liaison between the criminal justice system and the treatment provider to enforce offenders' participation. These approaches include an intensive re-education effort to help abusers change both their attitudes and behavior. Treatment providers, like community corrections officers, have modified their traditional views and practices regarding the client-professional relationship. They now must view the victim as their primary client and his or her safety as their first goal.

With these modifications in treatment rationale and practices, there still are differences in the success of clients in completing treatment programs and changing their behaviors. Practitioners have observed some factors that appear to enhance the probability that an offender will benefit from treatment. Sonkin (1987) identified the factors in Table 10:15 indicating more positive motivation by domestic violence offenders entering treatment.

The first four factors should be assessed initially and throughout the period of treatment and community supervision. The way in which the offender participates during treatment (the fifth item) provides added information about his motivation to change.

Saunders (1995) reviewed literature on risk factors for treatment attrition, the other side of the motivation question. He found dropping out of treatment was associated with offenders with lower education and income, and those who were younger. Studies he reviewed revealed making threats before entering treatment, having an arrest record, and having fewer children were risk factors associated with attrition. His research also determined that legally mandated treatment referrals were related to keeping younger and less educated offenders in treatment (Saunders & Parker, 1989, as cited by Saunders, 1995).

Table 10:15
INDICATORS OF OFFENDER MOTIVATION TO CHANGE

- Feeling distressed about their behavior (e.g., embarrassed, remorseful);
- Accepting responsibility for their behavior (e.g., not denying it or blaming others);
- Wanting to change their behavior;
- Recognizing the criminality of their behavior and wanting to avoid criminal justice consequences; and
- Participating appropriately in treatment through -
  - attendance and punctuality
  - examining problems
  - cooperating with the counseling plan
  - talking about problems experienced at home, work, etc.
  - discussing violence in the sessions
  - acknowledging the benefits of treatment
  - completing homework assignments.

(Source: Sonkin, 1987).

GATHERING ASSESSMENT INFORMATION

Interviewing Techniques

The most common method of gathering assessment information is interviews with victims, offenders and collateral sources. Information on interviewing victims was provided earlier in this chapter. In this section, the focus is on soliciting information from offenders through interviews. Community corrections professionals already are skilled at interviewing offenders in their daily supervision responsibilities. Thus, the emphasis will be on interviewing techniques of particular usefulness in family violence situations.

Common Responses by Offenders

During the assessment process, family violence offenders frequently will resist accepting responsibility for their behaviors. There are four tactics they often use to do this (Ganley, 1987; Sonkin, 1987; Sonkin, Martin & Walker, 1985).

- *Denying* - the offender claims the abuse did not happen through statements such as:

  "I love my kids. I would never hurt them."

  "I didn't hit her. It was just an accident. We were arguing and she ran into the door facing."

- *Minimizing* - the offender downplays the significance of the abuse by making assertions like:

  "It was really nothing. I just pushed her a little to get her out of my face and to settle her down."

  "I only left the kids alone that one night."

- *Externalizing* - the offender claims his actions are others' fault by saying:

  "Yes, I hit her, but it was all her fault. She got on my case as soon as I got home from work, and I'd had a bad day at the plant already."

  "Yes, I whipped him because he was misbehaving, and it's a parent's responsibility to teach their children to mind."

- *Rationalizing* - the offender makes excuses or tries to justify his behavior through statements such as:

"I had to take Granny's money. She is forgetful and just squanders it away. I was protecting it for her."

"It's a man's place to be the head of the family and to keep his wife and kids in their place."

Not only do offenders use these ploys, but victims also often deny, minimize or rationalize the abuse and blame themselves for it. This may result from the constant messages they receive from their abusers and society that the abuse is their fault. It also may indicate their fear of the abuser and their willingness to accept responsibility rather than experience the abuser's wrath.

Strategies for Community Corrections Professionals

Establishing from the beginning of intervention and supervision that the offender's behavior - the violence - will be the focus is important. At the first contact, the purpose should be articulated clearly. This may be done by the officer making statements to the offender, or the officer may ask the offender to explain why he or she has become involved with the courts (Sonkin, 1987). The latter approach allows the officer to assess the extent to which the offender employs denial, minimization, externalization and rationalization. When the offender uses these tactics, they must be confronted and refuted by the probation or parole officer.

Ganley (1987) suggests an approach with clients who claim they do not need batterer's treatment. This same technique could be helpful in the community corrections arena. She says:

> "One way of responding to this is to clarify for the client that while he is court ordered into treatment, the program is not court ordered to treat him. Consequently, the client's role at this juncture in the process is to convince the counselor that he does indeed batter. Otherwise he will not be accepted into the program and will have to accept other consequences for this crime" (Ganley, 1987, pp. 169-70).

Black (1995) makes several recommendations for interviewing domestic violence abusers summarized in Table 10:16. The type of questions used in interviewing can facilitate or impede the offenders' use of denial, minimization, externalization and rationalization.

Open-ended questions - questions asking for the offender's explanation - often lead to these tactics. Closed-ended questions - those requiring a "yes," "no" or a specific short answer - tend to limit these ploys. A combination of these methods may be the most productive during assessments (Sonkin, Martin & Walter, 1985). The short dialogues on the next page show examples of these techniques.

In the second dialogue, the technique of confronting the client is illustrated. This technique is useful when the information the client gives is inconsistent or contradictory. Confrontation involves the use of knowledge or questions that evoke information to invalidate the offender's misrepresentations (Middleman & Goldberg, 1974).

One set of interview questions frequently recommended ask both the offender and the victim to describe four incidents of violence (Sonkin, 1987):

- the most recent episode;
- the first incident;
- the most violent or dangerous occasion; and
- the event that was most frightening to the victim.

Table 10:16
INTERVIEWING TECHNIQUES

- Use probing open-ended questions followed by specific questions to generate details.
- Try different types of questions to achieve the same objective.
- Use assuming questions.
- Avoid giving the offender the answer to the questions.
- Define what abuse is when asking about abusive events.
- Refrain from showing reactions during the interview; the abuser may be more candid if she or he believes the story is being accepted.
- Use an assertive, non-emotional approach. An aggressive, confrontation style may cut off communication and lead to resistance and resentfulness from abusers who have a high need for control.
- Silence can be a powerful tool in an interview. It can create discomfort that may force the abuser to continue speaking and explaining a situation.
- After the offender gives an explanation, use police reports and other information to confront discrepancies.

(Source: Black, 1995).

Victims' and offenders' responses to these questions should be compared. Often, the victim's account will be the more accurate. Klein (1996) recommends asking interview questions three times, as more detailed information often emerges with each repetition.

Many useful interviewing techniques can be employed during the assessment of family violence offenders. The ones presented in this section illustrate a few of the more basic ones. As community corrections professionals refine interviewing skills, other techniques found in literature on counseling and interviewing can be explored and employed.

Selecting Assessment Instruments

Another useful way of gathering information from victims and offenders is using assessment instruments. The quantity and types of assessment instruments available to use with family violence offenders and victims varies markedly depending on the type of abuse discussed. In general, more instruments are available for assessing victims than offenders. Consistent with the order in which these problems came to the attention and were addressed by professionals and the public, there are more instruments for child abuse than domestic violence. The fewest instruments are found for elder abuse.

The majority of assessment instruments were developed by professionals from the mental health field. Not surprisingly, the majority of them are intended for diagnosing the treatment needs of victims. Few assessment instruments have been developed specifically for use with offenders in the criminal justice system.

In Module 4, a list of some assessment instruments for use with victims and/or offenders of each type of family violence is provided. These are neither endorsed nor recommended by the American Probation and Parole Association. They represent instruments found through literature reviews, as well as agency-developed instruments.

Whether using a published instrument or one developed by an agency, several factors should be considered. These include (Crowe & Schaefer, 1992):

Dialogue #1

Officer:	Tell me why you hit your son.	Open
Offender:	Well, he was deliberately annoying me and I had warned him. He had it coming. But I didn't really hurt him.	Externalization; minimization
Officer:	Where did you hit him? What part of his body did you hit?	Closed
Offender:	I hit him on his head and his back.	
Officer:	How many times did you hit him?	Closed
Offender:	About 10.	
Officer:	What injuries did he have?	Closed
Offender:	A concussion and damage to his kidney.	

Dialogue #2

Officer:	You were placed on probation for sexually abusing your daughter. Tell me what you did.	Open
Offender:	I just couldn't help myself. She's 13 now and really well developed. She wears shorts and skimpy things around the house. She just kept tempting me. But all I did was touch her and have her touch me. It wasn't real sex.	externalization; minimization; rationalization
Officer:	Did your daughter ever tell you she didn't want to participate in this activity?	Closed; confrontive
Offender:	Well, yes. But I knew she didn't really mean it.	Denial
Officer:	What did you do to keep her from telling someone?	Closed
Offender:	I told her they'd take her away and place her in a home if she told.	
Officer:	Why did you have to threaten her if she really didn't mean it?	Confrontive

- ease of use;
- expertise and time required of staff to administer and score the instrument;
- training required to administer and score the instrument, and the training available;
- possibility of bias (cultural or in administration of the test);
- validity (Does it accurately measure what it is intended to measure? e.g., Does it measure child neglect or poverty?);
- reliability (If an instrument is administered more than once with the same person, will the same results be obtained?);
- credibility of the instrument among members of the judiciary and treatment professionals;
- adaptation of the instrument to MIS input and retrieval;
- whether the instrument has been normed with a population of family violence offenders;
- availability of the instrument in languages other than English;
- motivation level and the verbal and reading skills required of the persons to be assessed;
- propensity for instruments to be manipulated; and
- average cost per instrument.

Assessment instruments serve a useful purpose in the assessment process. They help standardize the process, and many can be helpful in eliciting information that cannot be evoked easily during interviews. Some instruments are very comprehensive and help ensure the assessment process is thorough. However, no assessment instrument stands alone. All parts of the evaluation of family violence offenders and victims require judgments and decision-making on the part of those conducting it.

CONCLUSION

This chapter emphasized the vital role of assessment in the supervision and treatment of family violence offenders and victims. Until a thorough assessment is completed, the likelihood of developing an effective intervention plan is slim. However, assessment does not end with development of a plan. It is an ongoing process through which additional information is sifted and interpreted and plans are revised as needed.

There are several critical judgments community corrections and other professionals are expected to make during the assessment process. These include evaluating the potential dangerousness of the offender, appraising the safety of the victim and discerning the other needs she or he may have. In addition, the assessment must evaluate whether or not the offender merits relative freedom in the community and is motivated to change his or her behavior.

Conducting an assessment requires specialized knowledge of family violence, its perpetrators and victims. Skillful performances in gathering existing information, interviewing offenders and victims, administering various assessment instruments and making appropriate observations also are necessary. When all information is gathered, it must be interpreted and reported in the most useful way for the courts, community corrections and treatment providers.

As with all other aspects of responding to family violence, assessment should be a multidisciplinary endeavor. The perspectives of different professionals, and information from collateral sources will add to the richness of the data and the breadth of interpretations.

Chapter 11

INTERVENING IN FAMILY VIOLENCE: VICTIM PROTECTION AND EMPOWERMENT

To achieve the goal of victim protection and empowerment, probation and parole professionals need to take a more proactive role with family violence victims.

Chapter 11

INTERVENING IN FAMILY VIOLENCE: VICTIM PROTECTION AND EMPOWERMENT

Throughout this manual, victim protection and empowerment are stressed as the primary goal for community corrections interventions in family violence. Consistent with that goal, this chapter addresses the specific tasks probation and parole professionals undertake on behalf of victims.

Identified child abuse and elder abuse victims likely will have protective services workers, and may have therapists, dealing with their issues and needs. The main focus of this chapter, therefore, will be intervening with partner abuse victims. Many of the principles, however, apply to other family members who are victims of abuse, if needed.

VICTIMS AND COMMUNITY CORRECTIONS

Focusing on the needs of victims is a departure from traditional community corrections operations. (Please see Chapter 6 for a broader discussion of these paradigm shifts.) Typically, neither probation and parole professionals nor victims of crime understand each other very well. However, this chasm is narrowing as the field of community corrections increasingly recognizes its responsibility to victims of crime. Seymour (1994) identified the following four basic needs of victims:

- safety and security;
- ventilation and validation;
- prediction and preparation; and
- information and education.

These areas become especially important for victims of partner abuse and are discussed in detail later in this chapter.

The American Probation and Parole Association (APPA) undertook a project in 1994 to develop a vision for the future of probation and parole. That vision statement is reprinted in Table 11:1, and emphasis is added to those areas directly addressing victim's services.

In tandem with this vision, APPA has developed a position statement on victims to guide the work of community corrections professionals. It is contained in Table 11:2.

However, many community corrections agencies have work to do to achieve this vision and provide services that are sensitive to victims' needs as espoused in the position statement. Sinclair (1994, pp. 15-16), identified the following shortcomings and failures of current probation and parole practices, as perceived by crime victims.

- Victims view corrections as being concerned only with offenders' rights, to the exclusion of those of victims.

Table 11:1

APPA's VISION

WE SEE A FAIR, JUST AND SAFE SOCIETY WHERE COMMUNITY PARTNERSHIPS ARE RESTORING HOPE BY EMBRACING A BALANCE OF PREVENTION, INTERVENTION AND ADVOCACY.

We seek to create a system of community justice where:

- A FULL RANGE OF SANCTIONS AND SERVICES provides public safety by insuring humane, effective, and individualized sentences for offenders, and **support and protection for victims**;
- PRIMARY PREVENTION INITIATIVES are cultivated through our leadership and guidance.
- OUR COMMUNITIES ARE EMPOWERED to own and participate in solutions;
- RESULTS are measured and direct our service delivery;
- **DIGNITY AND RESPECT describe how each person is treated;**
- STAFF ARE EMPOWERED and supported in an environment of honesty, inclusion, and respect for differences; and
- PARTNERSHIPS WITH STAKEHOLDERS lead to shared ownership of our vision.

- Victims' contacts with probation and parole agencies are frequently negative.
- Few efforts are made to educate crime victims about probation and parole.
- Opportunities for crime victims to be heard and to participate in corrections are often extremely limited or non-existent.
- The justice system does little to hold offenders personally accountable for their actions.

Table 11:2

APPA'S POSITION STATEMENT ON VICTIMS

The American Probation and Parole Association strongly supports the provision of effective community-based correctional intervention and supervision that are critical to reduce the risk of further victimization. Moreover, probation, parole and other community-based correctional professionals should be acquainted with and sensitive to the needs of victims while performing their primary service responsibilities to the public and to offenders. This acquaintance and sensitivity must be reflected in agency programming, particularly as mandated by law.

Concomitantly, victims identified the following ways these problems could be improved by community corrections agencies (Sinclair, 1994, pp. 16-17).

- Give victims of crime the opportunity to be present and heard (e.g., at criminal sentencing, parole hearings; setting of restitution).
- Provide information to crime victims.
- Enact "truth in sentencing" legislation.

- Compensate victims for their losses due to crime.
- Hold offenders accountable for their actions.
- Treat victims of crime with respect and dignity.
- Train probation and parole personnel in victim issues.

These recommendations generally are consistent with the federal Victims' Rights and Restitution Act of 1990 which is exhibited in Table 11:3.

Table 11:3
CRIME VICTIMS' BILL OF RIGHTS

A crime victim has the following rights:

(1) The right to be treated with fairness and with respect for the victim's dignity and privacy.

(2) The right to be reasonably protected from the accused offender.

(3) The right to be notified of court proceedings.

(4) The right to be present at all public court proceedings related to the offense, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony at trial.

(5) The right to confer with attorney for the Government in the case.

(6) The right to restitution.

(7) The right to information about the conviction, sentencing, imprisonment, and release of the offender.

DOMESTIC VIOLENCE VICTIMS: DEBUNKING THE MYTHS AND RECOGNIZING THE NEEDS

Victims of partner abuse are similar to other crime victims in many ways. They experience similar (and often greater) traumas and needs related to their victimization and the criminal justice system. However, there are some special considerations warranted for victims of partner abuse and other family violence crimes. This section examines some of the common myths about domestic violence victims often expressed by offenders and the general public and, unfortunately, often believed by professionals and victims. The needs of abused women related to these myths also will be described.

Myths About Victims of Partner Abuse

Myth: She Likes What She Gets

No one likes to be beaten, harassed or controlled by another person. In the past, uninformed people often expressed a belief that abused women were masochistic - they actually sought and enjoyed being mistreated. These beliefs probably grew out of the difficulty many people had in understanding and dealing with partner abuse. In order to protect themselves from the idea that they also could be victims of such maltreatment, they want to believe the victims are very different from themselves.

It is now evident that women do not seek or enjoy abuse. However, some women may never have known a lifestyle that did not include abuse. Dr. Ruth Kramer studied one hundred domestic violence victims in Quincy, Massachusetts. She found four-fifths (81%) of the victims she

interviewed had been physically abused as children. The victims reported that, as children:

- 28% had objects thrown at them by parents;
- 51% were hit with hard objects by parents (e.g., frying pans, ironing cords, belts);
- 21% were beaten by parents; and
- 11% had been threatened or harmed by a knife, gun or other weapon.

More than half (51%) of these women also were sexually abused as children. Nearly half experienced sexual abuse between the age of 16 and their current partner relationship, and more than half (55%) were raped by their partner during their current relationship (Kramer, n.d.)

As with offenders, growing up in homes where violence between parents is prevalent, also may affect domestic violence victims. Based on learning theory, victims whose role models have been abused women (their mothers) may learn to behave in similar ways (e.g., passive, accepting traditional roles for women, minimizing the severity of the abuse). Kramer (n.d.) found nearly two-thirds (63%) of the women in her study saw parents hit; nearly one-fourth (24%) witnessed the use of hard objects (e.g., hammers, belt buckles) to hit a parent; 60 percent saw a parent beaten; and 24 percent experienced watching a parent being threatened or hurt with a knife, gun or other weapon. In addition to being abused as children or observing abuse between their parents, more than forty percent of the women studied in Quincy experienced physical abuse by at least one prior partner (Kramer, n.d.).

Myth: She Deserves What She Gets

Victim-blaming also has been practiced by offenders, as well as the public and some professionals and victims. In this culture, many women are socialized to be responsible for their partners, including their physical care and happiness. Women also often feel obligated to maintain the relationship. This cultural reinforcement tends to bolster offenders' externalization of their abusive behaviors. Offenders often claim their actions were caused by a child's misbehavior, a spouse's nagging, or an elder's incompetence. Abusers may refer to their treatment of victims as "discipline," a means of teaching them a lesson (Mickish, 1991).

Victim-blaming also occurs in the criminal justice system. It may be assumed that victims provoke the batterer's violence, or they could act differently to accommodate the abuser and avert the violence (Hart, 1992). The fact is that victims do not cause the abuse - perpetrators do. No one **deserves** to be beaten or otherwise abused.

Myth: She Could Leave If She Wanted

This is probably the most widely held myth of all. Statements such as, "Why doesn't she just leave him?" or "If I were being abused, I would leave." demonstrate a significant misunderstanding of the abusive situation.

There are a multitude of reasons women cannot or do not leave their abusers. These are presented in Table 11:4. For each woman, the combination of reasons may be a little different, but those listed in the table represent some of the more frequently cited ones. However, before reviewing these it may be helpful to summarize a few of the more common characteristics of abused victims.

Table 11.4

REASONS VICTIMS STAY IN ABUSIVE RELATIONSHIPS

- Fear of continuing or escalating violence if they attempt to leave - Victims often face the greatest danger when they try to leave.
- Fear of losing their children to their abusers or through charges of neglect, abandonment or abuse made against them (the victims).
- Economic dependence on their batterer - Abused women often have little or no money for their personal use and cannot survive without the financial support of their batterers.
- Isolation from others outside their homes who could help and support them; they often are unaware of community resources for battered women or other options they may have.
- Love of their partners often encourages women to stay.
- Many victims hope for change and believe that if their partners receive treatment they can change.
- Religious beliefs often discourage separation, divorce or autonomous women.
- Social pressures also encourage women to preserve their families and keep their children's father in the home.
- Victims often are plagued by feelings of guilt and shame about the treatment they receive and the deterioration of their relationships.
- Some victims have substance abuse problems, skills deficits, and other problems resulting from years of abuse.

(Sources: Buel, 1993; Hart, 1990b; Klein, 1994; Mickish, 1991)

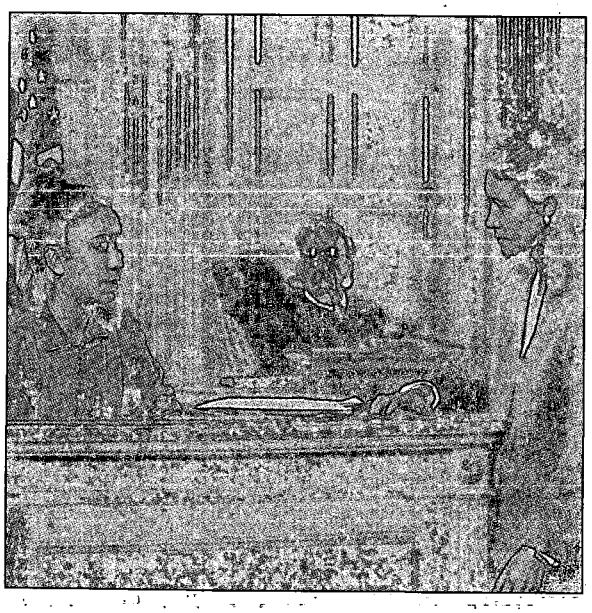
Low Self-Esteem. Most battered women have low self-esteem as a result of constant put-downs from their batterers. They also may feel they are inadequate because they cannot keep their abusers happy (Mickish, 1991).

Traditional Beliefs. Whether or not abused women truly hold traditional beliefs about their subordinate role in family life and society, they soon learn to avoid more abuse by proclaiming and acting according to such beliefs. Abused women often must forego working outside the home, equal decision-making in the family, and other more "liberated" activities (Mickish, 1991).

Isolation. Many batterers systematically isolate their victims by monitoring where they go, who they are with, telephone calls, activities, and even contact with relatives. This leaves abused women with little or no support system they can turn to during crises.

Economic and Other Types of Dependency on the Abuser. Domestic abusers often totally control their victims by dominating all aspects of their lives, including control of the family's finances. This leaves women completely dependent and economically deprived. In addition, batterers similarly control other aspects of family life. They may not allow victims to make decisions about their children, their own clothing, or how they spend their time.

Minimization of the Violence and Aversion to Interventions. Victims often will deny and minimize the abuse as vehemently as perpetrators do. They often are very vocal about not wanting interventions from the justice system and others in the community. This is usually because they fear the abuse will become even more violent if they (the victims) dispute or resist their partners in any way. Leaving an abusive relationship is described as a process (Hart, 1990b). Various studies show women who leave their abusers attempt to do so as many as five or more times before they can finally achieve their freedom (Buel, 1993).



A PROTOCOL FOR COMMUNITY CORRECTIONS INTERVENTION WITH FAMILY VIOLENCE VICTIMS

To achieve the goal of victim protection and empowerment, probation and parole professionals need to take a more proactive role with family violence victims. Table 11:5 presents a suggested protocol for probation and parole professionals to implement when intervening with victims to assure their safety and meet their needs. These recommendations are organized around four areas of victims' needs described by Seymour (1994).

Some probation and parole agencies designate victims' advocates to work with victims in general or specifically with victims of family violence. This additional staff often allows agencies to provide extra services victims often need. If unable to hire a victims specialist, community corrections agencies might consider the possibility of developing contracts or working agreements with victim support agencies in the community. Another option is the use of trained volunteers to assist victims. However, whether or not a victims' advocate is available, line officers supervising partner abuse offenders also should have contact with and provide services for victims. The recommendations made in the protocol for intervening with victims are primarily intended for line officers. The following sections provide additional information and recommendations concerning each of the components of the protocol.

Safety and Security

This should be the highest priority in community corrections' services to victims and supervision of offenders.

Table 11:5

RECOMMENDED PROTOCOL FOR INTERVENING WITH VICTIMS

Safety and Security

- Make initial contact with victims (or their guardians) as soon as possible when an offender is assigned to community supervision.
- Conduct an assessment of the victim's needs and safety.
- Maintain regular contact with victims throughout the period of community supervision of the offender.
- Assist victims with safety planning.
- Be prepared to intervene if crises occur.
- Warn victims if they appear to be in danger.
- Safeguard the confidentiality of victim information.

Ventilation and Validation

- Listen carefully to victims and respond to their feelings.
- Let victims know they are respected and believed.
- When victims need support and counseling beyond the scope of community corrections, refer them to appropriate services.
- Make sure victims understand the confidentiality issues inherent in what they share with court personnel.

Prediction and Preparation

- Give victims realistic information about their situations.
- Help victims understand the legal and criminal justice systems they encounter.

Information and Education

- Provide information about and referrals to community services victims need.
- Coordinate with other criminal justice and community agencies concerning victims' needs.

practice prevents offenders from having time to coach victims about what to say (Black, 1995).

The same approach is valuable in establishing contact with victims after the offender is placed on supervision. Some agencies specify a time frame within which contact with victims should occur, such as a victim notification letter sent within five days, and phone or in-person contact within 30 days (Black, 1995; Family Assault Supervision Team, n.d.).

The sooner contact is established with victims and they hear about the specifics of the probation or parole conditions from the probation or parole officer, the less opportunity there is for the offender to contact, intimidate, or harass the victim further. At the first supervision meeting with the offender, the supervising officer should state clearly to him that initial and ongoing contact will occur between the victim and officer, that this is a standard procedure, and the offender should not interfere with such contact.

All initial contacts (letters, telephone and/or in-person) should strive to ensure the safety of the victim and provide her with information she will

need. Initial contacts should include the following information:

- identification of the supervising officer, his/her role, address and telephone number. (Be sure the victim understands to call police **first** in an emergency; then she should inform the probation or parole officer);
- the name of the probationer/parolee;
- the conditions of release provided in understandable language; details regarding no contact orders should explain that **any** contact, whether threatening or not, is prohibited and should be reported to the probation or parole officer;
- an explanation that only the court can modify the conditions of release, including no contact orders; clarify that no contact orders do **not** prohibit the offender from visitation with the children unless otherwise stated in the orders;
- how the victim can contact the officer if a violation occurs or with other relevant information; the name of another person (e.g., the officer's supervisor) to contact if the probation or parole officer is not available;
- the plan for the officer to make regular contact with the victim;
- an explanation about the confidentiality of information the victim may share with the officer (e.g., it cannot be kept from the court but will not be revealed to the offender unless the victim's statement is to be entered into the court record);
- **the victim's safety cannot be guaranteed;** include an honest description of the limits of protection orders and offender treatment;
- victims' rights afforded by statute or department policy (e.g., the right to notification of release, the right to attend and give testimony at revocation hearings);
- under what conditions the victim will be **subpoenaed** to give testimony (to reinforce to the offender that the case is being conducted by the state and not the victim); and
- appropriate referrals with telephone numbers, such as:
  - police/911
  - shelters
  - adult and child protection agencies
  - legal services
  - victim advocates (include state numbers that may exist)
  - victim treatment providers
  - crisis focused child and/or adult day care centers

(Black, 1995; Family Assault Supervision Team, n.d.; Klein, 1996; New Jersey Conference of Chief Probation Officers, 1992).

The sooner contact is established with victims and they hear about the specifics of the probation or parole conditions from the probation or parole officer, the less opportunity there is for the offender to contact, intimidate, or harass the victim further.

Module 4 contains a sample letter designed for the initial contact with victims. Often, pamphlets about community services, restraining orders, and other information the victim needs are provided during initial contacts. (Please see the

section on information and education later in this chapter.)

Conduct Assessment of Victim's Needs and Safety

Chapter 10 discussed assessment in detail. Including an assessment of the victim and updating information periodically while the offender is on supervision are important.

Probation and parole officers can begin empowering victims during the initial contact and assessment. Give victims as many choices as possible, such as when and where they would like contact to occur. Give them the option to have a support person with them during these initial contacts.

Maintain Regular Contact with Victims

Ongoing contacts with victims to further evaluate their safety and the offender's compliance with the conditions of probation or parole are important. Agencies vary in the required time frame for regular victim contact from bi-weekly (Klein, 1996) to every 90 days (Family Assault Supervision Team, n.d.). More frequent contact is needed in high risk cases (Black, 1995). Never conduct victim contact with the offender present; when having telephone contact with a victim, develop codes for her to indicate whether or not it is safe to talk (e.g., when calling, ask the victim to give a number between one and five if it is not safe for her to talk). The following areas should be addressed during follow-up contact with victims:

- review of initial contact information and conversations to answer questions or clarify misunderstandings;
- review of safety plan with the victim - partner abuse victims are often in greater danger when they attempt to leave and/or the justice system intervenes;
- offender compliance with conditions of probation or parole;
- clarification of roles (e.g., it is not the victim's job to monitor offender compliance, but any information she can share will help the probation or parole officer supervise the offender); and
- empowerment of victims by telling them the violence is not their fault and providing them with information and resources needed to make decisions about controlling their own lives.

Victims also may need help if other judicial proceedings are needed regarding child custody and visitation. Probation or parole professionals may provide information and/or testimony in these cases (Klein, 1996).

Assist Victims with Safety Planning

Probation or parole professionals should help victims develop an initial safety plan and then review it occasionally during follow-up contacts. In a community with a coordinated response to domestic violence, other agencies also should be available to help women with safety planning.

The elements of a good safety plan are listed in Table 11:6. A sample safety plan is provided in Module 4.

Intervene in Crises

Instruct victims to call the police (911) if they believe they are in danger. However, it is conceivable probation or parole personnel will be in touch with victims during crises. Having a

Table 11:6
ELEMENTS OF A SAFETY PLAN

- Identification of indicators that precede and predict an abusive event
- What to do during an abusive event
- Steps to take when preparing to leave the abuser
- Ensuring safety at home (if the abuser does not live there)
- Protective orders
- Who should be told about the violence; persons who can give support in emergencies
- How to prepare children for emergencies
- Procedures to protect children
- Community resources and services available for emergencies (e.g., shelters, police)
- Information, documents and resources needed in the event of an emergency or when leaving the abuser

(Sources: Black, 1995; Cambridge Police Department, 1994; D.C. Superior Court, n.d.; Family Assault Supervision Team, n.d.)

Table 11:7
CRISIS INTERVENTIONS WITH VICTIMS OF PARTNER ABUSE

When a victim is in immediate danger, the following options should be considered:

- If the victim is on the phone, ask immediately for the phone number and address she is calling from.
- Assess the situation by asking the victim if:
  - she has been hurt and/or has injuries;
  - the abusive partner has been drinking or is under the influence of a drug;
  - there is a weapon accessible, particularly a gun;
  - the emotional state of the abusive partner indicates he is depressed, distraught or irrational.

  (All of these are indicators of lethality, making the situation very dangerous.)
- If the situation appears dangerous, tell the victim to leave immediately (if she can) and go to a neighbor's, friend's or relative's home, or a nearby store or other place that is safe. Direct the victim to call the police and then call back (to you) so her safety can be verified.
- When the victim is safe, involve other services (e.g., shelters) for support and intervention.
- Go to the residence or other location only with the assistance of the police. Domestic abuse situations are unpredictable, volatile and emotionally charged, and therefore, very dangerous.

(Source: Black, 1995).

plan for reacting to victims in such circumstances is important. Table 11:7 contains crisis intervention recommendations developed for Maricopa County, Arizona Probation Officers.

In addition to the potential for danger from the abuser, victims may experience other types of crises. One of the most extreme might be a

victim who is suicidal. Other situations might include medical emergencies for victims or their children, financial predicaments, or personal and emotional crises. Typically, partner abusers isolate their victims, and victims may not know other sources to turn to during crises. Professionals should develop skills in managing such situations and know community resources that can provide direct assistance to these victims. Crisis intervention skills should be included in pre-service or in-service training of probation and parole officers.

Warn Victims If They Are In Danger

When abusers are free in the community, there is always a potential danger for domestic violence victims, and standard procedures for community corrections professionals should include helping victims recognize, appreciate and take precautions against the possible danger. If probationers make explicit threats to harm or kill victims, officers must take the necessary steps to warn victims. Risk factors for continuing violence and dangerousness/lethality factors were reviewed in Chapter 10. Even if threats are not explicit, probation and parole officers, treatment providers, and others must be familiar with these risks and vigilant to indicators that the violence may escalate and the victim may be in greater danger. A given offender also may have other potential victims. For example, a new partner may not be aware of the abuse in an offender's previous relationship, or a former partner may not know an offender is again living near her. Community corrections agencies should consider their duty to warn these potential victims (Black, 1995). (Please see Chapter 8, Legal Liability Issues, for additional information on the duty to warn victims.)

Safeguard the Confidentiality of Victim Information

For the victim's protection, there may be instances in which her whereabouts must be concealed. It may be important to keep other information confidential, as well, such as where children are staying, the location of battered women's shelters, and the names of persons who are helping the victim.

Probation and parole professionals should devise means of safeguarding such critical information. Keep a file containing victim information separate from the offender's file. Take necessary precautions to protect victim information from the possible subpoena of files. Implement special safeguards to protect any victim information entered in computers.

Ventilation and Validation

Victims usually experience emotional abuse as well as physical violence. Many victims have low self-esteem and may experience a range of emotions including anger and grief. They need opportunities to vent their feelings and receive validating feedback.

Listen Carefully and Respond to Feelings

Probation and parole professionals should employ active listening skills when interacting with victims. Several basic counseling skills are important in these situations, including the following ones.

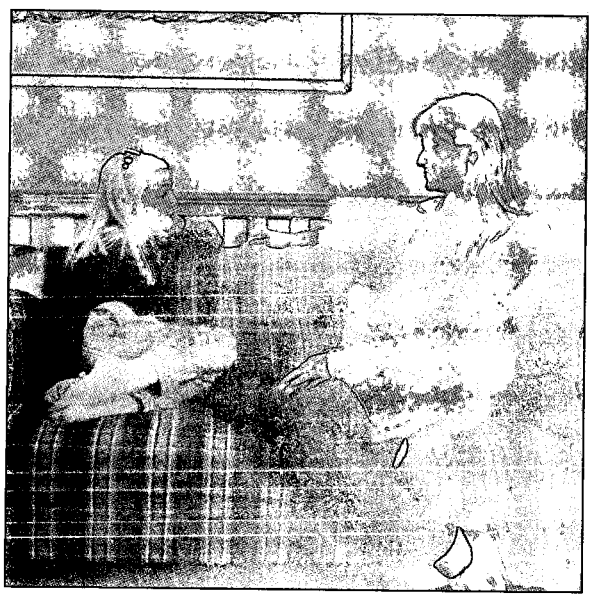
Reflecting feelings. Statements such as the following let victims know the emotional content of their situations is understood.

"It can be very frightening to know your husband will soon be released from jail."

"I hear you saying that seeing the effects on the children is more difficult for you than dealing with your own abuse."

"Not knowing what to expect when the case goes back to court can be very stressful."

"It sounds as though you are still worried that your boyfriend will take away your children like he has threatened."



Using Silence. This is one of the hardest counseling techniques to use, but it can be quite effective. Remaining quiet to allow the victim to process her thoughts or regain her composure validates the importance of what she has to say.

Let Victims Know They Are Respected and Believed

A tactic many abusers employ is telling their victims no one will believe them if they tell their story. Indeed, with children and adult victims, others often do not want to hear, and therefore, discount what victims have to say. Treating victims with dignity and respect should be a cardinal rule. Unless given evidence to the contrary, victims' stories should be accepted as credible. Under the offender's influence, victims may lie to cover for their abusers, but few prevaricate about the extent of their abuse and injuries when they are not shielding their partners.

Refer Victims to Appropriate Services for Support and Counseling

Unfortunately, probation and parole officers do not have time to meet the considerable needs of many victims. Some will need extensive counseling, medical, legal and financial services as well as new friends, jobs and other resources. Therefore, a victims' advocate within the agency and/or referring victims to other agencies for services and support is very important. Helping victims locate and use resources they have been unable to access before also empowers them.

Clarify Confidentiality Issues for Victims

Previously, it was recommended that victim information be kept confidential and separate from offender files. However, appropriate information about confidentiality should be shared with victims. Probation and parole professionals, as officers of the court, cannot guarantee absolute confidentiality regarding all information victims may share. If they disclose information about violation of probation or parole conditions or new crimes, officers may not

be able to maintain this in confidence (Black, 1995). It is best to let victims know this from the beginning contact with them. If they need to discuss personal information and have concerns about confidentiality, it is best to refer them to a community agency or other resource where confidentiality can be maintained.

Prediction and Preparation

Give Victims Realistic Information

Warning victims about potential danger was discussed already and applies to this section as well. However, victims need information about their situations. For example, if an abuser is sent to jail, they need to know realistically how long he might be confined, not what the sentence states. They need to know, based on research about abusive behaviors and their own partners' specific actions, how likely it is that he will benefit from treatment. A good approach is to ask victims what they worry about or what they need to know more about.

One of the most stressful situations for anyone is the unknown. Legal procedures and other changes victims experience may be very frightening because they do not know what to expect.

Help Victims Understand the Legal and Criminal Justice Systems

One of the most stressful situations for anyone is the unknown. Legal procedures and other changes victims experience may be very frightening because they do not know what to expect. Seymour (1994) suggests explaining to victims: the difference between probation and parole; conditions of probation and parole; restitution programs; and their rights.

If a victim is involved in a legal procedure, such as a revocation hearing, take time to explain what is likely to happen. Many may not understand the court procedures leading up to the offender's sentence to probation. Ask if they have questions about what happened or what is going to happen.

Victims also should receive information about the offender's progress through the system that may affect their safety. For example, notification should occur when offenders are to be released from jail or prison into the community.

Information and Education

Information and Referrals to Community Services

This recommendation was emphasized throughout earlier parts of the protocol. Written information to distribute to victims at appropriate times should be available. Before doing a lot of extra work, check with other parts of the criminal justice system and community agencies to see if brochures or resource directories already exist. If not, information should be compiled in a useful format and provided to victims during initial contacts and at other times they need it.

To refer victims appropriately, find out about eligibility requirements, hours of operation, and intake processes for various services. They do not need the extra stress of being turned down for services or showing up at the wrong time. Help victims understand they are not under the jurisdiction of the court, and referrals are merely available options for them.

Coordinate With Other Criminal Justice and Community Agencies

The involvement of community corrections in coordinated community efforts to combat family violence is critical. Some communities have coordinating councils (task forces, committees) in place. These groups work to coordinate efforts to serve and protect victims, as well as other tasks. If a council is not already functioning, probation or parole agencies might take the initiative in forming one. The council should review all services for victims, looking for gaps and duplication, and attempt to streamline service delivery to victims. The ultimate goal, of course, is the protection of victims.

Documentation

Every contact with victims and all services provided should be documented. Documenting any warnings provided to victims is particularly important. Any reports the victim makes of continued abuse or the offender's violation of probation or parole conditions should be documented carefully (Family Assault Supervision Team, n.d.).

Some agencies send the initial letter to victims via certified mail. Others use this means only if they are unable to make contact in other ways. Certified mail provides evidence of attempts to make victim contact.

Some victims may request no contact from probation or parole officers. Emphasize the importance of the contact for their safety. However, they have the right to refuse, and if they do, this should be documented (Black, 1995). Some agencies ask them to sign a statement that they are refusing contact so it can be placed in their file (Family Assault Supervision Team, n.d.).

CHALLENGES TO WORKING WITH VICTIMS

Working with victims is not always easy. Some victims view involvement by probation or parole as an intrusion. Some fear that it will exacerbate the violence if past experiences with interventions were ineffective.

Uncooperative Victims

Some victims refuse to cooperate by testifying in court procedures such as revocation hearings. Some agencies serve victims with a subpoena so the offender will understand they are being required by the court to participate. However, subpoenas should not be used as a threat of incarceration against a reluctant victim, as this amounts to revictimization. Instead, understand why the victim is reluctant and the possibility that she may need increased protection at this time.

Many victims reject assistance from outside sources because they are told to do so by their abusers. If they have been victimized for a long time, they may believe they deserve the abuse. There probably are a multitude of other reasons that some victims will be uncooperative. However, these victims should receive the best efforts of probation and parole professionals, just as cooperative victims do.

Often, when victims are convinced they are safe (e.g., when the offender is in jail) they become more cooperative. As mentioned previously, however, victims are not required to accept services, and they have the right to refuse. If so, this should be documented.

Sarah Buel (1993, p. 15) recommends five responses to victims who do not want to leave their partners or testify against them:

- "I'm afraid for your safety."
- "I'm afraid for the safety of your children."
- "It will only get worse."
- "We're here for you when you are ready or when you are able to leave."
- "You deserve better than this."

Offender Interference

Many offenders attempt to disrupt contact and communication between probation and parole officers and victims. They may tell victims not to speak to officers, or they actually may monitor or cut off phone calls and intercept mail.

At the initial contact with offenders, tell them a part of their supervision includes periodic contact with victims. Agencies may want to put this in writing as part of the information offenders receive regarding their probation or parole. Advise offenders that attempts to interfere with victim contact will result in consequences for them.

Victim Interference with Offenders

Occasionally, anecdotal accounts are shared about victims who entice offenders to return to them or harass them in other ways. This is not a typical situation, but does occur. If an offender claims the victim is interfering with his ability to abide by his conditions of probation or parole, the following steps are advised:

- Attempt to determine if he is being truthful. Some offenders blame the victims for inviting them to come home, when in reality, they have forced themselves upon victims.
- Advise both the victim and offender the court has ordered no contact and that condition will remain in effect until the court changes it; however, if the offender does not comply, he may suffer the consequences.
- If it appears the victim is interfering with the offender, advise the offender to document instances when this occurs. For example, he might save taped phone messages and notes or ask a reliable person to be a witness to any interaction occurring with the victim. In this way, if he does return to court for non-compliance, he will have documentation about his situation.

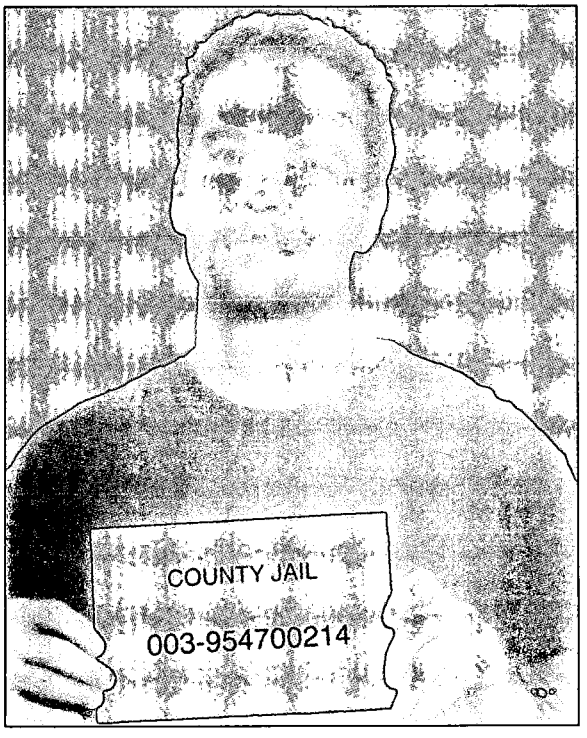
If one approaches victims in a sensitive and caring manner, the likelihood of encountering these challenges is diminished. There is a much greater possibility the majority of victims will appreciate efforts on their behalf, will remain safe, and will be empowered to make positive decisions in their own behalf when officers give priority attention to their safety and needs.

Advise offenders that attempts to interfere with victim contact will result in consequences for them.

CONCLUSION

This chapter provided information on working with victims of family violence (particularly partner abuse). The primary goal of intervention should be the protection and empowerment of victims. The protocol suggested in this chapter attempts to achieve that goal.

Chapter 12



INTERVENING IN FAMILY VIOLENCE: OFFENDER SUPERVISION AND ACCOUNTABILITY

An array of services for victims from criminal justice and community agencies may be of no avail if the offender's violent behavior is not controlled.

Chapter 12

INTERVENING IN FAMILY VIOLENCE: OFFENDER SUPERVISION AND ACCOUNTABILITY[1]

To accomplish the primary goal of victim protection, as discussed in Chapter 11, the second goal of offender supervision and accountability also must be achieved. An array of services for victims from criminal justice and community agencies may be of no avail if the offender's violent behavior is not controlled. This is where the coercive power of the criminal justice system becomes important.

This chapter examines the supervision of family violence offenders during their period of probation or parole supervision. The necessary conditions of probation or parole are the first vital component of effective supervision and accountability. A recommended protocol for supervision is presented. Holding offenders accountable through enforcement processes also is discussed. Finally, the necessary qualifications for community corrections professionals involved in working with family violence offenders is explored.

This manual focuses on a range of family violence offenses (i.e., child abuse, partner abuse and elder abuse). Although no statistics are available to delineate the extent to which offenders committing each of these types of offenses are placed on community corrections supervision, the general consensus among practitioners is those who commit domestic violence and sexual offenses are most likely to be on probation and parole caseloads. The majority of program materials reviewed related to these two areas. Therefore, as with earlier chapters, partner abuse and intrafamilial sexual abuse (incest) is the primary focus of this chapter. Among all types of family violence, there are many similarities, and many of the same approaches are appropriate for cases of physical child abuse and elder abuse as well. Where possible, specific suggestions for intervention with these cases also are made.

[1] For additional information on supervising domestic violence and sex offenders, please see:
English, K., Pullen, S., & Jones, L. (Eds.). (1996). *Managing Adult Sex Offenders: A Containment Approach.* Lexington, KY: American Probation and Parole Association.
Klein, A. (1996). *Probation/Parole Manual for the Supervision of Domestic Violence Cases.* Cambridge, MA: Polaroid Corporation.
Module 4 of this manual also includes a list of probation and parole agencies with program materials on intervening in family violence.

CONDITIONS OF PROBATION AND PAROLE

Setting Probation or Parole Conditions

Probably the most important tool community corrections professionals will need to protect victims is suitable conditions of probation and parole for family violence offenders. Without these, they may be unable to supervise and hold offenders accountable for behaviors that endanger their victims. Probation and parole administrators should work with judges or paroling authorities to request the appropriate conditions be imposed. Presentence investigations and prerelease assessments can be a valuable procedure in assuring the conditions are appropriate for the offender. Judges' and paroling authorities' understanding of the dynamics and consequences of family violence and the importance of pertinent criminal justice sanctions is vital.

The advantage of having the appropriate conditions imposed is if the offender fails to abide by them, he or she can be returned to court or the paroling authority for further action. If specific conditions are not enacted, probation and parole authorities may want to consider developing agency rules that cover these areas. This can be done broadly under court directives that offenders cooperate with their supervision on probation or parole. The drawback to this approach is if the offender fails to abide by a specific agency rule, the court may or may not be willing to have the case returned for a review. If not, only the intermediate sanctions available to the department can be imposed. With specific conditions imposed by the court, offenders can be returned to court easily for disregarding or disobeying court orders. The court, then, has the option of incarcerating the offender, if appropriate.

General Conditions of Release

Most courts and paroling authorities have general or standard conditions of probation or parole. Abadinsky (1991) delineates typical conditions as depicted in Table 12: 1

Table 12:1

CONDITIONS OF PROBATION/PAROLE

- Obey all laws
- Cooperate with supervision
- Meet family responsibilities
- Maintain steady employment or pursue educational/vocational training
- Undergo treatment
- Maintain residence in a prescribed area; do not move without permission
- Do not leave the state without permission
- Refrain from associating with certain kinds of people; no contact with other prisoners/parolees
- Avoid frequenting certain types of places
- Make restitution or reparation for losses or damages caused by the crime
- Pay fines, restitution, reparation and/or family support
- Submit to search and seizure
- Do not possess firearms
- Do not use alcohol or illegal drugs
- Submit to drug tests

(Source: Abadinsky, 1991).

Special Conditions for Family Violence Offenders

In addition to these general or standard conditions, special conditions should be imposed for family violence offenders. These special conditions may either reinforce and expand upon general conditions, or be solely related to the types of offenses committed.

Table 12:2 contains an array of possible special conditions of probation or parole that may be imposed on family violence offenders. Table 12:4 depicts special conditions appropriate for sexual abuse offenders. Each of these is described in more detail in the following pages.

. . .family violence offenses are serious criminal acts that all-to-often result in serious injuries or death. The specific conditions imposed on the offenders should reflect this reality. . .

The imposition of conditions should be based on an individualized assessment of each case (see Chapter 10). Some of the conditions recommended in Tables 12:2 and 12:4 may be imposed on all family violence offenders, while others should be used selectively to match the needs of the victims and offenders involved.

In developing the specific conditions of probation and parole for family violence offenders, judges, paroling authorities and probation and parole professionals must keep in mind that family violence offenses are serious criminal acts that all-too-often result in serious injuries or death. The specific conditions imposed on the offenders should reflect this reality as well as information on special needs revealed by an individualized assessment of each case. If found guilty of a family violence offense, defendants should experience consequences that impress upon them the serious criminal nature of their behavior. Being sentenced to probation or being incarcerated and later paroled is the first step. The general consensus of most research findings, experts, and practitioners in the area of domestic violence is that diversion of cases, particularly if a guilty plea is not entered, is ineffective with these offenders. The coercive power of the criminal justice system is needed to enforce the conditions of probation and parole in order to protect victims and compel abusers to change their behaviors (Klein, 1994).

Protective Conditions

Conditions to protect victims should be of paramount concern to judges, paroling authorities and probation and parole professionals. Several specific conditions can be imposed on offenders; albeit, victims still should be warned about potential risks and assisted in making safety plans as discussed in Chapter 11.

No Further Abuse. Although it seems obvious, stating this as a condition of probation or parole is important. It is especially critical when offenders and victims still are living together and a no contact order is impossible. Being specific in the statement of this condition and stipulating the types of abusive behaviors that are prohibited may be useful. An example is: "Restrain [sic] from **harassment, molestation, threats or use of violence** against the victim" (Pence, 1989, p. 70, emphasis added).

No Contact with Victims or Their Families. Even though a victim has a civil restraining order against her abuser, this provision should be included in the conditions of probation or parole. Without this condition, the offender could convince the victim to drop the civil order and probation or parole officers would lose an important means of protecting victims (Klein, 1994). Again, specific wording may be useful, such as, "Refrain from contacting or harassing the victim or attempting to contact or harass the victim. This includes in person, by telephone, in writing or by the sending of messages through someone else" (Family Assault

Table 12:2

RECOMMENDED CONDITIONS OF RELEASE FOR FAMILY VIOLENCE OFFENDERS

Protective:

- no further abuse
- no contact with victims or their families
- abide by all court restrictions and directives
- submit to warrantless search and seizure
- electronic monitoring
- intensive supervision
- supervised child visitation and/or public drop-off/pick-up point
- cooperation with child/adult protective services
- forfeiture of weapons and suspension of license
- release of information to third parties as appropriate

Treatment:

- mandatory attendance, participation in and successful completion of an offense-specific group intervention program
- substance abuse testing
- substance abuse treatment
- abstinence
- self-help/support groups
- release of information to third party treatment providers

Punitive:

- incarceration
- non-custodial loss of liberty
- fine
- community work service

Financial:

- family support
- restitution
- attorney fees for victim
- counseling for victims and children
- group intervention program and substance abuse treatment program fees for offender
- cost of urinalysis
- fees/court assessment

(Sources: This is based on the original work of Klein, 1994 with additional contributions by Black, 1995; Family Assault Supervision Team, n.d.; & Hofford, 1991).

Supervision Team, n.d.). The condition also may include specific locations the offender must avoid, such as, "This includes entering onto the premises, traveling past or loitering near where the victim resides or works" (Black, 1995, p. 18). Further, if necessary, the condition may stipulate that there is to be no contact with the victim's family (Black, 1995). With this condition in place, any change has to be approved by the court or paroling authority and likely would be based on a professional assessment of the offender's behavior by the probation or parole officer.

Abide By All Court Restrictions and Directives. This condition refers to other court actions, such as protective orders, divorce decrees and child support and visitation orders. While the conditions of probation do not supersede other court orders, neither does child visitation negate no contact orders with partners, in the case of domestic violence. Helping offenders and victims arrange a drop-off location for the exchange of children or finding a third party to assist them or supervise the visits may be necessary. Klein (1996) recommends probation officers send records (e.g., police report, probation report) or testify at court hearings where custody of an abused woman's children is determined or contested. The National Council of Juvenile and Family Court Judges' *Model Code on Domestic and Family Violence* (1994a) contains **recommended legislation** concerning child custody in cases of domestic violence. Among them are:

> **Sec. 401. Presumptions concerning custody.** In every proceeding where there is at issue a dispute as to the custody of a child, a determination by the court that domestic or family violence has occurred raises a rebuttable presumption that it is detrimental to the child and not in the best interest of the child to be placed in sole custody, joint legal custody, or joint physical custody with the perpetrator of family violence (National Council of Juvenile and Family Court Judges, 1994a, p. 33).
>
> **Sec 404. Change of circumstances.** In every proceeding in which there is at issue the modification of an order for custody or visitation of a child, the finding that domestic or family violence has occurred since the last custody determination constitutes a finding of a change of circumstances (National Council of Juvenile and Family Court Judges, 1994a, p. 34).

The recommended legislation also includes suggested conditions of visitation to ensure the safety of the child and the parent who is a domestic violence victim. Among the recommendations are the following:

- exchange of child in a protected setting;
- visitation supervised by another person or agency;
- perpetrator abstinence from possession or use of alcohol and drugs before and during the visitation;
- no overnight visits; and
- confidentiality of the child's and victim's address (National Council of Juvenile and Family Court Judges, 1994a).

In cases of family violence involving a child as a victim, where there has been an earlier court order allowing visitation, the court should be made aware of the new charges of child abuse so any necessary modifications can be made.

Submit to Warrantless Search and Seizure. This is frequently a general condition

of probation or parole. If not included in general conditions, incorporating this as a special condition in family violence cases is advisable. Spot inspections enable officers to enforce conditions of supervision and relieve the victim of the responsibility of reporting violations (Klein, 1994), including contact with the victim, drug and alcohol possession and use, and possession or use of weapons.

Electronic Monitoring. Some jurisdictions have electronic monitoring programs for high-risk offenders. There are two types of programs. One monitors the offender's whereabouts by ensuring he is where he is supposed to be. He wears a device that sends a signal checked at various intervals to make sure he is at home or work. The other type ensures the offender is not where he is **not** supposed to be. The offender wears a device, and there is a monitor in the victim's home. If he comes within a specified distance of the monitor, it sends a signal and emergency personnel are dispatched to the woman's home. While electronic monitoring is another tool for the protection of victims, this type of monitoring should be used with caution, as victims might become too complacent, thinking they are protected. All the system can do is emit a signal; in the time it takes emergency personnel to respond, the offender still could injure or kill the victim. It does, however, provide a warning she might not have otherwise, and it may deter the offender from attempting to contact her.

Intensive Supervision. Family violence offenders should be classified initially at the highest level of risk, and as such, they should be supervised more intensively than offenders posing lower risks. Specialized caseloads that are intensively supervised are recommended. These should include frequent reporting, home visits, urinalysis, and close monitoring of compliance with treatment and all other conditions of probation or parole.

Table 12:3 contains general principles of effective intervention recommended for use in intensive supervision programs. These principles have been proven effective for reducing recidivism with offenders in general.

Supervised Child Visitation and/or Public Drop-Off/Pick-Up Point. Even if no formal court order concerning visitation has been issued, as a condition of probation for domestic violence and child abuse offenders, visitation with children usually should be supervised. The National Council of Juvenile and Family Court Judges (1994a) recommends specialized visitation centers provided (but not necessarily owned and operated) by a state agency to permit visitation in a manner that protects women and children. They suggest these centers may be useful in preventing parental abductions and further violence by domestic batterers. If such a resource is not available, courts might require offenders to pick up and return children for visits in a public place where they are less likely to abuse their victims.

Cooperation With Child/Adult Protective Services. Often partner abuse and child abuse occur concurrently. The child protective services agency may or may not be aware of the case. If there are indications that the children of a domestic violence offender are or have been abused, the probation or parole officer should report the case to protective services for an investigation. The same is true if the probation or parole officer believes an elder living in the family is abused. The offender should understand she or he must cooperate with the investigation and any interventions imposed by the agency (Klein, 1994). Similarly, if there is already an active child protection case in which a domestic violence, child abuse or elder abuse offender is involved, he or she should be required to have continued involvement with the child protection agency if personnel of that organization believe it is in the best interest of

Table 12.3

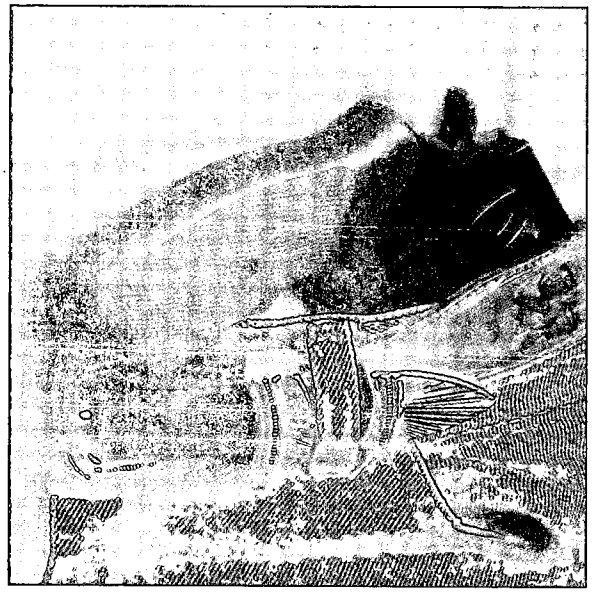
PRINCIPLES OF EFFECTIVE INTERVENTION

- Provide intensive services, behavioral in nature, to higher risk offenders;
- Use explicit positive reinforcement; modeling of alternative, prosocial styles of thinking, feeling and acting; concrete skill building; and problem solving;
- Relate to offenders in an interpersonally constructive manner (there is no need to confront offenders in aggressive, humiliating ways);
- Enforce program contingencies (e.g., attending group intervention sessions, getting to work on time) in a firm but fair way;
- High levels of advocacy and brokerage if community services are based on the types of principles outlined here;
- Disrupt delinquency/criminal networks through program activities;
- Employ relapse prevention in the community, including:
  - monitoring and anticipating problem situations that lead to crime;
  - training offenders to rehearse alternatives to antisocial behavior;
  - encouraging offenders to practice new prosocial behaviors in increasingly difficult situations, and rewarding offenders for demonstrating improved competencies;
  - training significant others in the offender's social circle to provide positive reinforcement for prosocial behavior; and
  - providing booster sessions where the potential for relapse exists.

(Source: Fulton, B. A., Stone, S. B. & Gendreau, P. (1994). *Restructuring intensive supervision programs: Applying "what works."* Lexington, KY: American Probation and Parole Association).

the child or elder. This requires cooperation and communication between community corrections agencies and child or adult protective services agencies.

Forfeiture of Weapons and Suspension of License. Most states prohibit felons from carrying or owning firearms, but often family violence offenders are classified as misdemeanants. It is common for partner abusers to own weapons and use them to threaten their victims. Therefore, if not included in routine conditions, offenders should be required to surrender weapons and prohibited from using or possessing a firearm or other specified weapons (National Council of Juvenile and Family Court Judges, 1994a).



Release of Information. It may be necessary to inform third parties about an offender or request information from other persons or agencies. If so, there should be a release of information form signed by the offender. For example, it might be necessary to ask an employer to notify probation or parole if an offender is absent from work without cause. In such cases, the victim's welfare could be checked, and she could be warned about possible drug or alcohol use or other factors that might coincide with the offender's absence from work and increased danger to the victim.

Treatment Conditions

Besides protecting victims through the conditions of probation or parole just described, compelling the offender to change his or her behavior is important for victims' safety. Two types of treatment often are needed by offenders: treatment specific to the abusive offense (e.g., batterer's treatment, sex offender treatment) and substance abuse treatment.

Mandatory Offense-Specific Group Intervention Program. In the majority of cases, family violence is considered learned behavior that can be unlearned. However, most will not understand the need to change nor avail themselves of treatment opportunities unless they are compelled to do so. Therefore, treatment that is specific to the type of abuse involved should be mandated. Typical mental health counseling that focuses on improving clients' self-esteem and insights will not address the specific behavior changes a batterer, incest perpetrator, child abuser or elder abuser needs to make (Klein, 1994).

More information about the requirements for effective treatment programs are provided in Chapter 13. However, there is general agreement that they should be provided in a group setting. Having the court or paroling authority mandate the offender's participation in treatment gives probation and parole officers a needed tool for supervising offenders and compelling them to change their abusive behaviors. Specific language about expectations again may be useful, such as, "Enter into, cooperate with, and successfully complete domestic abuse counseling and an educational program" (Pence, 1989, p. 70).

Substance Abuse Monitoring and Treatment Conditions. Because of the significant association between substance abuse and family violence, offenders should be assessed and conditions should reflect requirements for monitoring and treatment, when needed. Offenders are unlikely to benefit from an offense-specific treatment program if they are concurrently abusing drugs or alcohol.

Abstinence. A condition that probationers and parolees abstain from the use of alcohol or illegal drugs often is a standard condition. However, if

not, it may be a helpful special condition for family violence offenders.

Substance Abuse Testing. If abstinence is a condition of probation or parole, then officers need a mechanism for monitoring offenders' compliance. Offenders may be required to submit to random urine testing to determine whether or not they are continuing to abuse illicit drugs[2]. Breathalysers or saliva tests used on home visits or other times the offender might be drinking, are useful in detecting alcohol abuse. (Alcohol does not stay in the urine long and is more difficult to test this way. Blood alcohol levels, determined through breath or saliva tests, can be more practical.) Some departments use hair analysis to determine drug use over several months (Klein, 1994).

Substance Abuse Treatment. Several types of treatment for substance abuse are available, and the particular modality chosen should be based on the assessed needs of the offender. Those with severe drinking or drug problems may need inpatient treatment programs, and these should be completed before beginning offense-specific treatment for the family abuse behavior. However, much substance abuse treatment is out-patient, and some pharmacotherapies are available in the community, such as methadone for opiate abusers. These can be provided concurrently with other treatment programs.

Self-Help and Support Groups. Alcoholics Anonymous is a well known self-help approach to the problem of alcoholism. There are many other groups modeled after this approach, such as Narcotics Anonymous for drug abusers and Parent's Anonymous for child abusers. These programs have been very effective for some people, but they are not successful for everyone. They may be mandated alone as a means of addressing a substance abuse or violence problem, or they may be combined with other treatment approaches.

. . .compelling the offender to change his or her behavior is important for victims' safety.

Release of Information. Offenders should be required by the courts to allow the release of information to and from treatment agencies for the purpose of monitoring compliance with other conditions of probation. Treatment providers may need information about the types of offenses and other data about the offender to determine whether or not he or she is a suitable candidate for a treatment program. Supervising probation and parole officers need information from the treatment program about the attendance, participation in and completion of the program by the offender. Without a signed release form, treatment providers may be unable to share information about their participants. The expectation that information will be shared between treatment providers and community corrections agencies should be included in interagency agreements (please see Chapter 13 for additional information).

Punitive Conditions

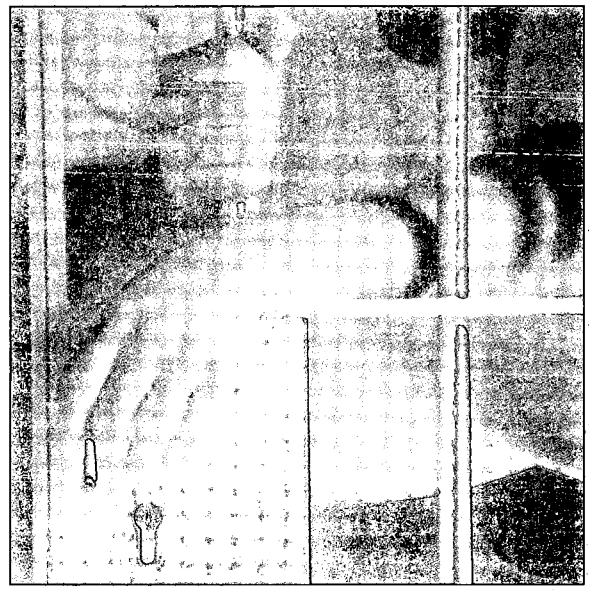
There is general agreement that diversion of family violence offenders from the criminal justice process is **not** appropriate. Such a practice diminishes the criminal nature of the

[2] For additional information on drug testing offenders, see *American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies*, published by the Bureau of Justice Assistance, U. S. Department of Justice, 1991.

abuse (Klein, 1994; National Council of Juvenile and Family Court Judges, 1994a). In addition to protective and treatment conditions, the court and community corrections agencies may wish to impose punitive conditions to impress upon offenders the serious criminal nature of family abuse. Being found guilty, having a criminal record, and being sentenced to probation or incarcerated are considered punitive by many offenders. However, additional attention to punitive conditions is warranted in many cases. Family violence offenders are accustomed to manipulating and controlling other people, and it may require significant penalties for them to understand this behavior no longer will be tolerated. Often, family abuse crimes are prosecuted as misdemeanors, and assailants develop the attitude that the response of the criminal justice system is little more than a "slap on the wrist."

Incarceration: Sentencing offenders to jail or prison sends a clear message to offenders that family abuse is criminal behavior and the community strongly disapproves of such behavior. There are some considerations to weigh regarding the imposition of this sanction, however. Incarceration ensures that, while the offender is confined, the victim is safe and has time to make decisions about her future safety and needs. If an offender has been incarcerated previously for a less violent crime and does not receive any jail time for a family violence offense, the perpetrator is likely to receive the message that such abuse is not considered serious by the criminal justice system (Klein, 1994). On the other hand, in most cases, offenders do not receive treatment while incarcerated, so the process of changing their behavior is delayed or deterred. Some offenders obsess about their victims and develop plans, while incarcerated, to continue the abuse when they are released.

Some offenders may receive a split sentence in which they are required to spend a certain period in jail (a "shock sentence") and the remainder on community supervision. In other cases, incarceration may be deferred and offenders will be sent to jail only if they fail to cooperate with other conditions of probation.



Short-term detention in a local jail may be a potent sanction for family violence offenders. Unfortunately, it is a luxury not always afforded to probation and parole. Agencies may want to try to negotiate an agreement with the local jail administration which allows for short-term incarceration of family violence offenders without a court order.

Non-Custodial Loss of Liberty. Short of incarceration, there are ways of restricting an offender's freedom in the community. The most common of these are home confinement and electronic monitoring programs. Home confinement should never be used when the offender and victim are living together. However, if they are separated, the offender may be restricted to his or her residence except for certain activities such as attending work or

school. The advantage of this approach is an offender may continue productive activities that produce an income or further his or her education. However, this requires extensive monitoring to ensure offender compliance. In some places, electronic monitoring is used for this purpose, as discussed previously.

Fines. A fine is a financial sanction levied solely for the purpose of penalizing the offender. The offender's financial status has a bearing on the appropriateness of this condition. The next section discusses other financial conditions that should be considered before determining whether or not to impose a fine and how much it should be.

Community Work Service. Offenders may be required to complete a specified amount of forced, unpaid work as a punitive condition. This approach may strengthen the offender's understanding that family abuse is not only a crime against another person, but a crime against the community, as well (Klein, 1994). In some cases, offenders who are indigent and cannot pay for treatment, drug testing and other mandated conditions, may be required to work in lieu of these financial obligations. The community work service should make a contribution to the community; it also should be related to the crime, if possible, to reinforce the reason for doing it.

Financial Conditions

There are several financial obligations that may be imposed on family violence offenders. These should be evaluated and the appropriate ones imposed as conditions of probation.

Restitution, counseling fees, urinalysis fees and supervision fees are fairly common for probation and parole offenders. These are important conditions for family violence offenders, but attention is given here only to those financial conditions specific to family violence cases.

Family Support. Perpetrators should be required by the court to continue support of the family to the extent they previously maintained them. This may include providing housing (rent or mortgage), maintaining health insurance, paying child support, and other family expenses. In the case of partner abuse, the lack of financial resources often forces abused women to return to their batterers (Klein, 1994). This condition prevents that from happening.

Attorney Fees. Offenders may be required to pay for their own and their victim's attorneys employed during the case process. In some instances a prolonged defense is a ploy to induce victims to drop charges or otherwise not follow through with a case. Some offenders file counter-charges against victims, requiring expensive legal help and further victimizing their family member.

Counseling for Victims. Severely traumatized victims may require years of therapy to stabilize. In partner abuse cases, both victims and their children may need treatment. If emotional problems are directly related to the abuse, then it is a reasonable condition of probation or parole that offenders pay for victims' treatment.

Special Conditions for Sex Offenders

Table 12:4 contains recommended conditions of probation and parole for sex offenders, focusing particularly on those who have abused children within the family. Except where conditions are essentially the same as those already discussed for family violence offenders, the following sections provide quotations illustrating these

Table 12.4

RECOMMENDED CONDITIONS OF RELEASE FOR SEX OFFENDERS

Protective:

- no sexual contact or abuse
- no contact with any child
- no contact with victims; abide by terms and restrictions of family reunification procedure
- do not live with children; no new relationships with families that include children
- register as sex offender
- reside in approved location
- maintain appropriate/approved employment
- abide by curfew
- submit to search and seizure
- no possession of pornographic material; frequenting of adult book stores and movie theaters or use of 900 phone numbers
- remain fully clothed in public
- abstinence from drugs or alcohol
- no hitchhiking or picking up hitchhikers; no operation of motor vehicle alone
- submit and comply with a schedule of daily activities
- no possession or use of firearms

Treatment:

- mandatory attendance, participation in and successful completion of a sex offender treatment program
- submit to psychological and/or physiological assessment (i.e., polygraph and Plethysmograph)
- submit to substance abuse testing
- submit to testing for HIV and other sexually transmitted diseases
- substance abuse treatment
- release of information

Financial:

- pay for victims' therapy
- restitution
- pay for sex offender treatment program
- pay for substance abuse testing, polygraphs and plethysmograph tests

(Sources: Child Abuse Task Force, Georgia Department of Corrections, n.d.; English, Pullen, Jones & Krauth, 1996; Pithers, Martin & Cumming, 1989; Scott, n.d.).

conditions from two probation departments (Georgia Department of Corrections and Maricopa County Adult Probation Department in Phoenix, AZ). Some of the conditions listed in Table 12:2 for family violence offenders also may be applied to sex offenders, such as paying family support, community work service, and electronic monitoring. Again, individualized assessment and the selection of appropriate conditions for each case is important.

Protective Conditions

As with other types of family violence, protection of previous and potential victims should be the primary focus of intervention. Therefore, several recommendations are designed to protect victims directly or to help offenders control their sexual behavior.

▹ No Sexual Contact or Abuse

Probationers shall not engage in any form of sexual contact or abusive activity with anyone under 18 years of age or who, when of the age of consent, is unable to give consent due to mental or emotional limitations (Child Abuse Task Force, Georgia Department of Corrections [CATF], n.d.).

▹ No Contact with Any Child

You shall not initiate, establish, or maintain contact with any male or female child under the age of 18 nor attempt to do so except under circumstances approved in advance and in writing by your probation officer (Scott, n.d.).

Probationer shall not be alone with any child under 18 years of age unless an adult is present who has knowledge of the probationer's history of criminal sexual behavior and/or abusive behavior and has been approved as a chaperon by the probation officer and treatment provider (CATF, n.d.). Probationer shall not work or volunteer for any business, organization or activity that provides care to or services for children under the age of 18. Such businesses, organizations, and activities include but are not limited to schools (including driving a school bus), coaching sports/athletic teams, Girl or Boy Scouts, day care centers, Girls or Boys clubs or churches (CATF, n.d.).

Probationer shall not linger, loiter, or spend time at locations where children under 18 are present or are likely to be present. Such locations include but are not limited to schools, parks, playgrounds, sporting events, school bus stops, public swimming pools, and arcades (CATF, n.d.).

▹ No Contact with Victims; Abide by Terms and Restrictions of Family Reunification Procedure.

Notwithstanding any court order to the contrary, you shall not reside with any child under the age of 18 or contact your children in any manner unless approved in advance and in writing by your probation officer (Scott, n.d.).

Probationer shall have no physical, visual, written or telephone contact with the victim(s) in this case unless specifically approved by the probation officer, treatment provider, and/or DFACS, as applicable (CATF, n.d.).

You shall not enter onto the premises, travel past, or loiter near where the victim resides except under the circumstances approved in advance and in writing by your probation officer. You shall have no correspondence, telephone contact, or communication through a third party (Scott, n.d.).

Abide by all terms and restrictions of the family reunification procedure as mandated in writing by the supervising probation officer (Scott, n.d.).

▹ Do Not Live With Children; No New Relationships with Families That Include Children

Probationers shall not reside in a home where persons under 18 years reside nor unite with any family unit in which there are children under the age of 18 without

the knowledge and consent of the probation officer, counselor/therapist, and the court (CATF, n.d.).

You shall not date or socialize with anybody who has children under the age of 18 without permission of your probation officer (Scott, n.d.).

▹ Register As A Sex Offender

Register as a sex offender with the Sheriff of the county in which you reside within 30 days of sentencing per A.R.S 13-3821 (Scott, n.d.).

▹ Reside In An Approved Location

You shall reside at a place approved by your probation officer (Scott, n.d.).

▹ Abide By Curfew

You shall abide by any curfew imposed by your probation officer (Scott, n.d.).

▹ No Possession of Pornographic Material, Frequenting of Adult Book Stores and Movie Theaters or Use of 900 Phone Numbers.

Probationer shall not purchase or possess any pornographic or sexually explicit materials including but not limited to adult over the counter publications, underground publications, privately developed materials, adult videos, and adult cable stations (CATF, n.d.).

Probationers shall not frequent any business exhibiting pornographic materials or activities to include but not limited to adult bookstores, theaters, or nude/strip bars and clubs (CATF, n.d.).

▹ Remain Fully Clothed In Public

You shall be responsible for your appearance at all times. This includes the wearing of undergarments and clothing in places where another person may be expected to view you (Scott, n.d.).

▹ No Hitchhiking or Picking Up Hitchhikers; No Operation of Motor Vehicle Alone

You shall not hitchhike or pick up hitchhikers (Scott, n.d.).

You shall not operate a motor vehicle alone without specific written permission of the probation officer or unless accompanied by an adult approved by the probation officer (Scott, n.d.).

▹ Submit and Comply With A Schedule of Daily Activities

Probationer will submit and comply with a schedule of daily activities by the probation officer (CATF, n.d.).

Treatment

A treatment program for sex offenders is an important part of the intervention approach recommended for those who have sexually abused children. As with other types of family violence, this should be a mandatory obligation enforced by the court. A release of information form should be signed by the offender, also. The following examples relate only to those areas that are unique conditions for sex offenders.

▹ Submit to Psychological and/or Physiological Assessment

You shall submit to any program of psychological or physiological assessment at the direction of the probation officer, including the penile plethysmograph and/or the polygraph, to assist in treatment, planning, and case monitoring (Scott, n.d.).

▹ Submit to Testing for HIV and Other Sexually Transmitted Diseases

Probationer shall submit to and pay for a test for the Human Immune-deficiency Virus (HIV) and other

sexually transmitted diseases as directed by the court. Probationer consents to the release of said test results to the victim(s) and to the court for inclusion in the criminal record of the probationer (CATF, n.d.).

Financial Conditions

The financial conditions are similar to those previously discussed for other family violence offenders. Several other financial conditions could be added to the conditions for sex offenders, such as the cost of physiological tests, urinalysis and fines. Sex offenders also might be subject to the punitive conditions already discussed for family violence offenders.

CASE INTAKE

Each department should have procedures for processing cases when they are adjudicated and assigned to probation or the prisoner is released on parole. Agency policies should delineate how cases are referred and processed, how long offenders have to report to their supervising probation or parole officers, and any materials they should bring with them. This information should be provided to them before they leave court or an incarceration facility. For example, the following is the policy of the New Jersey Conference of Chief Probation Officers (1992, p. 3).

> The speedy and efficient processing of cases from the court to probation should be a top priority. The Chief Probation Officer should work with the Family and Criminal Division Managers to establish procedures to alert probation of new cases as soon as possible, but no later than 24 hours of disposition. The paperwork should be expedited so the supervising officer receives the necessary information as soon as possible. . . .
>
> When a sentence to probation is imposed in a domestic violence matter, the defendant should be directed to report to probation immediately. Where possible, the defendant should be escorted from the court to probation, along with the appropriate paperwork.

There are several tasks to complete promptly as part of the intake process. These are listed in Table 12:5. Only those specific to family violence offenders are described.

Table 12:5
RECOMMENDED INTAKE PROCEDURES

- Photograph the offender
- Explain conditions of probation or parole
- Inform offender that the victim will be contacted
- Gather additional information needed from offender
- Assign offender to treatment
- Assign offender to drug/alcohol testing and treatment, if needed
- Establish payment plan and explain procedures
- Have offender sign necessary forms, including Release of Information
- Set up schedule for offender to report for supervision and schedule next office visit

(Sources: Black, 1995; Klein, 1996).

Photograph the Offender

Klein (1996) recommends taking photographs of the offender at the initial contact. A copy is attached to the probationer's file. Other copies are retained for future use, if necessary, and may be furnished to police and the press if the offender absconds or fails to appear for future court hearings. This is explained to the offender at intake.

Explain Conditions of Probation or Parole

The supervising probation or parole officer should review the conditions of probation or parole with the offender, confirm that they understand each condition, and then require them to sign that they have read, understood and received a copy of the conditions. It may be useful to provide offenders with additional written explanations of their conditions. For example, if there is a "no contact" condition, they should be told this means telephone, in-person, and written contact are not allowed, and they should not arrange for another person to contact the victim on their behalf.

Inform Offender that the Victim Will Be Contacted

Letting the offender know the victim's safety is of primary concern is important. The offender should be told at the first meeting and reminded periodically thereafter that the officer and treatment providers make regular contact with the victim (Black, 1995). It should be stated expressly that the offender is not to interfere with these contacts in any way.

Assign Offender to Treatment

Before leaving the intake session, the offender should be referred to an appropriate treatment program (e.g., batterers' treatment, sex offender treatment). Specific information about the location, date and time of the next treatment session should be provided, preferably in written form. The offender also should be told the cost of the treatment and the expectation that he or she will pay for treatment. Offenders should be instructed to attend the next session whether or not they are able to pay and discuss a payment plan with the treatment provider at that time (Klein, 1996).

Officers should follow the intake session with the offender by providing appropriate information to the treatment providers about the referral. In the event sufficient treatment resources are not available and the offender's name must be placed on a waiting list, the department may want to consider other alternatives. Some agencies have developed an in-house readiness program offenders attend at the agency for several weeks until an opening occurs in a treatment program. (Please see Chapter 13 for additional information on treatment.)

Some offenders may be seeing mental health practitioners already for personal problems and wish to continue with these therapists. Anger management and couples counseling should not be permitted (Black, n.d.) (see Chapter 13 for more information). Otherwise, offenders may be allowed to continue existing counseling but should be told it cannot be substituted for the offense-specific group intervention program required by their conditions of probation or parole.

Establish Payment Plan

Offenders may be required to make payments for several reasons. Each payment should be explained, and a schedule for payment should be developed based on the offender's ability to pay. It is helpful if this is provided to the offender in

written form. An example is provided in Table 12:6.

Usually, treatment programs handle the collection of their own payments; participants customarily pay for each session as they attend. However, for most other payments, there should be a mechanism for collection and disbursement through the court. Offenders should never be allowed to make payments directly to their victims in family violence cases, as this would defeat no contact provisions of their conditions of release. The payments need to be monitored by court personnel so victims are not responsible for collecting funds due them.

CASE CLASSIFICATION

Family violence offenders should be classified as **maximum supervision** cases. For example, the New Jersey Conference of Chief Probation Officers' (1992, p. 3) policy states:

> All cases received for supervision as the result of a domestic violence complaint, for supervision of a restraining order, for violation of a restraining order, or other convictions arising out of a domestic violence situation (e.g. assault) shall be classified as maximum supervision cases. This policy overrides the normal risk and offenses based classification process for adult probation supervision. There shall be no exceptions to this policy for the first six months of supervision. At the six month reassessment, the supervision level may only be lowered with the explicit approval of the supervisor.

Family violence offenders should be classified as maximum supervision cases.

Most agencies use a risk and needs classification system designed for all offenders. These generally assess areas such as prior criminal record and probation supervision, age at first offense, stability of residence, employment status, substance abuse, and the like. These classification systems do not always reflect accurately the degree of risk posed by family violence offenders. As family violence offenders often have committed offenses many times without being apprehended, their recidivism rates will not be depicted reliably. Often previous offenses, if apprehended, have been prosecuted as misdemeanors rather than as the felonies they actually are. Family violence offenders often have access to their victims, increasing the danger involved (Hofford, 1991).

Three approaches have been reported by probation departments for adjusting the classification of family violence offenders appropriately.

- Some agencies automatically classify these offenders for maximum supervision as illustrated in the excerpt from New Jersey's policies cited above.
- Some agencies use a different instrument with family violence offenders, such as the one developed in Connecticut.
- Some agencies add points to the regular risk assessment form when a family violence offense is involved, such as the process used by the Family Assault Supervision Team in Baltimore, MD.

Table 12:6

PAYMENT OF COURT ORDERED FEES
Probation Department

Name Jeff Jones Date 6/15/95

Monthly Income $1,200

You have been assessed the following charges while you are on probation. You are to pay these amounts by the tenth (10th) day of each month at the Probation Intake Office - Clerk's Desk. You are required to provide your supervising probation officer with a receipt each month showing you have paid the amounts due.

FINANCIAL OBLIGATION	BEGINNING DATE	MONTHLY PAYMENT	TOTAL
Child Support	7/1/95	$200	$2,400 per year
Restitution	7/1/95	15	$ 180
Victim's Therapy	7/1/95	50	$ 600 per year
Drug Testing	7/1/95	10	$ 120 per year
Probation Fee	7/1/95	30	$ 360 per year
TOTAL		$305	$3,660

In addition to these financial obligations, you are required to pay for your treatment program. Your treatment fee will be established by the program and is to be paid at each session. The treatment program will advise the probation department as to the status of your account.

Probation Officer _____ Probationer _____

Whatever procedures are adopted, most practitioners agree family violence offenders on community supervision should be intensively supervised to afford victims the greatest degree of protection. Some agencies have a process for re-assessing the risk level after an initial period of supervision - usually three to six months.

SUPERVISION OF FAMILY VIOLENCE OFFENDERS

Placing family violence offenders on **specialized caseloads** that are **smaller and intensively supervised** by probation and parole professionals who have received **extensive training** in family violence is recommended. Table 12:7 contains a suggested supervision

protocol for family violence offenders. Only those areas unique to family violence offenders are explained briefly below.

Have Frequent Contact With Offenders

Initially, contact standards for offenders to report to their probation officers should be very frequent. Most program materials indicate the standard is weekly (Klein, 1996), every-other-week (Black, 1995) or twice monthly (Family Assault Supervision Team, n.d.) contact for family violence offenders. As the preferred approach involves smaller caseloads because of the intensive supervision required, some agencies are concerned about the impact of such a method. Too often, probation and parole caseloads are inordinately high and budgets are too strained to hire sufficient new workers. These considerations might be helpful in making the supervision of family violence offenders more manageable.

- Officers may not need to spend a great deal of time with each offender each time they come to the office. A brief meeting of 10 to 15 minutes may be sufficient to determine whether or not offenders are complying with conditions of probation. Attendance at supervision appointments may indicate offenders' willingness to comply with other conditions (i.e., if they will not even come for supervision, they are unlikely to be obeying other court orders and perhaps are not good candidates for community supervision).

- Officers might consider conducting part of the supervision contacts in group meetings. Six to eight offenders might be brought together during a 30 to 60 minute period. Information to be disseminated to all offenders could be presented only once instead of six to eight times. It might be feasible to have half group and half individual sessions.

Table 12.7
RECOMMENDED PROTOCOL FOR SUPERVISING FAMILY VIOLENCE OFFENDERS

- Develop a behaviorally specific, individualized intervention plan.
- Have frequent contact with offenders.
- Conduct home visits or field surveillance.
- Investigate records for new abuse.
- Have regular contact with victims and/or collateral sources.
- Notify victims of any change in the offender's status.
- Monitor group intervention programs.
- Check regularly with substance abuse treatment providers.
- Conduct random substance abuse testing.
- Conduct electronic monitoring and/or curfew checks, if appropriate.
- Maintain no contact orders.
- Check offender's monetary obligation.
- Make referrals for other needed services.

(Sources: English, Pullen, Jones & Krauth, 1996; Family Assault Supervision Team, n.d.; Klein, 1996).

- Consider enlisting volunteers to help with some parts of the supervision process. If volunteers can handle some paperwork,

officers can have more time to work directly with victims and offenders.

Supervision contacts should "reinforce the probationer's obligation to the court and remind him of the consequences of violation" (Klein, 1996, pp. 15-16). Frequent contact also helps divert offenders' attention from preoccupation with the victim to the requirements of probation or parole (Klein, 1996). In addition to supervision contacts, offenders are seen in a group intervention program, and possibly for drug testing and treatment. All these contacts help keep the offender focused on his obligation to obey the conditions of probation or parole.

There is no officially recommended caseload size for specialized caseloads of family violence offenders. Just as regular supervision caseloads vary dramatically from one jurisdiction to another, so do specialized and intensive caseloads, as indicated by the following information from the *1993 Corrections Yearbook* (Camp & Camp, 1993):

- Regular caseloads on probation ranged from 58 in Missouri to 400 in California with an average of 124 probationers per caseload in 1993.
- Specialized caseloads ranged from 19 in New Mexico to 125 in the District of Columbia with an average of 45 cases per worker.
- Intensive supervision caseloads ranged from 5 in Montana to 58 in Connecticut with an average of 26 probationers per caseload.

Conduct Home Visits or Field Surveillance

Periodic home visits are recommended with the frequency determined by the assessed level of risk of the offender. Some agencies prescribe a specific frequency, such as one visit per month, while others leave it to the officer's discretion. The Family Assault Supervision Team (n.d.) in Baltimore, Maryland requires one home visit every month if the domestic violence offender and victim are cohabiting or one home visit every three months if offender and victim are not cohabiting. If victims and offenders are still living together, home visits provide an opportunity to observe their interactions in their natural setting. Home visits with offenders living apart from their victims offer an opportunity to check on compliance with other conditions. For example, if there are children's toys or a partner's belongings in the home, the offender may not be observing no contact orders. The home also can be checked for evidence of alcohol or drug use or possession of firearms or pornography, if these have been prohibited. Besides home visits, contacts with offenders throughout the community are important. This may include their place of employment or schooling and places in which they spend leisure time. Monitoring sex offenders' leisure activities is especially important (English, Pullen, Jones, & Krauth, 1996).

Investigate Records for New Abuse

Klein (1996) recommends regular checks with other parts of the criminal justice system to be sure abuse is not continuing unbeknownst to the probation or parole officer. The following are recommended by Klein (1996):

- monthly checks of police logs for calls to the probationer's or victim's residence;
- weekly checks of persons held in protective custody for intoxication; and
- regular checks of local or statewide computer records of criminal cases (for any new complaint, family abuse or otherwise) and civil restraining order activity (whether initiated by the victim of record or another).

If offenders' names are found through any of these sources, they should be considered in violation of their probation conditions and returned to court.

Have Regular Contact with Victims and/or Collateral Sources

The importance of regular victim contact was emphasized in Chapter 11. Some agencies leave the frequency of these to the discretion of officers while others state a regular time frame for contacts, generally every month or every two months. This may be an area with which trained volunteers can help. Contact with others who can supply information about the victims and/or offender also is important. Especially for victims of child sexual abuse, maintaining contact with a parent, therapist or other person working with the child is recommended.

Notify Victims of Changes in Offender's Status

Victims or their guardians should be notified whenever there is a change of status for the offender, including:

- incarceration;
- release from custody;
- dropping out of treatment; and
- changes in residence or employment (English, Pullen, Jones, & Krauth, 1996).

Programs should set firm policies about absences from treatment.

Monitor Group Intervention Programs

Programs should set firm policies about absences from treatment. Some agencies will allow two absences before the offender is returned to court. Probation and parole officers should receive regular information about the attendance and participation of offenders in a group intervention program. With modern technology, most intervention programs and community corrections agencies can exchange information very quickly by fax. The treatment provider can fax, deliver or mail an attendance list following each week's group meeting. The list also can indicate the name of any offenders about whom the group leaders have concerns. This cues the probation or parole officer to contact the group leader for further details. Probation and parole officers may observe group sessions occasionally to obtain first-hand information on offenders' progress.

Check Regularly with Substance Abuse Treatment Providers

The same process as just described also can be used to monitor offenders' compliance with substance abuse treatment conditions. Klein (1996) suggests several ways of monitoring self-help group attendance (such as Alcoholics Anonymous or Parents Anonymous). Raffle ticket stubs from meetings can be checked. They should not have consecutive numbers indicating the offender bought several tickets at once and is writing different dates on them. The signature of the group's secretary may be required. Or offenders can be asked to give the first names of

speakers at a meeting and the list can be compared with that of other offenders attending the same group.

This is another area where volunteers may be used. If necessary, they could call or go to treatment providers to obtain attendance lists. They could check lists and notify each probation or parole officer of any absentees or any need to contact treatment providers about specific offenders.

Maintain No Contact Orders

Both offenders and victims should be told that, if no contact is a condition of probation, this can be changed only by the court. Even if the victim drops a restraining order, a condition of no contact requires a judge's or paroling authority's action to change. A decision to do this is based on recommendations concerning the offender's behavior, so he or she should be counseled to focus on behavior change. Sobriety, no new abuse, no infraction of probation or parole conditions and progress in treatment should be among the areas assessed in making a recommendation for a change.

ENFORCEMENT OF CONDITIONS OF PROBATION OR PAROLE

The purpose of probation or parole intervention in family violence cases is to protect victims by changing offenders' behavior and stopping the violence. The supervision recommendations discussed previously in this chapter attempt to accomplish these objectives. However, family violence is an insidious and persistent problem fueled by learned behaviors that often are legitimized culturally. Thus, the behavior change process can be lengthy and arduous. Many offenders are unable to complete a term of probation or parole without violating some of the conditions of their probation or parole and/or committing new offenses. The role of the probation or parole professional is one of reinforcing positive behavior changes and holding offenders accountable for their behavior through negative sanctions for unacceptable behavior.

Figure 12:1 depicts three possible outcomes for offenders placed on community supervision with conditions of probation or parole:

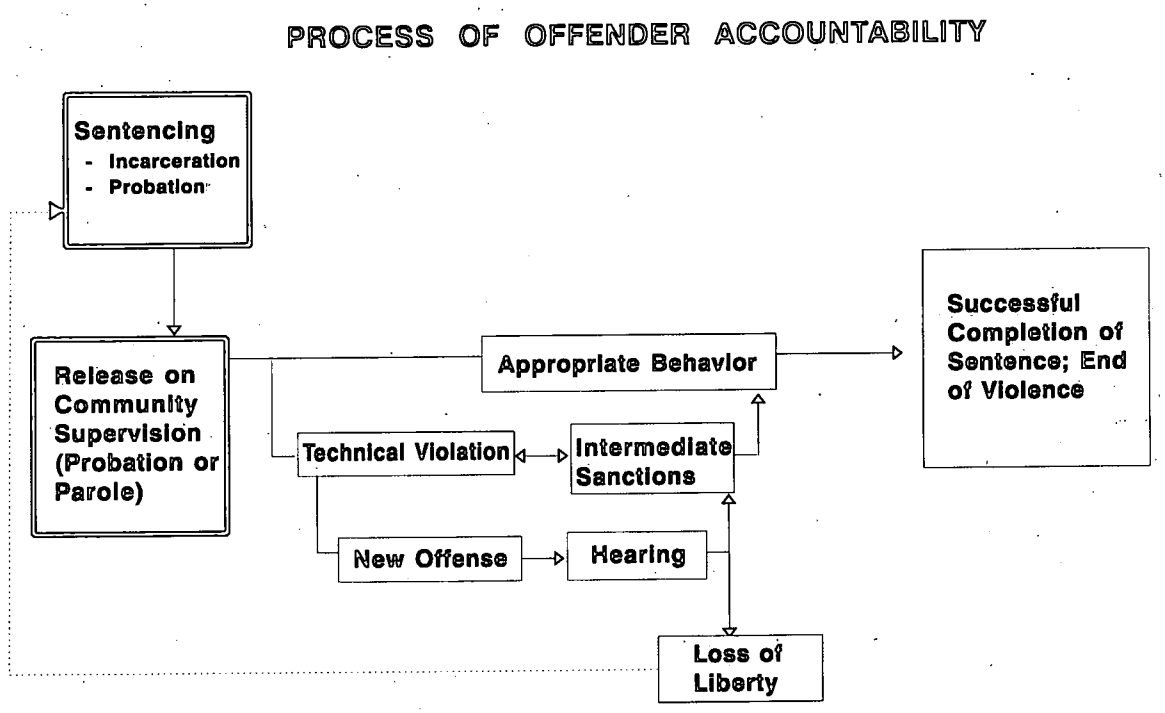
- They may display appropriate behaviors by complying with their conditions.
- They may commit technical violations of their conditions.
- They may commit new offenses.

The role of the probation or parole professional is one of reinforcing positive behavior changes and holding offenders accountable for their behavior through negative sanctions for unacceptable behavior.

Compliance with Conditions

Officers should provide positive feedback to offenders who comply with all conditions of release. This should be given in behaviorally specific terms. (e.g., "You have attended all group meetings and supervision appointments, met your financial obligations, had no positive drug tests, and your victim reports you have not been in contact with her.") Some agencies allow for a relaxation of supervision for offenders with no technical violations during an initial period of intensive supervision. This period usually ranges from three to six months. At that time, offenders'

Figure 12:1



compliance may be reinforced through changes such as decreased frequency of substance abuse testing, diminished community work service requirements, and less frequent supervision contacts with probation or parole officers. Caution should be used, however, and victim contact, other collateral contacts, and supervision contacts should continue. A family violence offender should never be reduced to administrative supervision (i.e., no direct contact with the officer). If the offender has been seen weekly, he or she might be changed to every-other-week supervision contacts. With continued compliance, the offender will complete the term of probation or parole supervision and be released.

Technical Violations

Most offenders will commit technical violations. Family violence offenders are accustomed to being in control and often continue to act as they please by flouting the court's orders. Technical violations may or may not constitute new offenses, but they generally increase the potential risk to the victim as illustrated by the following examples.

- An offender who makes unauthorized contact with the victim, even through a telephone call or note, is indicating that he does not plan to abide by court orders. If he experiences no consequences for such contact, the next time may be an in-person contact. When he has access to the victim, the abuse is more likely to recur.

- Possession of a weapon increases the potential that it may be used against the victim.

- Use of alcohol or other drugs diminishes the offender's ability to think rationally and use behavior control techniques learned in group sessions.

- Failure to pay court-ordered monetary obligations places the victim at risk of becoming directly dependent on the offender for financial support.

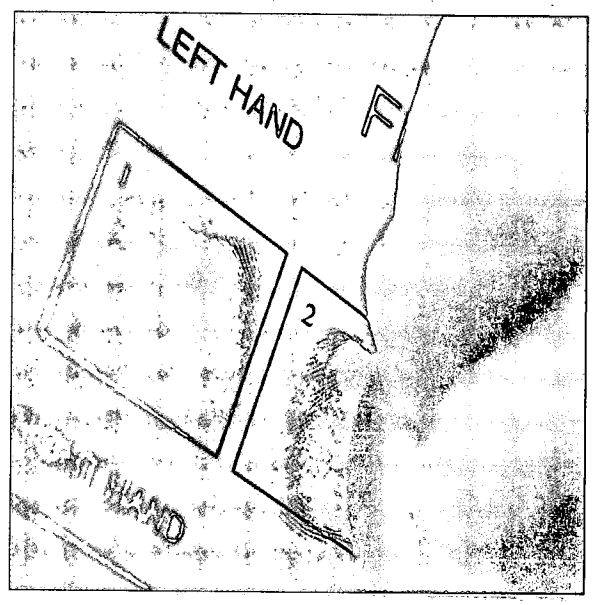
- A sex offender may be at heightened risk for re-offending if he engages in sexual fantasies, places himself where children are accessible or fails to use his leisure time in a constructive manner.

Other technical violations might include missed office appointments, failure to attend or participate in treatment and alcohol and drug use (Klein, 1996).

New Offenses

Any form of new abuse to a victim - physical or sexual abuse, threats or harassment - should be sanctioned immediately, no matter how minor. Other criminal offenses also should be confronted. New offenses can go through the normal criminal justice process, which often is very long and cumbersome. Charges must be filed, and often the offender is released again to the community while awaiting trial. In the interim he possibly is able to continuing abusing his victim.

However, if community release conditions contain terms that an offender shall obey all laws and perpetrate no further abuse, new abuse or other criminal offenses can be treated as probation or parole violations. This allows much swifter handling of the case and imposition of sanctions by returning the offender to court. It may be advisable to let the case continue along both routes: as a technical violation **and** as a new case for prosecution.



Responses to Violations of Probation or Parole Conditions

The National Council of Juvenile and Family Court Judges states: "Probation violations of any kind in family abuse cases should be promptly returned to the court for adjudication" (1990, p.47). As is well understood by community corrections personnel, offender accountability goals are meaningless if sanctions are not forthcoming for violations. Failure to enforce the conditions of release is especially problematic in family violence cases because of

the increased risk to the victim and the **negative reinforcing** message nonenforcement sends to the offender, the victim, and the public. Because of the traditional view that intimate violence is less serious than other violent crimes, enforcement for failure to attend treatment or violations of no contact orders often are not dealt with strictly by the courts; however, technical violations are often a present indicator of criminal violations yet to come (Brown, et al., 1984, as cited by National Council of Juvenile and Family Court Judges, 1990). Probation and parole officers have the unique opportunity to follow family violence offenders closely and expedite offender accountability by bringing violations back before the court or paroling authority for increased supervision, other intermediate sanctions, and/or incarceration (National Council of Juvenile and Family Court Judges, 1990).

States and local jurisdictions vary in the procedures for handling violations. In some states (e.g., Massachusetts), probation officers can return an offender to court for probation violations. The probation officer presents the case directly to the court, calling witnesses and producing other evidence. In other areas, returning a case to court may require the assistance of the prosecutor's office. This can present difficulties when prosecutors are busy and do not wish to return minor violations to court. The best approach is for probation and parole professionals to have broad discretionary powers to impose sanctions quickly when warranted.

Both judicial and prosecutorial education are vital for the successful supervision of family violence cases. Judges and prosecutors must understand the tenacity with which many family violence offenders pursue their victims and the association between technical violations and future re-offending. They also need to embrace the primary goal of victim protection as they approach these cases.

Intra-Departmental Responses to Technical Violations

For each and every violation of a probation or parole condition, there should be a response. It likely would be impossible to return every violator to court. Therefore, for very minor first-time violations, officers may handle them internally. Intermediate sanctions that may be applied within the probation or parole setting might include, but are not limited to, the following:

- verbal warnings and reprimands;
- written warnings and reprimands;
- increased supervision (e.g., twice weekly to daily reporting);
- increased drug testing;
- curfews;
- community work service; and
- home confinement (if not living with victim).

Additional sanctions recommended for sex offenders, but applicable to all family violence perpetrators include (Jones, Pullen, English, Crouch, Colling-Chadwick, & Patzman, 1996):

- increased treatment sessions;
- 72-hour mental health holds;
- fines;
- placement in a halfway house; and
- short-term incarceration.

The selection of these sanctions depends on the seriousness of the violation, the offender's attitude, and the resources and policies of the community corrections agency. Even if a technical violation is handled internally, the probation or parole officer should send a written report to the court. This, then, is available to the judge if further violations occur and the case is returned to court.

Return to Court

Any case of re-abuse or new criminal offenses should be returned to court for violation proceedings. Other violations that should be considered strongly for return to court include:

- failure to attend and participate in treatment (either offense-specific treatment or substance abuse treatment);
- violation of no contact conditions (violation of restraining orders is a criminal offense in some states);
- possession of weapons;
- substance abuse; and
- possession of pornographic material by sex offenders.

All these behaviors clearly increase the risk to victims and should be viewed with alarm by probation and parole officers and the courts. Swift return to court and a strong response by the court are needed to prevent further abuse and protect victims.

Courts may give verbal or written warnings or add terms to the offender's conditions of release, such as fines, community service work, increased AA attendance, a lengthened period of probation and/or treatment, curfews, house arrest, electronic monitoring and restitution to the victim (Hofford, 1991; Klein, 1996). Remanding the offender to jail for a period of shock incarceration or to complete the terms of a suspended sentence also are options.

If probation or parole professionals present the case in court, or if they are called as a witness by the prosecution, there are several types of evidence that should be collected, including (Black, 1995; Klein, 1996):

- copies of conditions of release (signed by the judge or paroling authority and acknowledged by the offender);
- a police report;
- testimony of police officers;
- medical evidence;
- photographs (e.g., victim's injuries, the scene, the offender where he is not supposed to be);
- testimony of shelter staff if a victim used this service;
- the affidavit signed by the victim to request a new restraining order;
- copy of a 911 call tape; and
- testimony of other witnesses, such as children (if old enough), other family members, neighbors and friends.

Even if the case is handled by a prosecutor, a probation or parole officer is instrumental in obtaining information and the cooperation of witnesses.

Issuing a subpoena to a victim for a revocation hearing may be expeditious, even if she is willing to testify. She may show this to the offender or relatives who challenge her for disloyalty. A

subpoena indicates taking the case back to court was not her idea or her fault. However, if a victim fails to come to the hearing, even if subpoenaed, there should be no attempt to find her in contempt. She may believe participating in the hearing will place her or her children in jeopardy. Some victims may be convinced to testify against their abusers if they understand they also can speak on their behalf at the time of disposition. The court will consider her earlier testimony about the abuse and indicators that she may have been coerced by the defendant in making a dispositional statement when making the final decision (Klein, 1996).

An effective working relationship between community corrections agencies and the court is vital for holding family violence offenders accountable for violations of probation or parole. Klein (1996) recommends an arrangement whereby only one judge hears violation cases. With this method, offenders are likely to be dealt with more consistently. A single judge can view a particular case in the context of all other family violence cases. He or she also is more familiar with typical behavior patterns and is better able to respond to violators.

EFFECTIVENESS OF PROBATION AND PAROLE OFFICERS

Supervising family violence cases is difficult work and requires skills and dedication from officers. The New Jersey Conference of Chief Probation Officers (1992, p. 3) delineated the requirements of personnel as follows:

> The supervision of domestic violence cases should be assigned to a limited number of officers who specialize in this function. The officers assigned should, when possible, have the following qualifications:
>
> A. Experience in supervision.
> B. Senior probation officer status, or eligible to be.
> C. Experience and/or training with substance abuse.
> D. Interest in taking on the assignment.
> E. Experience in child support enforcement.

The community corrections professional needs to emphasize constantly the offender's responsibility for his or her behavior, thus reinforcing the notion that accountability is vital to the change process (Black, 1995). The probation or parole officer's attitude and behaviors are as important as the sentences and conditions of release. Many abusers receive reinforcement for their criminal behavior from peers, relatives and society-at-large. This reinforcement allows offenders to believe their behavior really is not criminal and is the victim's fault. The probation or parole officer may be the first person they encounter who challenges these beliefs (Klein, 1996).

Probation and parole professionals must challenge every attempt on the part of offenders to deny, minimize, rationalize or externalize their behavior. They must be wary of offenders' attempts to manipulate them into fraternizing and colluding with them about the abuse. Sexist jokes, derogatory comments about the victim, and attempts to portray themselves as the victims must be confronted with factual information about the criminal nature of their behavior. Only through changing both the attitudes and behaviors of offenders will the violence be ended.

The community corrections professional needs to emphasize constantly the offender's responsibility for his or her behavior. . .

CONCLUSION

This chapter presented information about the need for strict conditions of release that community corrections professionals can use to protect victims and supervise probationers and parolees. The process of supervision for family violence offenders, including intake, case classification, monitoring and enforcement was discussed. Finally, the qualities of effective probation and parole officers were reviewed.

Hofford (1991, p. 16) provided a good description of the role of probation (and parole) in supervising family violence cases. She said:

> Probation departments and individual probation officers can play a pivotal role in improving not only the response of the probation department, but of the entire court system. By setting and enforcing new standards of behavior between family members, the court system not only responds more sensitively and fairly to victims of abuse, the court also promotes an intolerance of violence in the community which will reduce future violence and make homes safer for millions of victims. In addition, the court and probation officers have the unique opportunity to break the self-replicating pattern of violent behavior which condemns the children to learned domestic violence and crime.

Chapter 13

INTERVENING IN FAMILY VIOLENCE: OFFENDER BEHAVIOR CHANGE

[B]ehavior change occurs only if the coercive power of the justice system enforces treatment conditions through which batterers learn different behaviors.
(Klein, 1994)

Chapter 13

INTERVENING IN FAMILY VIOLENCE: OFFENDER BEHAVIOR CHANGE

This manual stresses the need for mandated group intervention programs for family violence offenders, particularly domestic batterers and sex offenders. Based on the models discussed in Chapter 7, a probation or parole agency may provide these programs internally (self-contained programs) or they may cooperate with an outside treatment agency (shared responsibility programs). Chapter 7 discussed the advantages and drawbacks of each of these models.

This chapter provides guidance to probation and parole professionals in developing group intervention programs or selecting treatment programs to which to refer offenders. Preparing officers to be trained group facilitators is beyond the scope of the chapter; rather the chapter provides basic information needed to assess programs and to work cooperatively with treatment providers. To that end, this chapter addresses:

- goals and principles of intervention programs;
- recommended program policies and procedures;
- program methods and components;
- cultural diversity and sensitivity;
- qualifications of treatment providers; and
- program evaluations.

As in earlier chapters, primary attention is given to batterer's treatment and sex offender treatment, as these are the cases most commonly seen on community corrections caseloads. Also, similar to other chapters in this module, the information provided in this chapter is drawn largely from program materials supplied by community corrections agencies and group treatment programs.

BATTERERS' INTERVENTION GROUPS

Many batterers can change, but few choose to alter their abusive behaviors unless they are compelled to do so. Battering is a learned behavior that generally nets abusers more benefits than costs. Therefore, behavior change occurs only if the coercive power of the justice system enforces treatment conditions through which batterers learn different behaviors (Klein, 1994). Some practitioners recommend the use of the term *intervention* instead of *treatment* when discussing group programs for batterers. Treatment often conjures images of traditional mental health approaches, including one-to-one counseling and methods focusing on the personal and interpersonal functioning of the individual.

However, with family violence offenders, the issue is criminal abuse of other people, and the goal of intervention should be ending the violence and protecting victims (Klein, 1994). Changing the abusive behavior of offenders involves a process of intervention, including psycho-educational groups, the supervision of offenders and enforcement of conditions of probation or parole. In this manual the terms intervention and treatment are used interchangeably; however, the reader should understand that both denote the type of approach just described.

Goals and Principles of Intervention Programs

Goals

The primary goal of batterers' intervention programs should be **to protect victims by ending their partners' violent behavior.** Dr. Anne L. Ganley, a pioneer in the development of batterers' treatment, suggests the following objectives to achieve this goal:

- increase his responsibility for his battering behavior;
- develop alternatives to battering (time-outs, empathizing, problem solving, tension-reducing exercises, etc.);
- increase anger control;
- decrease isolation and develop personal support systems;
- decrease dependency on the relationship;
- increase his understanding of the family and social facilitators of wife battering; and
- increase identification and expression of all feelings (Ganley, 1981, p. 40).

Goals cited in other program materials are similar and include the following:

- stop physical violence (e.g., hitting, grabbing, kicking, biting, choking, use of restraints);
- end intimidating behavior (throwing things, standing up during arguments, threatening, giving scary looks, etc.);
- stop sexual abuse;
- stop verbal abuse and criticism (name-calling, ridiculing, yelling, swearing, insulting);
- become a better listener;
- respect the differences and rights of others;
- learn to express feelings other than anger, and learning to express anger appropriately without being abusive;
- learn to identify alternative male roles and behaviors;
- give more praise and support;
- learn to be more patient and to relax;
- learn to ask for help;
- take responsibility for his own self-care; and
- cease to blame his partner or children for his feelings and his behavior.

(Emerge, Cambridge, MA, n.d.; Marathon County Batterers Treatment Program, Wausau, WI, n.d.).

Program Principles

The most commonly cited principles upon which effective batterers' treatment programs are based include those listed in Table 13:1.

Table 13:1
PRINCIPLES OF BATTERERS' INTERVENTION PROGRAMS

- Violence is a criminal behavior.
- The safety of victims should be the primary concern of any treatment program.
- Violence is learned behavior used to maintain control over a partner. Learned behaviors can be changed.
- Abusive behavior is the sole responsibility of the batterer. Victims do not cause their abuse and should not be blamed for it.
- Batterers should be held accountable for their abusive behaviors.
- Treatment should challenge the offender's belief system that justifies the violence.
- Offenders should be mandated to attend, participate in and successfully complete treatment.
- The preferred method of intervention for most batterers is group, rather than individual treatment.
- Batterers should pay for treatment.

(Sources: Batterers Treatment Program, Lawrence, MA, n.d.; Family Assault Supervision Team, n.d.; Iowa Department of Corrections, 1993; Klein, 1996; Ventura County, CA Corrections Services Agency, 1994).

Treatment Philosophies and Approaches

Adams (1988) compares several treatment approaches used for intervening with batterers. Underlying philosophies of various treatment strategies are important to understand when evaluating programs for offenders.

Insight Model. This model views intrapsychic problems of the abuser as the cause of violent behavior. Problems may include poor impulse control, low frustration tolerance, fear of intimacy, depression, dependency and the like. The model assumes the issues result from developmental problems. Batterers are thought to have a very fragile sense of self which must be improved through therapy. The goal of insight therapy is to help abusive men become more aware of the effects of past experiences and learn to respond more appropriately in the present relationship. Critics of this approach say it does not directly address men's violence and does not concern socially sanctioned values that promote male dominance (Adams, 1988).

Ventilation Model. Expressing anger is central to overcoming emotional repression (considered the cause of violence) and opening communication according to the underlying philosophy of this approach. Anger ventilation includes both verbal and physical release of aggression. Criticisms of this approach cite research claiming verbal aggression does not diminish physical aggression, and anger ventilation tends to become addictive (Adams, 1988).

Interaction Model. Couples or marital counseling has a goal of improving communication, resolving conflict and ending violence. This approach views both partners as equally powerful and equally culpable in the problems they experience. The abused victim

often is blamed for the violence, because it is assumed her behaviors provoke the man's abusive response. The therapeutic goal is for each partner to make necessary changes in problem areas contributing to the violence. This approach is considered dangerous for victims who, if they openly communicate as expected in therapy, may experience further violence from their partners afterwards (Adams, 1988).

Cognitive-Behavioral/Psychoeducational Model. Violence is the primary focus of this approach. The technique assumes both violent and nonviolent behavior can be learned. Interpersonal skills training and self-monitoring are among the content areas included in this model. Critics of this approach fault it for not focusing enough on the power and control dimensions of partner abuse (Adams, 1988).

Profeminist Model. Partner abuse is controlling behavior intended to maintain an imbalance of power between an abusive man and a battered woman according to the underlying assumption of this approach. The methods used in this model include basic education and communication skills training, but also focus on challenging sexist expectations and controlling behaviors. Strategies further include efforts to protect the battered woman and challenges to the man's denial or externalization of his abusive behavior (Adams, 1988).

The approach most commonly recommended combines elements of the cognitive-behavioral/psychoeducational and profeminist models. As noted in the goals and principles stated previously, these approaches emphasize victim safety, the batterers' responsibility for his behavior, and a recognition of the issues of power and control in the relationship.

Most practitioners in the area of domestic violence agree that some types of treatment should not be used. These include:

- **Anger management.** Anger is a strategy used by abusers to control their partners. This approach places blame on victims when their behaviors are seen as causing their partners' anger (Black, 1995; Klein, 1994).

- **Couple's counseling.** The greatest concern with this approach is the potential danger for victims. If the victim is honest and engages in negotiation (an underlying assumption of this approach), she places herself in jeopardy of further abuse from a batterer who is controlling. As this model views couples as equal partners, it also places responsibility on victims for contributing to the reasons for the abuse (Black, 1995; Klein, 1994).

- **Self-help/support groups.** While these models are useful in other contexts, with partner abusers, they tend not to be confrontive enough and allow the continuing denial of responsibility and blaming of victims by offenders. Support groups may be useful following other treatment experiences and positive behavior change (Black, 1995).

Recommended Program Policies and Procedures

Currently, there is little standardization among batterers' treatment programs. A few states have standards and certification processes, but most do not. A review of program materials and other literature reveals the most common elements of effective programs are those included in Table 13:2. Each of these is explained briefly.

Table 13:2

RECOMMENDED PROGRAM POLICIES AND PROCEDURES

- Programs should have a primary goal of victim safety, maintain contact with victims and warn victims when they may be in danger.
- Program participants should be court-ordered to attend. There should be consequences for failure to attend, fully participate in and successfully complete the program.
- Programs should have criteria for participants who will and will not be accepted in the program.
- Programs should have a structured referral and intake process that includes an individual assessment of offenders.
- Programs should have policies on confidentiality. Each participant should be required to sign a release of information so treatment providers can obtain and share needed information.
- The program should involve group intervention.
- Expectations of participants should be clearly stated (e.g., no further violence, regular attendance, participation)
- Programs should require batterers to report their abusive behavior.
- The program should be long enough to effect change. Often a year or more is required.
- There should be a mechanism for keeping community corrections personnel apprised of the offender's attendance and progress in the program.
- Programs should work cooperatively with community corrections agencies and services for battered women.
- Programs should state criteria for successful completion and unsuccessful termination of participants from the program.
- The cost of treatment should be the responsibility of the abuser. Programs should charge fees based on participants' ability to pay, and mechanisms should be in place to assist those who are truly indigent.

(Sources: Batterer's Treatment Program, Lawrence, MA, n.d.; Black, 1995; Ganley, 1981; Klein, 1994; Massachusetts Department of Public Health, 1992; Pence, 1989; State of Washington, 1993).

Goal of Victim Safety

The safety of victims should be the paramount concern of intervention programs. All other policies and procedures should support this primary goal. Programs can address this goal by:

- initial and ongoing contact with victims to assess their safety and any needs they may have;
- one or more program orientation sessions for victims to help them understand program expectations and the continuing need for safety planning;
- notification to victims of any significant events (e.g., offender's entry in program, offender's termination from program); and
- warnings to victims if they are perceived to be in immediate danger.

(Black, 1995; Pence, 1989; State of Washington, 1993).

. . .it is helpful to have the coercive power of the criminal justice system behind an individual's participation in the program.

Court-Ordered Involvement

Although many programs do accept participants who refer themselves or are directed to the program from other sources (e.g., ministers, mental health counselors), most agree it is helpful to have the coercive power of the criminal justice system behind an individual's participation in the program. Standards of attendance, participation and successful completion of the program can be enforced when participants are court-ordered to enter a treatment program. (Please see Chapter 12 for more information about conditions of probation and parole.)

Criteria for Acceptance

Programs should articulate the criteria used to accept or reject participants from the program. Klein (1996) recommends probationers who should not be referred to counseling are those who:

- are extremely dangerous;
- totally deny their abusive behavior;
- have no motivation to change their abusive behavior; and
- are unable to control their abuse of substances.

Of course, programs should have policies of nondiscrimination based on race, national origin, religious preference and other factors having no bearing on the abusive behavior or the treatment process.

Referrals, Intake Process and Individual Assessment

The program should indicate clearly the information needed at the time the offender is referred to the program. For example, the Batterers Treatment Program in Lawrence, Massachusetts asks probation officers to send a copy of the police report and the offender's criminal record with a standard referral form. In addition, sending a copy of the offender's conditions of release might be helpful.

Intake processes vary among treatment programs, but they usually contain some combination of an intake interview and orientation of the participant to the program. Intake interviews often gather data about the offender and victim, including demographics, substance abuse, mental health or substance abuse treatment history, history of

violence in family of origin and family of creation, history of other criminal behaviors, and education, military and employment history.

Programs should conduct an individualized assessment on all offenders referred to the program. To determine whether or not they meet program criteria, the Advent Program in Worcester, Massachusetts evaluates potential participants for their ability and willingness to comply with the program's rules, the presence of a substance abuse problem, the presence of a psychiatric illness, and potential lethality. Agencies should have standardized data gathering and other assessment instruments. They may include psychological profiles and personality assessments. Both the process and rationale for the assessment should be specified in the program's policies and procedures. (Please see Chapter 10 for more information on assessment.)

Confidentiality

Programs should address several issues related to confidentiality. First, stressing the confidentiality of the program participants and the exchanges that occur during meetings should be part of their standard procedures in the orientation process and the group meetings. Policies should be in place concerning the maintenance of program files. These should be maintained in such a way that program participants can be assured of privacy from those who have no need for information about their participation. Programs should have strict policies and procedures regarding the protection of information about victims. This is especially important if victims wish to keep their current addresses confidential. It is advisable to keep this information separate from the participants' files.

On the other hand, permission to obtain and disseminate information about participants to those who have a legitimate need for the information is essential. Therefore, a routine policy of treatment programs should including having offenders sign release of information forms. These should allow the program to request relevant information from appropriate sources, such as:

- information about the crime precipitating his sentence and his previous criminal history;
- previous substance abuse history and treatment;
- previous mental health diagnoses and treatment; and
- the victim's account of the violence.

They also should allow the program to share information with other persons and agencies as necessary, such as:

- victims;
- probation and parole officers;
- child protective services agencies; and
- substance abuse treatment programs.

Programs should report, without regard to confidentiality, any of the following:

- abuse or neglect of children or elders;
- threats of participants to kill or physically harm themselves or others;
- criminal offenses committed during program participation (Men Overcoming Violence, Amherst, MA, n.d.)

Group Intervention

A group intervention program is much preferred to individual counseling. In addition to the obvious economy of group interventions, the advantages include:

- peer confrontation;
- reduction in isolation and feelings of anxiety for offenders; and
- creation of a positive, safe and open learning environment (Ganley, 1981; Black, 1995).

Clear Expectations of Participants

Many group intervention programs have contracts that participants review and sign before entering the program. Others have orientation sessions during which expectations are explained. Whatever method is used, there should be clearly defined program expectations. Examples of these include:

- offender's admission of violent behavior;
- no further violence;
- no use of drugs or alcohol;
- self-report to group if abuse or substance abuse does occur;
- active participation in the group, including confrontation of denial, minimization, rationalizations and externalization;
- completion of homework assignments;
- no disruptive or threatening behavior in the group or toward group leaders;
- no sexist or racist language allowed;
- program contact with victim without interference from participant;
- regular attendance (some programs allow a certain number of absences within a given period);
- punctuality (some programs do not give credit for attendance at the session if the participant is more than 10-15 minutes late); and
- payment of fees

(Batterers Treatment Program, Lawrence, MA, n.d.; House of Ruth, Baltimore, MD, 1993; Klein, 1996; D. C. Superior Court, n.d.).

Required Reports of Abusive Behaviors

Participants in group intervention programs should be informed that they will be expected to self-report any abusive behavior they commit against their partners or anyone else during their enrollment in the group. Most treatment providers are in agreement that there should be a

consequence for any abuse that happens during the treatment process. These consequences may include, but are not limited to:

- attendance at additional group sessions;
- starting the program over;
- expulsion from the group;
- return to court;
- jail time; and/or
- revocation of probation or parole.

(Ganley, 1981; Klein, 1996; Marathon County Batterers Treatment, n.d.; Pence, 1989).

Community corrections agencies and treatment providers should discuss possible consequences and agree on what should occur in the event of re-abuse while an offender is participating in a treatment program. It is not in the best interests of batterers or their victims to give an inconsistent message about the seriousness of new abuse.

Program Length

Program lengths vary widely - from as few as 4 sessions to 52 sessions or more. Most programs emphasize the need for a lengthy period of treatment involvement (a year or more). Abusive behaviors are learned and reinforced over the offender's lifetime, and that behavior cannot be expected to change in a few weeks. The number of sessions the offender is expected to attend to successfully complete the program should be stated clearly in the program's policies.

Keep Community Corrections Personnel Informed

Programs should be willing to communicate regularly with probation and parole officers about offenders' attendance and participation in treatment. Chapter 12 recommended this information be faxed to officers following each session. For example, information such as that in Table 13:3 could be helpful. This gives probation and parole officers specific areas to work on with offenders and/or indicates areas in which offenders are making progress and should receive reinforcement.

Programs should be willing to communicate regularly with probation and parole officers about offenders' attendance and participation in treatment.

Work Cooperatively with Community Corrections and Victims' Agencies

Cooperative working relations between treatment programs and other agencies serving both offenders and victims are vital. The program staff must be willing to maintain frequent communication with community corrections professionals. This includes submitting regular progress reports, providing timely assessment information, being available to testify at revocation hearings, and the like. Similarly, community corrections professionals should apprise program staff of any changes in a participant's status, such as disciplinary actions, revocations, and new charges filed.

Table 13:3

WEEKLY PROGRESS REPORT

Program Name Men's Treatment Program Date 8/1/95

TO: Joe Smith, Probation Officer
Fax # 555-2465

FROM: Jeff Jones, Group Leader

The following is provided for your information about participants from your caseload in the Men's Treatment Program.

PARTICIPANT NAME	PRESENT (P) ABSENT (A)	HOMEWORK COMPLETED (√)	BEHAVIOR/ PARTICIPATION (1-15; see key below)	FEE PAID (√)
Bill Brown	P	√	1,2,4,6,13,14	√
Kevin Carpenter	P		9,11,15	
John Miller	A			
Mark Stevens	P	√	3,5,8,10	√

Comments:

Bill has made good progress over the past few weeks.
This is John's second absence. Please let me know what actions will be taken.

Behavior/Participation*

1 - attentive, alert
2 - participated frequently
3 - participated now and then
4 - seemed to grasp material
5 - appeared bored
6 - friendly/cooperative
7 - confronted another member
8 - used stereotypes
9 - hostile
10 - depressed
11 - preoccupied
12 - assumed leadership role
13 - asked questions
14 - offered information
15 - interrupted others
16 - other: _____

*Source: STAR Services (n.d.a).

Ganley (1981) recommends that treatment should not occur unless there is a shelter in the community or a safe home system for victims. Victim safety concerns should be paramount, and treatment providers need these services to rely upon. Victims' services agencies should be included in planning and monitoring treatment programs. Many communities have coordinating councils or task forces to which both victims' services and treatment agencies belong. Some programs work with victims' service to prepare a victim impact component of the educational program for batterers. Batterers' programs and victims' services should not be in competition for the same funding resources.

Criteria for Completion or Termination

Criteria for successful completion of the intervention program may include the following:

- attendance at the required number of sessions;
- participant's acceptance of responsibility for violent behavior;
- completion of required homework assignments;
- payment of all fees;
- no further threats, abuse or contact with victims, (if contact is prohibited);
- cooperation with program rules; and
- compliance with all court orders.

(Massachusetts Department of Public Health, 1992; State of Washington, 1993).

Criteria used to determine unsuccessful progress in the program and the termination of offenders may include these factors:

- absences beyond any that are allowed by the program;
- providing false or misleading information;
- continuation of threats, abuse, or unauthorized contact with victims;
- noncompliance with other court orders;
- continuing substance abuse;
- nonpayment of fees;
- violation of program rules;
- nonparticipation in group;
- disruptive or subversive behavior in group; and
- conviction and incarceration for crimes.

(Advent Program, n.d.; Domestic Violence Perpetrator Program, Tacoma, WA, n.d.; State of Washington, 1993).

Programs should notify victims and probation and parole officers as soon as termination occurs. For some infractions, programs have mechanisms other than expulsion from the program to admonish participants. For example, they may add to the number of required sessions or return a participant to an earlier phase of the program and require that he work through it again.

Program Fees

Offenders should be required to pay the cost of treatment. This is one way of holding them accountable for their behavior. Most programs develop a sliding fee scale and charge participants according to their income. Programs may agree to take a few participants without charge who are truly indigent and cannot afford

to pay. However, probation and parole officials should require such offenders to do a suitable amount of community work service in exchange (Klein, 1994).

Program Methods and Components

Nearly all programs use a group format for batterers' treatment. There are some offenders, as noted earlier, who may not benefit from group intervention. A few use a combination of group and individual sessions. A group process initially provides external controls and accountability for participants until they are able to develop internal control. Appropriate, constructive confrontation techniques combined with support is recommended for helping participants recognize their responsibility for their behavior and the need to change. When this confrontation comes from peers, participants generally respond more positively. The group also provides them with skill development in assessing themselves and others (Ganley, 1981).

Battering is viewed as learned behavior, and educational approaches are considered appropriate for learning different behaviors.

Most programs use a combination of group process and educational methodologies. Some of the earliest programs, which have been extensively replicated, include the Duluth, Minnesota Model (Pence, 1989); Anne Ganley's program at the V.A. Hospital in Tacoma, Washington (Ganley, 1981); and the Emerge Program in Cambridge, Massachusetts (Adams, n.d.). Battering is viewed as learned behavior, and educational approaches are considered appropriate for learning different behaviors. The group sessions include providing information, discussing concepts and trying new skills. In this approach, the treatment professional assumes a directive, teaching approach (Ganley, 1981).

Most often there are two or more phases to the treatment/educational process, but these vary extensively in how they are organized.

- **Initial Phase:** Sometimes the assessment is included in the initial phase of the group intervention process. Some programs have an orientation group in which offenders participate until they are accepted in the next phase of the program. The amount of time spent in the orientation group may depend on when an opening is available in the next phase or on the beginning of a new cycle of sessions in the next phase. Sometimes community corrections agencies conduct the orientation phase to prepare offenders for joining intervention groups.

- **Educational Component:** This part of the intervention consists of lectures, videos, group discussions, exercises, homework and similar educational methods. Some of the topic areas frequently covered in this phase are included in Table 13:4. Group processes also are included in this and other phases of the intervention group. For example, participants may learn to confront other members who are denying their abuse, and the support of the group can be valuable for reinforcing behavior changes.

- **Ending or Follow-Up Phase:** Some programs provide a support group for participants following successful completion of the educational component. This is designed to help offenders maintain the progress made during the group intervention program and provide them with additional opportunities to practice new skills. Further, it provides them with ongoing social and

emotional support to combat the isolation many typically experience.

Table 13:4
TOPICS FREQUENTLY INCLUDED IN EDUCATIONAL PROGRAMS FOR BATTERERS

- Elements of violent incidents (all forms of violence, including physical, sexual, emotional and economic abuse)
- Examining controlling and violent behaviors
- Examining threats and intimidation
- Accepting responsibility for violence
- Identifying cues to violence
- Victim blaming, denial, minimization, and rationalizations
- Social approval and support for violence
- The cost of abusive behavior (to the offender, victim, others and society)
- Effects of violence on others, particularly victims and children
- Sex role stereotypes and attitudes of gender superiority and dominance
- Respect for equal rights of partners
- Practicing non-abusive and non-controlling behaviors
- The problem of isolation
- Developing a support system
- Effective and respectful communication
- Appropriate stress management

(Sources: Advent Program, n.d.; D.C. Superior Court, n.d.; Marathon County Batterer's Program, n.d.; Massachusetts Department of Public Health, 1992; Ventura County, CA Community Services Agency, 1994).

Cultural Diversity and Sensitivity

Abusive behavior is not confined to any particular group; rather it is found across all racial, cultural, socioeconomic, and religious groups. Programs should be able to meet the needs of culturally and linguistically diverse clients. This is a problem for many communities, and in general, insufficient programs are available for minority offenders and those lacking fluency in English. An important aspect of achieving diversity and sensitivity is the need for culturally diverse and multi-lingual trained group facilitators and other program staff.

Programs should have written policies concerning non-discrimination on the basis of color, race, creed, national origin, religion, sex, age, or physical or mental handicap (Ventura County, CA Corrections Services Agency, 1994). A commitment to non-discrimination should reflect the program's policies prohibiting the following:

- denial of services or providing services in a different manner or at a different time for some participants;
- segregation or separate treatment of participants;
- restricting any participant from the advantages, privileges and benefits others receive;
- treating participants differently in determining admission, enrollment, eligibility, membership, or other conditions;
- assigning participants to particular service times or places based on race, color, creed, or national origin (Ventura County Corrections Services Agency, 1994).

Qualifications of Treatment Providers

Whether group intervention is provided within a probation or parole department or in another

agency, staff should be well-qualified. Minimum qualifications that should be required, include:

- training in family violence issues, group processes, client assessment and other related areas; and
- experience in working with family violence victims and offenders and in leading groups and conducting assessments. (Advent Program, n.d.; Ventura County Corrections Services Agency, 1994).

Group facilitators and other program staff should be violence-free in their own lives. They also should not hold sexist, racist, homophobic, classist or victim-blaming attitudes (Iowa Department of Corrections, 1993).

Ongoing staff training should be required. A mechanism for providing supervision to program staff is needed also. Programs should recognize the potential for burnout among group intervention leaders and provide support when necessary.

Program Evaluations

To date, insufficient research and program evaluation efforts have been undertaken in the area of batterers' intervention programs. Program evaluations, practice experience and anecdotal information attest to the efficacy of these programs, but more rigorous investigations are needed. Programs can help in this effort by collecting data and monitoring their own programs. The Massachusetts Department of Public Health (1992) recommends collecting the following data to learn which types of offenders benefit from the program:

- number of court referrals and their race, ethnicity, sex, primary language, and age;
- number of offenders accepted in the program and their demographic characteristics;
- number of participants who successfully complete the program and their characteristics;
- number of offenders who are discharged from the program without successfully completing it and their characteristics.

Feedback should be sought about the program from batterers through questionnaires they complete after leaving the program or during exit interviews. Victims, probation and parole officers and other community service providers also should be asked for evaluation feedback periodically. The program's policies and procedures should be reviewed at regular intervals and adjusted, if needed, based on the data gathered and feedback received.

TREATMENT PROGRAMS FOR SEX OFFENDERS[1]

Incest perpetrators often are considered appropriate for community supervision and outpatient treatment. If this decision is made, the conditions of probation or parole should mandate attendance, participation in and successful completion of treatment. As with batterers' treatment, group intervention approaches are often preferred for sex offenders, although some may receive individual, conjoint, family and psychohormonal treatment in conjunction with the group intervention (Pithers, Martin, & Cumming, 1989).

[1] A detailed discussion of sex offender treatment can be found in *Managing Adult Sex Offenders: A Containment Approach*, edited by K. English, S. Pullen, and L. Jones, published by the American Probation and Parole Association, 1996.

Goals and Principles of Treatment

Similar to batterers' treatment, the primary goal of sex offender treatment is the **protection of current and potential victims**. Faller (1993) and Pithers, Martin & Cumming (1989) suggest that the aims of treatment should be to have the perpetrator:

- admit the sexual offenses;
- accept responsibility for the abusive acts;
- appreciate the harm the abuse has caused the victim, his partner, and himself;
- apologize to the victim(s); and
- understand his arousal pattern and why he acts on the arousal to prevent further abuse.

Ann Salter, in her book *Treating Child Sex Offenders and Victims: A Practical Guide* (1988), summed up a current popular belief held by those working in this field:

> The failure of psychotherapy in the past to effectively treat child sexual abuse can be attributed partially to the naive belief that the nature of therapy was the same regardless of the issue. The same therapeutic principles were thought to apply whether the problem was depression, marital discord, or child sexual abuse. . . .This position has proved to be unrealistic, for a number of conditions are necessary in order to work effectively with sex offenders (p. 85).

Contrary to the traditional therapist/client relationship, the conditions necessary for an appropriate treatment referral are:

- the therapist's comfort with mandatory treatment;
- specialized treatment goals;
- the therapist's ability to take an explicit value stance;
- the therapist's ability to set limits;
- the therapist's acceptance of limited confidentiality;
- the therapist's ability to recognize the lack of honesty in self-reporting; and
- the therapist's ability to be confrontational.

(O'Connel, Leberg & Donaldson, 1990; Salter, 1988).

Outpatient Treatment for Sex Offenders

As with batterers' treatment, group intervention is the preferred modality for treatment of sex offenders. Confronting denial, helping offenders accept their deviance, and holding offenders accountable are treatment aims that can be addressed best through group settings (Knapp, 1996).

Pithers, Martin and Cumming (1989) recommend a three-stage treatment process as outlined below:

- **Candidacy** is a period of orientation and initiation to group treatment which usually lasts a month or longer. Before progressing to the next stage, candidates must demonstrate their involvement in the therapeutic process and their assistance to other group members. The consensus of the group and cotherapists is required before a candidate can advance to the next level.

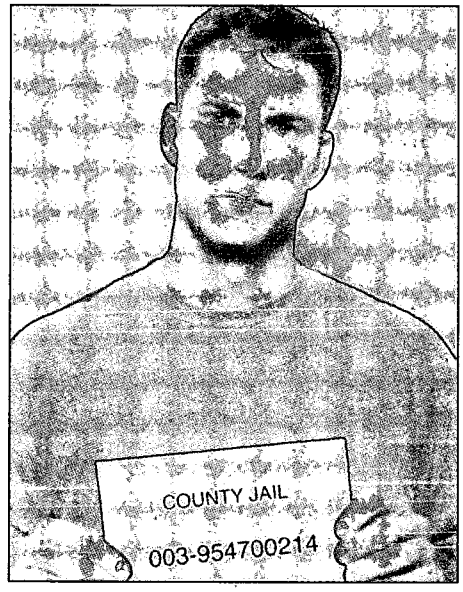
- **Membership** status is the period during which most of the therapeutic work occurs. Weekly meetings lasting from one and one-half to two hours are the norm. Group members must meet rigorous standards before advancing to the next stage. This includes acceptable scores on psychometric tests and the penile plethysmograph, the ability to recognize and respond appropriately to high risk situations, completion of all homework assignments, and appropriate use of recreational time.

- **Aftercare** continues throughout the period the offender is on probation or parole. This consists of support groups that meet monthly.

Several components of group therapy for sex offenders have been identified (Knapp, 1996; Pithers, Martin, & Cumming, 1989). These include:

- victim empathy;
- effects of offender's own victimization;
- the sexual abuse cycle (preparation, commission, minimization);
- recognizing various emotional states;
- assertiveness training;
- cognitive-behavioral self-control strategies;
- anger management;
- communication skills;
- knowledge of sex;
- cognitive distortions;
- behavior therapy for sexual arousal disorders;
- relapse prevention;
- transition; and
- problem-solving techniques.

Relapse prevention is an important component of treatment first applied to sex offenders by Dr. William Pithers of Vermont Treatment Program for Sexual Aggressors (Pithers, Cumming, Beal, Young, & Turner, 1988). It provides participants with ways to identify problem situations, understand decisions that trigger a return to compulsive behavior, and develop strategies to avoid or cope with risky situations (Pithers, Martin & Cumming, 1989).



Use of Polygraph and Plethysmograph

Sex offenders not only manipulate their victims, but they also attempt to manipulate community corrections officers and treatment providers. Polygraphs often are used as one tool in the context of sex offender supervision and treatment to assess the offender's disclosure of his history of sex offending and to monitor his current behavior. Polygraphs encourage offenders to

disclose key information to probation and parole officers and therapists. Sometimes, the expectation of the polygraph examination results encourages offenders to disclose information before undergoing the test (Knapp, 1996; Pullen, 1996).

The penile plethysmograph (phallometric assessment) measures sexual arousal to a wide range of sexual stimuli. Results of these tests provide information about an offender's sexual arousal patterns to both normal and deviant stimuli. An offender's risk and needs can be targeted better when his specific sexual preferences are known (Dutton & Emerick, 1996).

Dutton and Emerick (1996) list four purposes of phallometric assessment information:

- to challenge offenders' denial;
- to provide baseline data on arousal patterns before treatment;
- to assist offenders in preventing reoffense; and
- to evaluate the offender periodically following treatment.

Programs using either of these procedures should ensure that those conducting the tests are well-trained. Qualifications should include formal training as well as experience conducting the tests and interpreting results with sex offenders (Dutton & Emerick, 1996; English, Pullen, Jones & Krauth, 1996).

Other Treatment Program Requirements

As with batterers' treatment programs, sex offender treatment requires well-qualified therapists. Treatment providers should demonstrate they have both training and experience related to working with sex offenders.

Programs also should reflect cultural sensitivity and be linguistically appropriate for the clients served. When possible, program staff should represent the diversity of the client population.

Finally, as with other programs, evaluation is critical. Treatment programs should have data collection systems and a plan for using evaluation data to review and revise programs, when needed.

TREATMENT FOR OTHER TYPES OF FAMILY VIOLENCE

There are far fewer program materials related to child physical abuse and elder abuse treatment in community corrections. Very often, other community resources, such as child or adult protective service agencies or mental health programs provide treatment and/or education programs for perpetrators of these types of family violence. Probation and parole professionals should seek appropriate treatment programs if they are supervising these offenders. If treatment does not exist, they may have to work cooperatively with other agencies to develop needed resources. Many of the same goals apply to these treatment programs, such as protecting victims and holding offenders accountable.

INTERAGENCY AGREEMENTS

Agencies looking for treatment programs may wish to develop a request for proposals specifying the elements they want programs to have. Treatment providers then may respond with a proposal outlining how they would address these. Before referrals are made, it is preferable to have a formal interagency

agreement specifying the expectations of each agency.

THE IMPORTANT QUESTION OF FAMILY REUNIFICATION

Community corrections professionals and treatment providers often become embroiled in the issue of victim and offender reunification. There are strong philosophical positions regarding victim protection and family preservation. With competent adult victims, the ultimate decision to resume a relationship with a formerly abusive partner or adult family members ultimately is theirs to make. During probation or parole supervision, no contact orders can be enforced, but questions often arise when victims request reunification with their abuser. There are no easy answers. Probation and parole officers and treatment providers may be involved in making these decisions if victims petition courts to drop restraining orders and modify conditions of probation. Assessment becomes critical at this point, and both community corrections professionals and treatment providers must address the question of **behavior change**, not just behavioral compliance.

When the victims of family violence are children, some agencies are beginning to develop procedures for assessing family reunification processes. The Lowcountry Children's Center in Charleston, South Carolina has developed guidelines for resuming contact or reunification between an abused child and an offender. Before contact, the offenders must (Ralston, 1996, p. 6):

- acknowledge the abuse and that the abuse is wrong;
- accept responsibility for the abuse;
- accept responsibility for the disruption to the family;
- acknowledge any coercion, grooming, justification or threats used to gain compliance from the child;
- acknowledge any threats regarding disclosure;
- acknowledge any consequences as the result of the offender breaking the rules versus the result of the child's disclosure; and
- acknowledge all abusive behaviors.

As a precondition for family therapy including the child and eventual family reunification, the program requires the offender to undergo offender-specific treatment that includes:

- Abuse Responsibility Clarification;
- identification and modification of any sexual arousal to children;
- identification and correction of cognitive distortions;
- treatment and control over any substance abuse and/or mental health difficulties;
- identifying and strengthening environmental controls;
- identifying and understanding the role of grooming and behavioral rituals in overcoming the resistance of the child;
- increasing social skills with age mates; and
- increasing and resolving any other factors that create a risk to the offender or child (Ralston, 1996, p. 6).

DOES TREATMENT WORK?

The question of whether or not treatment works is a vital one to consider, given the prevailing issues of victim safety, offender liberty in the community, and the use of scarce resources in the community and criminal justice system. This is a difficult and complex question to answer. Although many evaluation studies have been conducted on both batterers' intervention groups and sex offender treatment, further research is required before an answer can be asserted unequivocally.

Methodological difficulties, including the following, plague evaluations of treatment programs (Edleson, 1995; English, 1996):

- samples of treatment subjects that are too small or are not representative of the criminal justice treatment populations;
- lack of comparison or control groups to determine whether or not effects are a result of the intervention (This issue, in turn, poses ethical concerns about withholding treatment from a control group for research purposes);
- differing definitions of successful treatment (e.g., Does success mean a complete cessation of the violence, or is a decrease in violent episodes a successful outcome? Is a treatment program successful only if the offender's attitudes, as well as behaviors, change?);
- variations in program designs, methods and objectives;
- measurement problems, including
  - whether or not to include treatment dropouts in the sample, and
  - how to measure outcomes (e.g., offender self-reports; victim's reports, official rearrest records); and
- the length of the study's follow-up period with offenders (i.e., the longer the follow-up period, the more likely recidivism will occur).

Edleson's (1995) summary of batterers' intervention group research reports successful outcomes ranging from 53 percent to 85 percent. Success rates decreased in proportion to the length of the follow-up period. Positive outcomes also were less likely when reports relied on victims' accounts rather than offender self-reports or arrest records.

Similarly, English (1996) states that more than 600 studies of sex offender treatment have been conducted. She summarized the findings of five works that reviewed these studies. In general, they concluded that persons who participated in sex offender treatment programs had lower recidivism rates than those who did not. Child abusers and exhibitionists, those receiving cognitive behavioral group treatment, offenders mandated to treatment, and those learning relapse prevention techniques tended to have lower recidivism rates than others across these studies. However, some of the reviewers did not agree that the present state of research on sex offender treatment is sufficient to conclude such treatment is effective.

Edleson (1995) discusses the issue of treatment dropouts from batterers' intervention groups. He cites several research findings indicating that in many programs about one-half of batterers do not complete their treatment. Therefore, if they are included in the analysis of successful treatment outcomes, the levels of program "success" appear much lower.

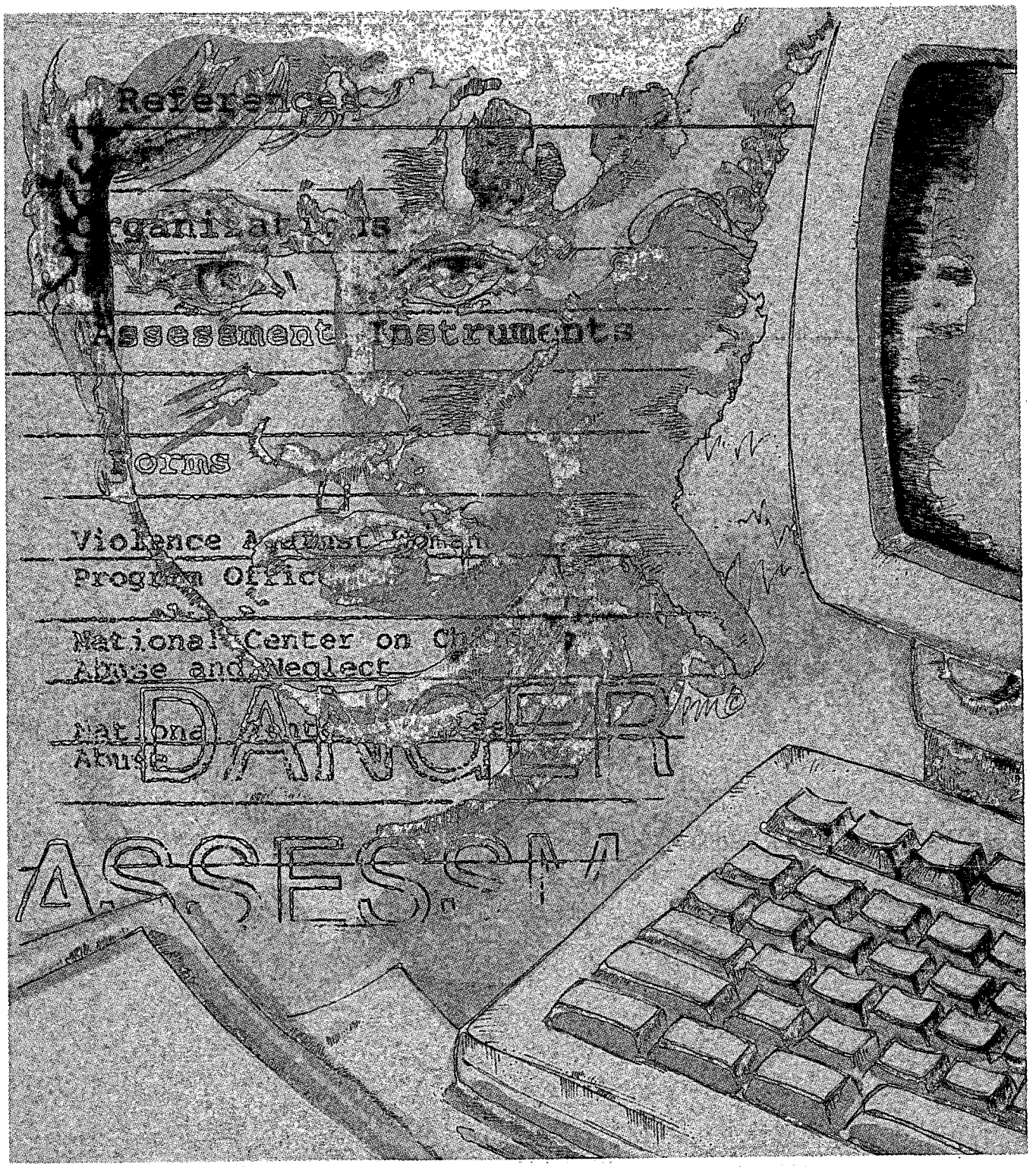
There is clearly a need for additional research on the effectiveness of treatment approaches for family violence offenders. At present, the literature available does cite successful outcomes (i.e., reduced recidivism) in many cases. Further analytical work is needed to learn whether or not certain types of offenders benefit from treatment more than others or whether certain treatment techniques and modalities should be adapted according to the needs of offenders.

CONCLUSION

This chapter provided an overview of some of the critical elements of group intervention programs designed to meet the goal of changing offenders' behavior. Primary attention was given to batterers' treatment and sex offender group intervention, as the majority of family violence offenders appear to be in these groups. However, the primary elements of these programs should apply to others as well, including:

- articulated goals that are consistent with goals of victim protection and offender accountability and behavior change;
- written policies and procedures;
- a combination of psychoeducation, cognitive behavioral and group process approaches;
- appreciation of and accommodation to cultural and linguistic diversity;
- qualified group facilitators; and
- program evaluation.

RESOURCES


References
Organizations
Assessment Instruments
Forms
Violence Against Women
Program Office
National Center on Child
Abuse and Neglect
National Clearinghouse
Abuse
DAMVIOLENT
ASSESSMENT

Module 4

INTRODUCTION

This final module contains reference and resource information useful to community corrections professionals intervening in family violence. The following sections are included in this module:

References. All references cited throughout the text are compiled here. These also serve as a bibliography for those wanting to read more extensively about areas covered in the text.

Resources. Several lists follow the references. These include community corrections agencies with family violence intervention programs, treatment programs, coordinating councils, national organizations and state organizations related to child, partner and elder abuse.

Assessment Instruments. This section lists several assessment instruments found through literature sources and reviews of program materials.

Sample Forms. Several examples of forms agencies might adapt for family intervention programs are included.

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PROGRAMS AND ORGANIZATIONS

COMMUNITY CORRECTIONS PROGRAMS

The following list of probation or parole programs includes several that were located during the APPA project. This does not represent a comprehensive list of programs; nor has there been any attempt to evaluate these programs. Community corrections professionals wishing to obtain more input on program structures and policies may want to contact these programs.

Domestic Abuse Intervention Project
Arrowhead Regional Corrections
Room 319
St. Louis County Court House
Duluth, MN 55802
(218) 726-2640
Contact: David Anguist

Domestic Violence Program
Alameda County Probation Department
400 Broadway
Oakland, CA 94607
(510) 268-7155
Contact: Steve Kolda

Domestic Violence Program
Onondaga County Probation Department
421 Montgomery St.
6th Floor
Syracuse, NY 13202
(315) 435-2380
Contact: Bryan J. Ennis

Domestic Violence Intervention Program
D. C. Superior Court
409 E Street, NW
Room 202 (Building b)
Washington, DC 20001
(202) 508-1843
Contact: Desiree Dansan

Domestic Violence Unit
Seattle Municipal Probation Service
600 3rd Ave., #1400
Seattle, WA 98104
(206) 233-2689
Contact: Sid Hoover

Family Violence Intervention Unit
Family Division
State of Connecticut Superior Court
225 Spring Street
Wethersfield, CT 06109
(203) 529-9655
Contact: Diana Preice

Intensive Supervision Unit
Santa Clara County Probation Department
Adult Division
2600 North First St.
San Jose, CA 95134
(408) 944-9748
Contact: Sue Panighetti

Iowa Domestic Abuse Program
Department of Corrections
523 East 12th Street
Des Moines, Iowa 50319
(515) 281-4690
Contact: Anne Hills

Maricopa County Adult Probation Department
11 West Jefferson, Suite 425
Luhrs Building
Phoenix, AZ 85003
(602) 506-3871
Contact: Bonnie Black (Domestic Violence); Lori Scott (Sex Offender Unit)

Maryland Division of Parole and Probation
Family Assault Supervision Team
1 East Mount Royal Avenue
Baltimore, Maryland 21202
(410) 333-4680
Contact: Anita Hunter/Joseph Clocker

Domestic Violence Reduction Program
Multnomah County Community Corrections
West District
412 SW 12th Avenue
Portland, OR 97205
(503) 248-3456
Contact: Michael Haines

New Jersey Conference of Chief Probation Officers
Administrative Office of the Courts
CN-987
Trenton, NJ 08625
(609) 292-8925
Contact: William Burrell

Office of Special Programs Project PASS
Adult Probation Department
Philadelphia Court of Common Pleas
121 N. Broad Street, Ste 300
Philadelphia, PA 19107
(215) 686-7496
Contact: Peter Solomon

Pierce County Probation Domestic Violence Project
901 Tacoma Avenue South
Suite 200
Tacoma, WA 98402-2101
(206) 591-7595
Contact: Elaine McNally

Quincy District Court
Probation Department
Dennis F. Ryan Parkway
Quincy, Massachusetts 02169
(617) 471-1650
Contact: Andrew Klein

Rockland County Department of Probation
Intake Unit
Allison-Parris County Office Building
11 Hempstead Rd.
New City, NY 10956
(914) 638-5648
Contact: Karen Damiani

Stipulated Order of Continuance Program
Bellevue Probation Department
P.O. Box 90012
Bellevue, Washington 98009
(206) 455-6956
Contact: Dee Dee Spann

Violence Intervention Program
Community Corrections
1010 W. Peachtree St., NW
Atlanta, GA 30309
(404) 853-0732
Contact: Pat Dague

Westchester County Department of Probation
112 E. Post Road
White Plains, NY 10601
(914) 633-1308
Contact: Robert Chace

Department of Justice
Correctional Services
540 Prince Street
2nd Floor, Suite 202
Truro, Nova Scotia
B2N 1G1
Phone: (902) 893-5995
Contact: Michael Johnson

BATTERERS' TREATMENT PROGRAMS

The following treatment programs were identified through APPA's survey and literature. This is not a comprehensive list of such programs; nor does this list recommend or endorse any of these programs. Contact information is provided if readers wish to request additional information.

Alternatives to Aggression
Family Service
128 East Olin Avenue
Madison, WI 53713
Phone: (608)251-7611
Contact: John Schneider

Amend
777 Grant Street
Suite 600
Denver, Colorado 80203
(303) 832-6363

Batterers Counseling Program
Martha's Vineyard Counseling Services, Inc.
Box 369
Vineyard Haven, MA 02568
Phone: (508)693-7900
Contact: Ed Robinson Lynch

Batterers Treatment Program
Family Counseling Service
6424 N. 9th Street
Tacoma, WA 98406
Phone: (206)565-4484
Contact: Bill Notarfrancisco

Batterers' Treatment Program
Greater Lawrence Mental Health Center, Inc.
550 Broadway
Lawrence, MA 01841
Phone: (508)683-3128
Contact: Ellen Ferland or Doug Gaudette

Beacon Domestic Violence Program
Beacon Programs of Franklin Medical Center
60 Wells Street
Greenfield, MA 01301
Phone: (413)772-6388
Contact: Ben Cluff

Chenango County Community Mental Health Services
Suite 42, County Office Bldg.
5 Court St.
Norwich, NY 13815
Phone: (607)337-1600
Contact: Mary Ann Spryn, Dir. Comm. Svs

Cumberland County Women's Center
P.O. Box 921
Vineland, NY 08360
Phone: (609)691-3713
Contact: Jeri Esbosito

DAIP Domestic Abuse Intervention
THE GIVING TREE
222 E. Second Street
Port Clinton, OH 43452
Phone: (419)734-2942
Contact: Kathy Cochran

Domestic Violence Division
Interface Family Services
1305 Del Monte Rd. #120
Camarillo, CA 93010
Phone: (805)485-6114
Contact: Philip Romano

Domestic Abuse Intervention Services
Children & Families of Iowa
1111 University
Des Moines, IA 50311
Phone: (521)528-8191
Contact: Dale Chell

Domestic Violence Program Male Offenders Group Treatment
Human Resource Center for Rural Communities Inc.
100 Main Street
Athol, MA 01032
Phone: (508)249-9926
Contact: Kathi DiMiceli

Domestic Violence Prevention/Anger Response Management Program
James H. Johnson, L.C.S.W. Lic. #LCS16028
2522 Grand Canal Blvd. Ste. #1
Stockton, CA 95209
Phone: (209)951-6122
Contact: James H. Johnson

Dove Program
Center for Individual & Family Treatment
228 Park Ave. West
Mansfield, OH 44902
Phone: (419)774-5970
Contact: John Caldwell

EMERGE
18 Hurley Street
Cambridge, Massachusetts 02141
(617) 422-1550

Intervention Toward Peace
VAC/A New Hope Center
P.O. Box 509
Owego, NY 13827
Phone: (607)637-6576
Contact: Rose Garrity

Minnesota Program Development
Domestic Abuse Intervention Project
206 West 4th Street
Duluth, Minnesota 55806
(218) 722-2781

MOVE - Men Overcoming Violence
54 Minst Street, Suite 300
San Francisco, CA 94103
Phone: (415)777-4496
Contact: Jim Shattuck

The Batterer's Group
306 Talbott Tower
Dayton, OH 45401
Phone: (513)225-3197
Contact: Steve Piatt

The Marathon Co Batterers Treatment Program
Children's Services
P.O. Box 1707
Wausau, WI 54403
Phone: (715)847-5584
Contact: Gregory Janicek

Trauma Program
HRI Counseling Centers
6 Pleasant Street
Malden, MA 02118
Phone: (617)322-1503
Contact: R. Mappi

Valley Community Counseling Services
6707 Embarcadero Ste. A
Stockton, CA 95219
Phone: (209)956-4240
Contact: Marie Derrick

Veteran's Administration Medical Center
116 MHC
1660 South Columbian Way
Seattle, WA 98108
Contact: Anne L. Ganley, Ph.D.

West Center
4334 Secor Rd.
Toledo, OH 43623
Phone: (419)475-4449
Contact: Teresa K. Roach

Wood County Domestic Violence Program
Wood County Mental Health Center
118 E. 3rd St.
Perrysburg, OH 43551
Phone: (419)874-1902
Contact: Tim Wise

SEX OFFENDER TREATMENT

Vermont Treatment Program for Sex Offenders
18 Blair Park Road
P.O. Box 606
Williston, Vermont 05495
(802) 879-5620

COORDINATING COUNCILS

The following Coordinating Councils represent just a few examples of the many such committees and task forces that exist around the country. There has been no attempt to evaluate the councils on this list.

Colorado Domestic Violence Coalition
P.O. Box 18902
Denver, Colorado 80218
(303) 573-9018

Connecticut Coalition Against Domestic Violence
135 Broad Street
Hartford, CT 06105
(203) 524-5895
Contact: Sylvia Gafford-Alexander

Domestic Violence Coordinating Council
900 King Street
Wilmington, DE 19801
Phone: (302)577-2684
Contact: Raina Fishbern

Domestic Violence Intervention Project
206 West Fourth Street
Duluth, Minnesota 55806
(218) 722-2781

Family Violence Intervention Steering Committee
P. O. Box 14694
Portland, OR 97214
(503) 232-7812
Contact: Chiquita Rollins

Georgia Commission on Family Violence
2 Martin Luther King Jr. Dr.
5th Floor East Tower
Atlanta, GA 30334
(404) 651-6598
Contact: Timothy E. Jones

Georgia Department of Corrections
Child Abuse Prevention Task Force
10 Park Place South, Suite 670
Atlanta, GA 30334
(404) 651-5574
Contact: Annette Z. Henderson

Pennsylvania Coalition Against Domestic Violence
6400 Flank Dr.
Suite 1300
Harrisburg, Pennsylvania 17112
(215) 373-5697
Contact: Barbara Hart

Stop F.E.A.R. Coalition
Suite 301
151 Main Street
New City, NY 10956
(914) 634-5729
Contact: Phyllis Frank

NATIONAL ORGANIZATIONS

Administration for Children, Youth and Families
U. S. Department of Health and Human Services
Office of Public Affairs
370 L'Enfant Promenade, S.W.
Washington, DC 20447
(202) 401-9215

American Association of Retired Persons
National Gerontological Resource Center
1909 K Street NW
Washington, D.C. 20049
(202) 728-4363
(202) 728-4573

American Humane Association
Children's Division
63 Inverness Drive, East
Englewood, CO 80112-5117
(303) 792-9900
(800) 227-4645

American Professional Society on the Abuse of children
332 South Michigan Avenue
Suite 1600
Chicago, IL 60604
(312) 554-0166

The Association for the Treatment of Sexual Abusers
P.O. Box 866
Lake Oswego, Oregon 97034-0140
(503) 233-2312
FAX: (503) 238-0210

Battered Women's Justice Project
4032 Chicago Avenue South
Minneapolis, MN 55407
(800) 903-0111

Center for Women Policy Studies
2000 P Street NW
Suite 508
Washington, D.C. 20036
(202) 872-1770

Centers for Disease Control
Division on Violence Prevention
2939 Flowers Road South
CTRL/NCIPC
Chamblee, GA 30341
(404) 488-4410

Child Protection Program Foundation
7441 Marvin D. Love Freeway
Suite 200
Dallas, TX 75237
(214) 709-0300

Child Welfare League of America
440 First Street, N.W.
Suite 310
Washington, DC 20001-2085
(202) 638-2952

Children's Research Center
National Council on Crime and Delinquency
6409 Odana Road
Madison, WI 53719
(608) 274-8895

Clearinghouse on Abuse and Neglect of the Elderly
College of Human Resources
University of Delaware
Newark, Delaware 19716
(302) 831-3525

Family Violence and Sexual Assault Institute
1310 Clinic Drive
Tyler, Texas 75701
(903) 595-6600

Family Violence Prevention Fund
383 Rhode Island Street
Suite 304
San Francisco, CA 94103
(415) 252-8900

General Federation of Women's Clubs
1734 N Street, NW
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FAMILY VIOLENCE ASSESSMENT INSTRUMENTS AND MATERIALS

The following information on family violence assessment instruments and materials has been gleaned from various program and literature sources. It does not represent an exhaustive review of available family violence assessment instruments and materials. Nor does inclusion of any instrument or information in this list constitute endorsement of it by the American Probation and Parole Association. Each agency and/or professional must investigate available assessment tools in light of their own needs and circumstances.

CHILD ABUSE

INSTRUMENT	SOURCE	DESCRIPTION
Achenbach Child Behavior Checklist	Achenbach & Edelbrock (1983)	The Checklist assess the quantity and quality of social, emotional and cognitive support available to a young child. It is designed to be used during observations in the home (Hansen & Warner, 1992).
Checklist for Living Environments to Assess Neglect	Watson-Perczel, Lutzker, Greene, & McGimpsey (1988)	This instrument rates observations to identify and monitor problems in the home. It is designed to assess cleanliness in the home. Items in specific rooms are rated according to three dimensions of cleanliness (Hansen & Warner, 1992).
Child Sexual Behavior Inventory	Friedrich (1990)	This instrument helps to obtain information about a range of sexualized behaviors by children (Damon, Card & Todd, 1992).
Child Abuse and Neglect Interview Schedule	Ammerman, Hersen, & Van Hasselt (1988)	This is a semistructured interview to assess the presence of maltreatment behaviors (e.g., corporal punishment, physically abusive behavior) and factors related to abuse and neglect. The entire interview take about 45 minutes, but portions of it can be used (Hansen & Warner, 1992).
Child Abuse Potential Inventory	Milner (1986)	This instrument contains six factor scales: Distress, Rigidity, Unhappiness, Problems with Child and Self, Problems with Family, and Problems from others. It also has distortion indexes (Hansen & Warner, 1992).
Childhood Level of Living Scale	Hally, Polansky, & Polansky (1980)	Essential elements of child care and neglect are measured with this instrument. There is both a rural and urban version. There are five factors related to physical care and four related to emotional-cognitive care. Scores indicate a range from severely neglectful to good child care (Hansen & Warner, 1992).

Family Beliefs Inventory	Roehling & Robin (1986)	This process measures adherence to unreasonable beliefs by both adolescents and parents when conflicts occur. There are ten vignettes about conflict situations (Hansen & Warner, 1992).
Family Stress Checklist	Murphy, Orkow, & Nicola (1985)	This instrument assesses parents' experiences of abuse, mental illness, psychosocial problems and other risk factors (Vondra, Kolar, & Radigan, 1992).
Home Accident Prevention Inventory	Tertinger, Greene, & Lutzker (1984)	An observational rating system is used to assess the safety of a home environment. There are 26 hazards identified in the following five categories: fire and electrical hazards, suffocation by ingested object, suffocation by mechanical objects, firearms and solid and liquid poisons (Hansen & Warner, 1992).
Home Observation for Measurement of the Environment	Bradley & Caldwell (1984)	Designed to be completed during observations on home visits, this checklist assesses social, emotional, and cognitive support available to a young child (Hansen & Warner, 1992).
Home Simulation Assessment	MacMillan, Olson, & Hansen (1991)	This simulation uses an actor to present deviant child behavior. It assesses the parent's ability to apply child management skills in problem situations. Parents try to get the actor to complete 10 tasks (Hansen & Warner, 1992).
MacMillan-Olson-Hansen Anger Control Scale	MacMillan, Olson & Hansen (1988)	This instrument assesses anger by abusive parents in response to a child's misbehavior and other situations. Parents rate 50 situations as problematic or nonproblematic and rate the degree of anger evoked by each situation (Hansen & Warner, 1992).
Maternal Attitude Scale	Cohler, Weiss & Grunebaum (1970)	This instrument assesses maternal beliefs about child needs and parenting practices (Vondra, Kolar, & Radigan, 1992).
Michigan Screening Profile of Parenting	Schneider (1982)	Parent social support and family relations, expectations of the child, and coping skills are assessed with this instrument (Vondra, Kolar, & Radigan, 1992).
Parent Interview and Assessment Guide	Wolfe (1988)	This guide addresses identification of general problems and assesses parental responses to child-rearing demands (Hansen & Warner, 1992).
Parent Opinion Questionnaire	Azar & Rohrbeck (1986)	This questions requires parents to rate the appropriateness of expecting a variety of child behaviors such as self-care, family responsibility and care of siblings, help and affection to parents, leaving children alone, proper behavior and feelings and punishment (Hansen & Warner, 1992).
Parenting Stress Index	Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025	The 101 items of this instrument screen for stress in the parent-child relationship and identify dysfunctional parenting. It take approximately 20 - 25 minutes to administer. There is a short form with 36 items, and there are 19 additional optional items (Western Psychological Services, 1994).
Personality Research Form	Jackson (1967)	Various parental characteristics, such as aggression, impulsivity and succorance are assessed with this instrument (Vondra, Kolar, & Radigan, 1992).

Adult/Adolescent Parenting Inventory	Milner (1995)	This is a self-report instrument that assesses parent and adolescent attitudes and expectations about children.
Risk Assessment Protocol for Child Sexual Abuse	Faller, K. C. (1993).	This is an interview questionnaire for assessing child sexual abuse (Faller, 1993).
Violent and Controlling Behavior Toward Children	Emerge, Inc. 18 Hurley St., Cambridge, MA 02141	This is a self-inventory of abusive and manipulative behaviors toward children (Emerge, n.d.).

PARTNER ABUSE

INSTRUMENT	SOURCE	DESCRIPTION
Conflict Tactics Scale	Straus (1979)	This instrument assesses the use of reasoning, verbal aggression and physical aggression during conflicts with a family member or dating partner. Respondents report the frequency of each behavior during the past year. Partners may report both on their own and their partner's aggression (O'Leary & Murphy, 1992).
Domestic Violence Inventory	Risk and Needs Assessment, Inc., Box 32818, Phoenix, AZ 35064	Designed to assess domestic violence offenders' risk and needs, this instrument can be administered on computer or in paper-pencil format. It is scored by computer. There are 170 items and it takes about 35 minutes to complete. It is available in English and Spanish and requires a sixth grade reading level (Risk and Needs Assessment, Inc.).
Index of Spouse Abuse	Hudson and McIntosh (1981)	Two subscales differentiate abused women from nonabused women and give measures of depression and fear (Saunders, 1992).
Spouse Specific Aggression Scale	O'Leary & Curley (1986)	This instrument assesses various behaviors and reactions to a spouse. Items reflect passive-aggressive behavior and active-aggressive (primarily verbal) behavior. Spouses rate how characteristic each behavior is of her/himself (O'Leary & Murphy, 1992).
Wife Abuse Inventory	Lewis (1983)	Physical abuse, power differences, psychological abuse quality of communication, sexual problems, and ability to resolve conflict are the areas measured by the 31 items in this instrument. It differentiates abused and nonabused women (Saunders, 1992).
Danger Assessment	Campbell (1985)	This is a statistical risk factor assessment to be used with battered women. It does not yet have cutoff scores or item weighting. It is not considered appropriate for formal prediction (Campbell, 1995).
Domestic Violence Blame Scale	Petretic-Jackson, Sandberg & Jackson (1994)	This is a 23-item self-report questionnaire that is designed for both research and clinical applications. It can be used as a pre- and post-treatment assessment instrument with violent men and battered women. The authors caution, however, that it should not be the sole instrument used and it has not be established as a standardized clinical tool (Petretic-Jackson, Sandberg, & Jackson, 1994).
Intake/Assessment Form	Sonkin, Martin, & Walker (1985)	This instrument is completed by the offender as part of an assessment for batterer's treatment. It can be a tool for determining motivation for treatment as judged by the extent and quality of answers the client provides (Sonkin, Martin & Walter, 1985).
Bridges Program for Abusive Men	Bridges for Women Society, Box 5732, Station B, Victoria, BC	This contains a thorough initial assessment instrument for both abusive men and their victims (Bridges for Women Society, n.d.).
Assessing Whether Batterers Will Kill	Hart (1990)	Contains eleven categories and descriptions of each that should be assessed to determine potential lethality (Hart, 1990).

Record of Report on Dangerousness of Client	STAR Services, Box 1312, New Bedford, MA 02741	This instrument was developed by a batterers treatment program to assess the need for and document reports of client dangerousness (STAR Services, n.d.).

ELDER ABUSE

INSTRUMENT	SOURCE	DESCRIPTION
Assessment of Elder Mistreatment: Issues and Considerations	Ansel & Breckman (1988)	This structured interview guide consists of a list of assessment issues and interview questions covering 10 categories. Questions can be asked of the older person and family members (Breckman & Adelman, 1992).
Carer Abuse Assessment Protocol	Davies (1993)	This is a brief checklist-type instrument that helps an observer systematically observe signs in caretakers that are commonly associated with abuse. There are 11 items with several sub-parts.
Elder Abuse Assessment Protocol	Davies (1993)	This is a screening procedure to document cases of suspected elder abuse or neglect. This instrument is an observational tool (Davies, 1993).
Elder Mistreatment Guidelines for Health Care Professionals: Detection, Assessment and Intervention	Mount Sinai Victim Services Agency Elder Abuse Project Mount Sinai Medical Center Box 1252 New York, NY 10029	The guidelines are intended to help health care professionals detect, assess and intervene in cases of elder abuse (Mount Sinai Victim Services Agency, n.d.).
Maltreatment Acts and Conditions	Hall (1989). Copies available: Our Lady of the Lake University of San Antonio, Worden School of Social Service, 411 SW 24th Street, San Antonio, TX 78285	This list of 43 maltreatment elements is based on research of validated cases of elder maltreatment (Hall, 1989).

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The following letter is an example of one that could be sent to **adult** victims. This should supplement, not substitute for, personal contact with victims - particularly partner abuse victims. This letter is very general and should be modified to fit the specific situation of the victim and offender.

_____
[Date]

Dear _____,

On _____[date], _____[offender's name] was sentenced to probation supervision for a term of _____[years]_____[months]. As the victim of the crime(s) for which the offender was found guilty, I am writing to provide you with information you may need and to let you know what you may expect while s/he is on supervised release in the community.

My name is _____[Probation Officer's Name]. I can be reached at _____[Phone Number]. If you ever need to reach me when I am not available, please ask to speak with my supervisor, _____[Supervisor's Name].

I am enclosing a list of the conditions the offender must follow while on probation. These conditions include that s/he commit no further acts of abuse and have **no contact** with you. S/he is not to see you or have someone else see you or contact you for him/her. This no-contact order is in effect until a Judge changes it. Even if you drop a restraining order, the offender is not allowed to have contact with you until s/he goes back before the Judge. There is a brief explanation of each of the other conditions the judge ordered, but if you need more information about any of them, please call me.

If you ever feel that you are in immediate danger or you are being threatened, harassed or abused, please call **911 first** and ask for assistance from the police. They are available to respond to any emergency on a 24-hour basis. When you are safe, I will appreciate it if you will call and let me know about the incident.

During the time the offender is on probation s/he will be required to attend a treatment program. Although we firmly believe s/he can learn new behaviors, participation in treatment is no guarantee that s/he will change. You must continue to be concerned for your safety and that of your children. Enclosed is a safety plan you should read; please be prepared to implement these suggestions if your abuser should threaten you.

Enclosed is a list of community resources that can provide services and assistance for concerns or problems victims often have. I strongly encourage you to contact these programs if you have needs that correspond to the services they offer.

No one has the right to abuse you. I am concerned for your safety. I will be contacting you to ask about your safety and your needs throughout the period that the offender is on probation. Please call me if you have any questions or concerns about his/her probation supervision.

Sincerely,

_____
Probation Officer

enclosures

The following safety plan was developed by the Cambridge, Massachusetts Police Department and is used with permission.

DOMESTIC VIOLENCE SAFETY PLAN

Everyone has a right to be safe!

I. Safety During an Explosive Incident

A. If an argument seems unavoidable, try to have it in a room or area that has access to an exit and not in the bathroom, kitchen, or anywhere near weapons.

B. Practice how to get out of your home safely. Identify which doors, windows, elevator or stairwell would be best.

C. Have a packed bag ready and keep it in an undisclosed but accessible place in order to leave quickly.

D. Identify a neighbor you can tell about the violence and ask that they call the police if they hear a disturbance coming from your home.

E. Devise a code word to use with your children, family, friends, and neighbors when you need the police.

F. Decide and plan for where you will go if you have to leave home (even if you don't think you will need to).

G. Use your own instincts and judgment. If the situation is very dangerous, consider giving the abuser what he wants to calm him down. You have the right to protect yourself until you are out of danger.

H. Always remember - **You don't deserve to be hit or threatened!**

II. Safety When Preparing to Leave

A. Open a saving account in your own name to start to establish or increase your independence. Think of other ways in which you can increase your independence.

B. Leave money, an extra set of keys, copies of important documents and extra clothes with someone you trust so you can leave quickly.

C. Determine who would be able to let you stay with them or lend you some money.

D. Keep the shelter phone number close at hand and keep some change or a calling card on you at all times for emergency phone calls.

E. Review your safety plan as often as possible in order to plan the safest way to leave your batterer. Remember **- Leaving your batterer is the most dangerous time.**

III. Safety in Your Own Home

A. Change the locks on your doors as soon as possible. Buy additional locks and safety devices to secure your windows.

B. Discuss a safety plan with your children for when you are not with them.

C. Inform your children's school, day care, etc., about who has permission to pick up your children.

D. Inform neighbors and landlord that your partner no longer lives with you and that they should call the police if they see him near your home.

IV. Safety with a Protective Order

A. Keep your protective order on you at all times. (When you change your purse, that should be the first thing that goes in it.)

B. Call the police if your partner breaks the protective order.

C. Think of alternative ways to keep safe if the police do not respond right away.

D. Inform family, friends, neighbors that you have a protective order in effect.

V. Safety on the Job and in Public

A. Decide who at work you will inform of your situation. This should include office or building security (provide a picture of your batterer if possible).

B. Arrange to have someone screen your telephone calls if possible.

C. Devise a safety plan for when you leave work. Have someone escort you to your car, bus, or train. Use a variety of routes to go home by if possible. Think about what you would do if something happened while going home (i.e., in your car, on the bus, etc.).

VI. Your Safety and Emotional Health

A. If you are thinking of returning to a potentially abusive situation, discuss an alternative plan with someone you trust.

B. If you have to communicate with your partner, determine the safest way to do so.

C. Have positive thoughts about yourself and be assertive with others about your needs.

D. Read books, articles, and poems to help you feel stronger.

E. Decide who you can call to talk with freely and openly to give you the support you need.

F. Plan to attend a women's or victim's support group for at least 2 weeks to gain support from others and learn more about yourself and the relationship.

VII. If You Are a Teen in a Violent Dating Relationship

A. Decide which friend, teacher, relative or police officer you can tell.

B. Contact an advocate at the court to decide how to obtain a restraining order and make a safety plan.

CHECKLIST - What You Need to Take When You Leave

_____ Identification
_____ Driver's license
_____ Children's birth certificates
_____ Your birth certificate
_____ Money
_____ Lease, rental agreement, house deed
_____ Bank books
_____ Checkbooks
_____ Insurance papers
_____ House and car keys
_____ Medications
_____ Small saleable objects
_____ Address book
_____ Medical records for all family members

_____ Social security card
_____ Welfare identification
_____ School records
_____ Work permits
_____ Green card
_____ Passport
_____ Divorce papers
_____ Jewelry
_____ Children's small toys
_____ Other _____

YOUR COMMUNITY'S REFERRAL INFORMATION HERE

Shelters

Social Services:

- **Child Protective Services**
- **Adult Protective Services**
- **Legal Aid**
- **Health Department**

Hotline Numbers

Police

Prosecutor's Office

Other Community Groups

The following release of information form contains general statements found in similar forms. Criminal justice agencies should have forms reviewed by an attorney to ensure that they conform to specific State statutes. Treatment agencies should have offenders sign separate release forms so they may share information with probation or parole officers.

RELEASE OF INFORMATION

I, _____

hereby give permission to the _____ Probation/Parole Department to release the following information about me [check all that apply]:

_____ Current offenses and disposition

_____ Personal and criminal history

_____ Assessment findings/reports

_____ Conditions of probation or parole

This information may be released to the following persons or agencies for the purposes of assisting them in planning and providing treatment and other services required while I am on probation or parole.

_____ _____
(Offense-specific treatment programs, e.g., treatment for batterer's or sex offenders)

_____ _____
(Substance Abuse Treatment Programs)

_____ _____
(Others, e.g., mental health or medical treatment providers; community work service sites)

I further authorize release of the following information about me to my probation or parole officer for the purpose of assessment and case planning [check all that apply]:

_____ Results of psychological, medical or other tests (e.g., polygraph, plethysmograph)

_____ Records of previous treatment, (e.g., substance abuse, mental health, medical)

_____ Employment information

_____ Income information

_____ Records from child and adult protective service agencies

_____ Criminal and juvenile delinquency records

_____ Educational records

_____ Other (specify)_____

Those persons or agencies that will be requested to release the above information include:

_____ _____
(Mental Health, Medical, Substance Abuse Treatment agencies or private professionals)

_____ _____
(Present and past employers)

_____ _____
(Public Assistance agencies)

_____ _____
(Child and adult protective services agencies)

_____ _____
(Criminal and juvenile justice agencies)

_____ _____
(Present and previous schools attended)

_____ _____
(Others - specify)

_____

I understand that as a part of my probation or parole release, my supervising officer may contact the victim(s) (or her/his representatives) of my crime(s) for assessment information. The victim(s) (or her/his representatives) also will be contacted throughout the period of my supervision in the community to assess her/his safety and my progress. I further understand that if my supervising officer believes I present a danger to a another person, s/he will be obligated to contact and warn that potential victim.

I also understand that I will not be given access to any information my probation/parole officer may have concerning the victim(s) of my crime. Confidential information concerning victim(s) is not maintained in my probation/parole file.

This release form will remain in effect until the conclusion of my placement on probation or parole.

Probationer/Parolee	Probation/Parole Officer
Date	Date

PAYMENT OF COURT ORDERED FEES

Probation Department

Name_____ Date_____

Monthly Income _____

You have been assessed the following charges while you are on probation. You are to pay these amounts by the _____ day of each month at _____. You are required to provide your supervising probation officer with a receipt each month showing you have paid the amounts due.

FINANCIAL OBLIGATION	BEGINNING DATE	MONTHLY PAYMENT	TOTAL
Child Support			
Restitution			
Victim's Costs (e.g., therapy, court costs)			
Drug Testing			
Probation Fee			
Other			
Other			
TOTAL			

In addition to these financial obligations, you are required to pay for your treatment program. Your treatment fee will be established by the program and is to be paid at each session. The treatment program will advise the probation department as to the status of your account.

_____ _____

Probation Officer Probationer

WEEKLY PROGRESS REPORT

Program Name _____ Date _____

TO: _____, Probation Officer
Fax # _____

FROM: _____, Group Leader

The following is provided for your information about participants from your caseload in the Treatment Program.

PARTICIPANT NAME	PRESENT (P) ABSENT (A)	HOMEWORK COMPLETED (√)	BEHAVIOR/ PARTICIPATION (1-15; see key below)	FEE PAID (√)

Comments: _____

Behavior/Participation*

1 - attentive, alert
2 - participated frequently
3 - participated now and then
4 - seemed to grasp material
5 - appeared bored
6 - friendly/cooperative
7 - confronted another member
8 - used stereotypes
9 - hostile
10 - depressed
11 - preoccupied
12 - assumed leadership role
13 - asked questions
14 - offered information
15 - interrupted others
16 - other:_____

*Source: STAR Services, New Bedford, Massachusetts

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