ABUSER
*CONTRACTS
*ACCOUNTABILITY
*SELF-MANAGEMENT
=
Abuser Containment

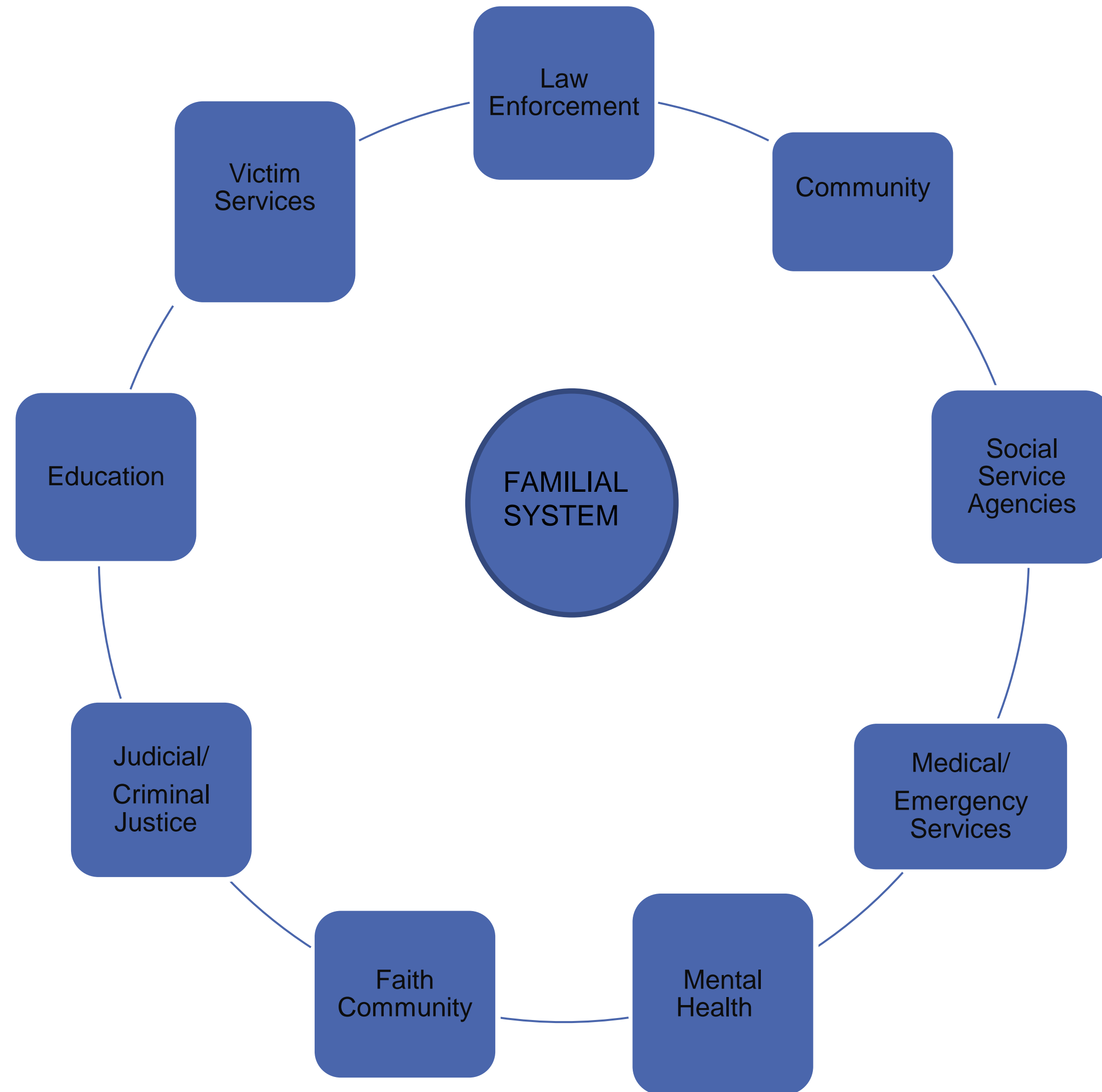
Description

- Abuser Containment includes Abuser Self Management, Abuser Accountability & Abuser Contracts. Abusers are provided tools and skills in treatment groups to manage their violent and abusive behavior. They are held accountable for behavioral change from the treatment provider, probation, and the court system. Development of effective and responsive Abuser contracts that are monitored weekly are one of the tools to bring all these components together.

Abuser Containment Model

- Abuser Contracts
  - Program contracts– releases, contractor fees, disclosures
  - Treatment plan/MTT reviews
  - DVRNA changes – risk reduced
  - Personal change plan
- Abuser Accountability
  - DVOMB definition
  - Responsibility in treatment
  - Developmental changes
    - Cognitive, Moral, Emotional
- Abuser Self-management
  - Tools, skills, techniques learned in batterer intervention program (BIP)
  - Acquisition of competencies
  - Aftercare Plan

Community Coordinated Response

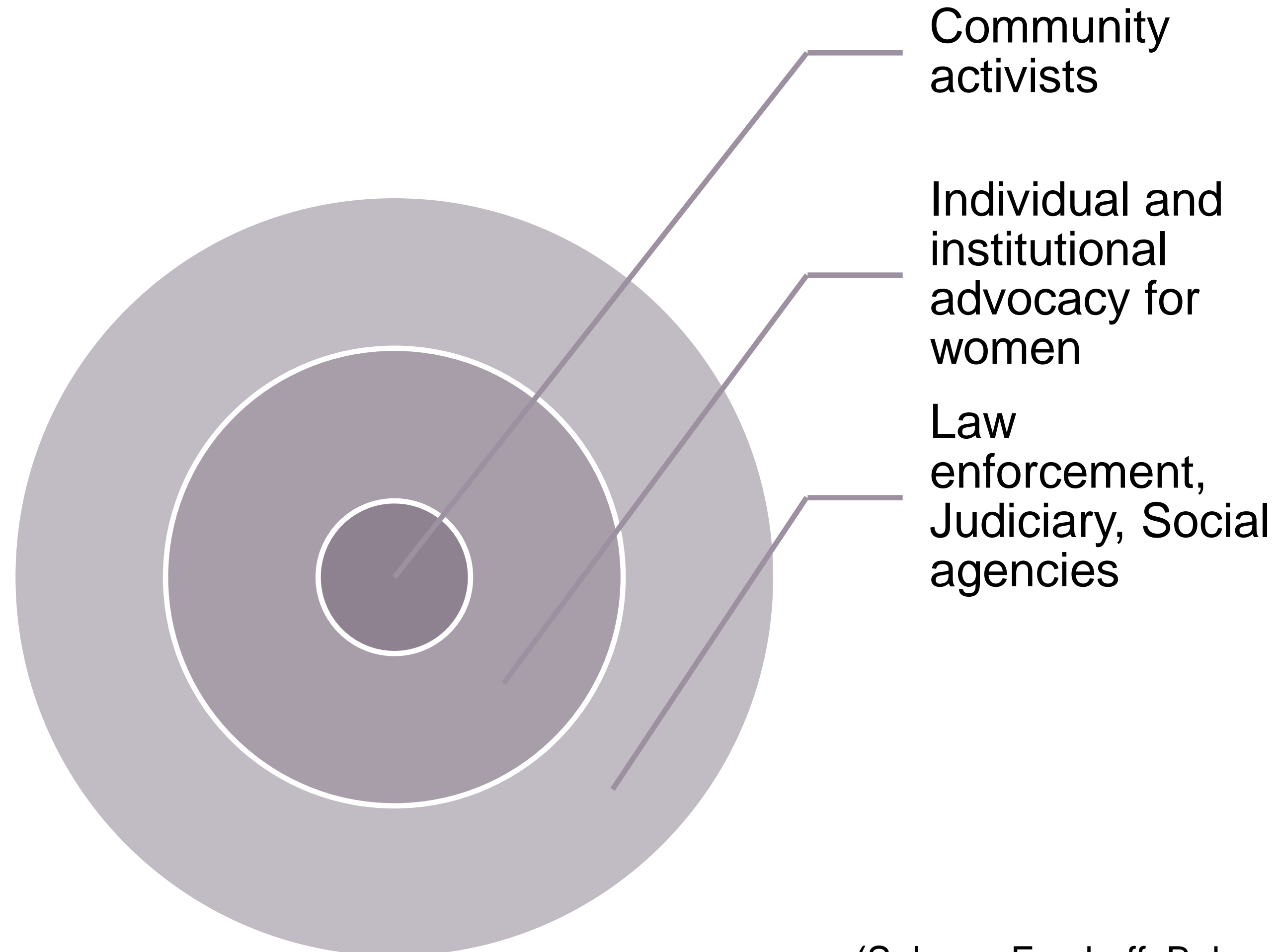


Coordinated Community Response

- Zero tolerance for violence and coercive control
- Targeted policies based on statutes
- Developing and implementing a media campaign
  - Focused on influencing social morals of the community
- Social change goals: seek to enact systems level changes while invoking societal level change to norms that promote domestic violence and coercive control
- Reduce recidivism
- Increase victim safety
- Develop community task force

(Salazar, Emshoff, Baker, Crowley, 2007)

Ecological Community Coordinated Response



(Salazar, Emshoff, Baker, Crowley, 2007)

KEY CONCEPTS: MANAGEMENT

- The **management** of domestic violence abusers involves the knowledgeable, accountable participation of law enforcement, victim services, advocates, the DVOMB and all systems involved such as mental health, substance abuse services, and child protection services.
- In order to manage domestic violence abusers and to reduce and ultimately eliminate domestic violence, a **coordinated community response** is required, thus abuser containment is one element of abuser management.
- **Containment:** The preferred approach in managing Abusers is to utilize a containment process. Those involved in the containment process are directly responsible for holding Abusers accountable while under supervision of the court. This includes, but is not limited to: the courts, the supervising agents of the court, such as probation, and the approved providers. While these Standards require approved providers to communicate, collaborate, and consult with the rest of this containment group, this concept of containment and communication should be strived for by the courts and supervising agents of the courts as well.

http://cdpsdocs.state.co.us/dvomb/Standards/standards19.pdf

Program Guiding Principles

- GP 3.01 **Victim and community safety are paramount.** Victim and community safety are the highest priorities of the Standards. This should guide the system responses of the criminal justice system, victim advocacy, human services and domestic violence Abuser treatment. Whenever the needs of domestic violence Abusers in treatment conflict with community (including victim) safety, community safety takes precedence.
- GP 3.02 **Domestic violence is criminal behavior.**

Program Guiding Principles

- GP 3.03 The **management and containment of domestic violence Abusers requires a coordinated community response**. The Board encourages the development of local coalitions/task forces to enhance inter-agency communication and to strengthen program development. **All participants in Abuser management are responsible for being knowledgeable about domestic violence and these Standards.** Open *professional communication confronts Abusers' tendencies to exhibit secretive, manipulative, and denying behaviors*.
- Only in our aggregate efforts, applying the same principles and working together, can domestic violence Abuser management be successful. Other *involved professionals such as mental health providers, substance abuse counselors and health care professionals bring specialized knowledge and expertise.*
- *Information provided by each participant in the management of an Abuser contributes to a more thorough understanding of the Abuser's risk factors and needs, and to the development of a comprehensive approach to treating and containing the Abuser.* **Decisions regarding the treatment of court ordered domestic violence Abusers shall be made by the containment group.**

Program Guiding Principles

- GP 3.04 *Successful management and containment of domestic violence Abusers are enhanced by increased public awareness of domestic violence issues.* The complexity and dynamics of domestic violence are not yet fully understood and many myths prevail. These myths inhibit proactive community responses to domestic violence. *Knowledgeable professionals have a responsibility to increase public awareness and understanding by disseminating accurate information about domestic violence.* This may facilitate communities to mobilize resources and to effectively respond to domestic violence.
- GP 3.05 There is **no singular profile of a person who commits acts of domestic violence.** People who commit acts of domestic violence vary in many ways such as age, race and ethnicity, sexual orientations, gender identities, gender, mental health condition, profession, financial status, cultural background, religious beliefs, strengths and vulnerabilities, and levels of risk and treatment needs. **People who commit abusive offenses may engage in more than one pattern of offending and may have multiple victims.**

Program Guiding Principles

- GP 3.06 It is the **nature of domestic violence Abusers that their behaviors tend to be covert, deceptive, and secretive.** These behaviors are often present long before they are recognized publicly.
- GP 3.07 **Domestic violence behavior is dangerous. When domestic violence occurs, there is always a victim.** Both literature and clinical experience suggest that **this violence and/or abuse can have devastating physical, emotional, psychological, financial and spiritual effects** on the lives of victims and their families. Abusers may deny and minimize the facts, severity, and/or frequency of their offenses. Domestic violence Abusers often maintain a socially-acceptable facade to hide their abusive behaviors. *At its extreme, domestic violence behavior can result in the death of the victim, Abuser, family members, and others.*
- GP 3.08 **Domestic violence behavior is costly to society**. Domestic violence has significant economic impact on various individuals and groups, including but not limited to, the victim, family and Abuser, schools, business and property owners, faith communities, health and human services, law enforcement and the criminal justice system.

Program Guiding Principles

- GP 3.09 **All domestic violence behavior is the sole responsibility of the Abuser.**
- GP 3.10 **Abusers are capable of change. Responsibility for change rests with the Abuser.** *Individuals are responsible for their attitudes and behaviors and are capable of eliminating or modifying abusive behavior through personal ownership of a change process.* Ideally, this includes cognition, affect, and behavior. *Treatment enhances the opportunity for Abuser change. Change is based on the Abuser's motivational levels and acceptance of responsibility.* **Motivation for change can be strengthened by effective treatment and community containment**.
- GP 3.11 **Assessment and evaluation of domestic violence Abusers is an ongoing process.** Because of the cyclical nature of offense patterns and fluctuating life stresses, *domestic violence Abusers' levels of risk are constantly in flux.* **Changes that occur as a result of the supervision or treatment of Abusers cannot be assumed to be permanent.** For these reasons, continuous monitoring of risk is the joint responsibility of the responsible criminal justice agency and the approved provider. **The end of the period of supervision should not necessarily be seen as the end of dangerousness.**

PROGRAM TREATMENT PURPOSE

- Hold abusers accountable for solutions.
- Transfer ‘resistance’ into cooperation.
- Deal with hostility and defensiveness and what to avoid when working with abusers.
- Help abusers set meaningful goals that eliminate violence and coercive control.
- Utilize and focus on small strengths and changes to build lasting change.

ABUSER CONTAINMENT

- 5.02 Multi-disciplinary Treatment Team (MTT)

- **Containment is one of the goals of the MTT.**

- MTT Purpose: The MTT is designed to collaborate and coordinate offender treatment. Therefore, the work of the MTT needs to include staffing cases; sharing information; and making informed decisions related to risk assessment, treatment, behavioral monitoring, and management of offenders. The MTT by design may prevent offender triangulation and **promote containment**.

- V. Offender Containment:
  - This is one of the goals of the MTT. The MTT will collaborate to establish consequences for offender noncompliance.

Containment

- The process of restraining, halting, and preventing the offender from engaging in further violence against an intimate partner through the application of supervision, surveillance, consequences, restrictions, and treatment as imposed by the courts, supervising agents of the courts, and approved providers.

ABUSER CONTRACTS

- Intake Contracts
  - Consent for treatment
  - Treatment provider disclosure
  - Releases of information
  - Initial Treatment Plan
  - Program contracts– releases, contractor fees, disclosures
- Treatment plan/MTT reviews
  - DVRNA changes – risk reduced
  - Competencies
  - Progress in treatment
- Personal change plan
  - Competencies
  - Accountability
  - Healthy behaviors/beliefs/attitudes
- Aftercare Plan
  - Self-management
  - Relapse prevention
  - Lifestyle changes

THE ABUSER CONTRACT

Signed treatment agreement between the Approved Provider and the Abuser that specifies the responsibilities and expectations of the Abuser, Approved Provider, and MTT.

A. Responsibilities of Abuser: The **Abuser Contract shall include the following agreements by the Abuser:**
1. To be **free of all forms of domestic violence** as defined in the Glossary during the time in treatment.

2. To **meet financial responsibilities for evaluation and treatment.**

3. To agree **not to use alcohol or drugs; to agree not to use illegal drugs and not to use drugs illegally**. This includes misuse or abuse of prescribed medications. If substance abuse treatment is indicated, Abuser shall complete the substance abuse treatment and abide by any conditions that may be applied as determined by the substance abuse evaluation.

The Abuser Contract

4. To **sign releases of information allowing the Approved Provider to share information with the victim and the supervising criminal justice agency**, and any other requested releases of information as deemed necessary by the Approved Provider.

5. To **not violate criminal statutes or ordinances** (city, county, state, or federal).

6. To **comply with existing court orders regarding family support.**

7. To **comply with any existing court orders concerning a proceeding to determine paternity, custody, the allocation of decision making responsibility, parenting time, or support.**

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The Abuser Contract

8. To **not purchase or possess firearms or ammunition**.
   An exception may be made if there is a specific court order expressly allowing the Abuser to possess firearms and ammunition. In these cases, it is incumbent upon the Abuser to provide a copy of the court order to the Approved Provider to qualify for this modification of the Abuser Contract. It is then incumbent upon the Approved Provider to design treatment planning to address storage of the firearm, (such as firearm shall not be allowed in the home) and other factors related to Abuser risk, safety planning, and victim safety.

IV. DVRNA Risk Factors

> **Use and/or threatened use of weapons in current or past offense**. This is a **containment issue** that needs to be discussed by the MTT regarding community and victim safety

9. **To NOT participate in *any couple's counseling or family counseling* while in Abuser treatment. This includes any joint counseling that involves the Abuser and the victim.**

ABUSER CONTRACT DISCLOSURES

By the Approved Provider:

1.Abusers who have committed domestic violence related offenses shall waive confidentiality for purposes of evaluation, treatment, supervision, and case management. The Abuser shall be fully informed of alternative disposition that may occur in the absence of consent/assent (Refer to *Standard 6.0 in its entirety).*

Abuser waivers of confidentiality shall also *extend to the victim, specifically with regard to (1) the Abuser's compliance with treatment and (2) information about risk, threats, and/or possible escalation of violence.*

2. Costs of evaluation and treatment services.

3. Grievance procedures should the Abuser have concerns regarding the Approved Provider or the treatment.

4. Response plan for Abusers in crisis.

ABUSER CONTRACT DISCLOSURES

5. Intensity of treatment
6. Information on referral services for 24-hour emergency calls and walk-ins
7. Reasons that the Abuser would be terminated from treatment
8. Disclosure that the Approved Provider and his/her records may be audited by the DVOMB for the new application process and Biennial Renewal.
9. Abuser fees: The **Abuser paying for his/her own evaluation and treatment is an indicator of responsibility** and shall be incorporated in the treatment plan.

All Approved Providers shall offer court ordered domestic violence evaluation and treatment services based on a sliding fee scale.

ABUSER ABSENCES

1. Abusers are responsible for attending treatment.

2. If an **Abuser has more than three absences, the MTT shall consult to determine any needed consequences or modifications to the Treatment Plan.** The MTT may require the Abuser to provide documentation of reasons for absences.

3. **All Abuser absences shall be reported within 24 hours of the absence to the Treatment Victim Advocate and the referring agency**. The Treatment Victim Advocate will determine if the victim shall be notified according to the advocacy agreement with the victim (Refer to *Standard 7.0 in its entirety). The referring* agency may request a modification of the notification criteria.

Violations of Abuser Contract

Violations of Abuser Contract or noncompliance with the Treatment Plan may lead to termination from the program. At a minimum, **written or verbal notification of the violations shall be provided to the MTT**.

Notification of the violations on noncompliance will be provided to law enforcement and/or courts, when appropriate. **Violations** of the Abuser Contract may include **exhibiting signs of imminent danger to others or escalating behaviors that may lead to violence.**

5.09 ABUSER DISCHARGE

There are three types of discharge:

- I. Treatment Completion
- II. Unsuccessful Discharge from Treatment
- III. Administrative Discharge from Treatment

- **MTT consensus is required for discharge**. In the event there is a lack of consensus, refer to *Standard 5.02 VII C.*

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I. Treatment Completion

A. Abuser Responsibilities, Progress in Treatment

The Abuser has demonstrated adherence to all of the following:

- **All** required competencies
- **Conditions** of the Treatment Plan
- **Conditions** of the Abuser Contract

I. Treatment Completion

B. MTT Responsibilities

The MTT has verified all of the following:

- 1. The **Abuser has demonstrated all required competencies, Abuser Contract requirements, and other conditions of his/her Treatment Plan**;
- 2. The **Abuser has completed all required Treatment Plan Reviews** (not to include the intake evaluation);
- 3. The **required consultation has occurred at each stage of treatment**;
- 4. **No additional risk factors have been identified or been reported** through other sources outside of Abuser contact as relevant (e.g. social services, psychiatrist, new partner, parents, or clergy);
- 5. **Reduction of risk as reported by Approved Provider, using information from other MTT members**, and
- 6. **MTT consensus regarding discharge.** The definition of consensus is that members are in agreement.

C. Approved Provider Responsibilities

The Approved Provider shall create a **discharge summary** to be provided to probation and/or the court. This summary shall document findings from *Standard 5.09 I A & B and include at a* minimum the following:

1. Type of discharge
2. Information regarding the level(s) of treatment
    a. Initial level of treatment
    b. Any changes to level of treatment
    c. Level of treatment upon completion
3. Information regarding risk factors
    a. Initial risk factors
    b. Any changes to risk factors during treatment, increase or decrease
    c. Identification of current risk factors
4. Verification that the Abuser Treatment Plan components, Abuser competencies, and criteria for treatment completion have been demonstrated
5. Duration of Abuser treatment
6. Summary of verification of MTT responsibilities for discharge (Refer to *Standard 5.09 I B)*
7. Any current or ongoing concerns identified by the MTT

II. Unsuccessful Discharge from Treatment

A. Abuser Responsibilities, Progress in Treatment

Abuser has not met responsibilities and requirements related to one or more of the following:

1. All required competencies
2. Conditions of the Treatment Plan
3. Conditions of the Abuser Contract

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II. Unsuccessful Discharge from Treatment

B. MTT Responsibilities

The MTT has verified all of the following:

1. The **Abuser's lack of progress** related to Abuser demonstrating required competencies, compliance with Abuser Contract requirements, and other conditions of the Treatment Plan.
2. **Completion of any required Abuser Treatment Plan Reviews** (not to include the intake evaluation).
3. **Required consultation has occurred at each stage of treatment**.
4. Any **additional risk factors** that have been identified or been reported through other sources outside of Abuser contact as relevant (e.g. social services, psychiatrist, new partner, parents, or clergy).
5. Any **increase in level of risk** as reported by Approved Provider, using information from other MTT members.
6. **MTT consensus regarding unsuccessful discharge**. The definition of consensus is defined as the agreement among the MTT members.

II. Unsuccessful Discharge from Treatment

C. Approved Provider Responsibilities

- The Approved Provider shall create a Discharge Summary to be provided to probation and/or the court. This summary shall document findings from *Standard 5.09 II. A and B and include at a* minimum the following:

1. Type of discharge

Identify Abuser deficiencies and resistance related to:

a. Required Abuser competencies

b. Treatment Plan

c. Abuser Contract

Approved Provider has **clinically documented the Abuser's noncompletion of Treatment Plan requirements**, including, but not limited to, unwillingness to master all required core and additional competencies as identified in the Abuser's Treatment Plan and Abuser Contract requirements.

II. Unsuccessful Discharge from Treatment

2. Information regarding the level(s) of treatment
    - a. Initial level of treatment
    - b. Any changes to level of treatment
    - c. Level of treatment at discharge
3. Information regarding risk factors
    - a. Initial risk factors
    - b. Any changes to risk factors during treatment
    - c. Identification of current risk factors
4. Approved Provider has documented the Abuser is inappropriate for continued treatment due to the presence of Significant Risk Factors, Abuser denial, and/or Abuser lack of progress in treatment.
5. Duration of Abuser treatment
6. Summary of verifications of MTT responsibilities for discharge (Refer to *Standard 5.09 II. B)*
7. Any current or ongoing concerns identified by the MTT
8. MTT consensus for this discharge status and reasoning is documented.
9. Identification of whether the court supervision period has ended and Abuser has refused to continue in treatment.

III. Administrative Discharge from Treatment

A. Abuser Responsibilities

- Abuser shall provide verification of the need for an administrative discharge as requested by the MTT.

B. MTT Responsibilities

MTT shall verify the reason for administrative discharge.

1. Reasons may include, but are not limited to, circumstances such as the Abuser is on medical leave, the Abuser's employment has transferred the Abuser to a new location, military deployment, or there is a clinical reason for a transfer.
2. MTT consensus for this discharge status and reasoning is documented.

III. Administrative Discharge from Treatment

C. Approved Provider Responsibilities

The Approved Provider shall create a Discharge Summary to be provided to probation and/or the court. This summary shall document findings from *Standard 5.09 III A and B and include at a* minimum the following:

1. Type of discharge
2. Information regarding the level(s) of treatment
    a. Initial level of treatment
    b. Any changes to level of treatment
    c. Level of treatment at discharge
3. Information regarding risk factors
    a. Initial risk factors
    b. Any changes to risk factors during treatment. Identification of current risk factors

III. Administrative Discharge from Treatment

4. Degree to which the Abuser Treatment Plan components, Abuser competencies, and criteria for treatment completion have been demonstrated

5. Duration of Abuser treatment

6. Summary of verifications of MTT responsibilities for discharge

(Refer to *Standard 5.09 III B)*

7. Any current or ongoing concerns identified by the MTT

8. MTT consensus for this discharge status and reasoning is documented.

IV. Transferring Programs

- Approved Providers shall not accept an Abuser transferring into their program without the responsible referring criminal justice agency's written approval. The **receiving Approved Provider, the previous Approved Provider, and the MTT shall perform case coordination**, including discussion of any additional treatment that may be required. The final recommendation for treatment shall be determined by the new MTT. The receiving Approved Provider shall require the Abuser to sign a release of information, allowing the previous Approved Provider to submit a copy of the discharge summary. The previous Approved Provider is required to provide a copy of the discharge summary immediately upon receipt of the release to the receiving Provider.
- The Approved Provider shall create a Discharge Summary to be provided to probation and/or the court. This summary shall document findings from *Standard 5.09 III. A and B and include at a minimum the* following:

    A. Type of discharge

    B. Information regarding the level(s) of treatment

        1. Initial level of treatment

        2. Any changes to level of treatment

        3. Level of treatment at discharge

V. Re-admission into Treatment with the Same Approved Provider:

Prerequisites for Abusers re-entering treatment with an Approved Provider:

A. Consensus of the MTT to re-admit the Abuser into treatment.

B. Consensus of MTT regarding placement in treatment, including updated evaluation and DVRNA if appropriate.

C. The Approved Provider shall review and update the Abuser Contract and Treatment Plan with the Abuser.

V. Re-admission into treatment with the same Approved Provider:

C. Information regarding risk factors

1. Initial risk factors
2. Any changes to risk factors during treatment
3. Identification of current risk factors

D. Degree to which the Abuser Treatment Plan components, Abuser competencies, and criteria for treatment completion have been demonstrated

E. Duration of Abuser treatment

F. Summary of verifications of the MTT responsibilities for discharge (Refer to *Standard 5.09 III B)*

G. Any current or ongoing concerns identified by the MTT

H. Consensus for this discharge status and reasoning is documented.

5.10 Couple's Counseling

I. **Couple's counseling is not a component of domestic violence treatment.** The Abuser is the client in Abuser treatment, not the couple, and not the relationship. Therefore, couple's counseling is not permitted during domestic violence Abuser treatment.

II. The Abuser is prohibited from participating in any couples counseling while in Abuser treatment. This includes any joint counseling that involves the Abuser and the victim.

- *Because of the potential therapeutic challenges of concurrent treatment along with dangers and risk to victim safety, this standard further clarifies that Abusers will not participate in marriage or couple's counseling of any kind with anyone with the victim outside of Abuser treatment.*

Treatment Report: At a minimum of once a month

Approved Provider shall submit a written report to the supervising criminal justice agency to include:

A. Results from most recent required Treatment Plan Review

B. Abuser progress regarding competencies

C. Any recommendation related to discharge planning

D. Abuser's level of treatment

E. Evidence of new risk factors

F. Abuser degree of compliance such as fees, attendance, and level of participation

TREATMENT PLAN

Shall be implemented after the completion of the intake evaluation process. The individualized plan shall promote victim and community safety while identifying treatment goals for the Abuser. The written Treatment Plan shall include goals that specifically address all clinical issues identified in the intake evaluation.

The treatment goals shall be based on Abuser criminogenic needs, Abuser competencies**, and identified risk factors.** A **Personal Change** Plan and an **Aftercare Plan** shall be components of the Treatment Plan.

Personal Change Plan

The Abuser's Personal Change Plan is a **written plan for preventing abusive behaviors and developing healthy thoughts and behaviors.**

The Abuser shall **design and implement this plan during treatment and utilize it after discharge**.

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Responsivity Principle and Factors

Definition

- Responsivity factors are those factors that may influence an individual's responsiveness to efforts that assist in changing his/her attitudes, thoughts, and behaviors. These factors may or may not be Abuser risk factors or criminogenic needs. These factors play an important role in choosing the type and style of treatment that would be most effective in bringing about change for Abusers (Andrews and Bonta, 1994).

B. Assessment (Bonta, 2000)

- Thinking style: It is beneficial to gather information regarding Abusers' thinking styles. Consider the following questions in your assessment:

    1. Are they more verbally skilled and quick to comprehend complex ideas or are they more concrete and straightforward in their thought processes?

    2. Will they be more responsive to treatment that requires abstract reasoning skills, or will they be more responsive to more straightforward and direct treatment modalities?

TREATMENT COMPONENTS
(SAMPLE PROGRAM--36 SESSIONS)

Lifeskills

- 1. Parenting
- 2. Money Management
- 3. Socialization
- 4. Self Esteem

Family

1. Genogram
2. Family Biography
3. Violence Autobiography
4. Attitudes

Substance Abuse

- 1. Personal History
- 2. Alcohol / Drugs
- a. system effects
- b. family effects

DV & Anger Specifics

1. Cycle of Violence
2. Definitions
3. Control Tools
4. Distorted Thinking Patterns

Conflict Resolution

- 1. Mediation
- 2. Communication
- 3. Stress Mgt.

Relapse Prevention

1. Behavioral Model
2. Presented at end of each section

How Can I Be Accountable for My Crimes?

I now know it starts with me yelling. I have to control my anger.
—Patrick

I scared my girlfriend, in front of our kid. Saying I was sorry wasn't enough.
—Jean

I treated her like she was my property. I don't have any right to do that.
—Vince

I told her it would never happen again .. . but it did. I have to mean it when I say it.
—Perry

ACCOUNTABILITY

Definition

- Accountability refers to **"taking full responsibility for the effects of one's actions."**
- In domestic violence intervention there are **many aspects of accountability** to consider and there are **many ways to assess or measure it** at various points of treatment. For example, accountability includes *individual and unilateral responsibility* (i.e., taking full unilateral responsibility for the effects of one's own words or actions regardless of the influence of anyone else's words or actions).
- Accountability can be diminished by unhealthy and self-limiting shame as differentiated from appropriate guilt. Low or limited levels of Abuser accountability can be correlated to high or extensive risks of Abuser reoffense.
- Low levels of empathy for the victim can also be correlated to high incidence of recidivism by the Abuser (Bancroft, 2002).

Accountability (con.)

B. Assessment

Accountability can be assessed by considering the following:

1. Does the Abuser take responsibility for his/her abusive actions in the police report of the incident? In the victim report? In the other witness report(s)?
2. Does the Abuser take responsibility for his/her own actions regardless of the actions of the victim or witness(es)?
3. Does the Abuser take responsibility for any other reports of abuse in the relationship? In other relationships?
4. Is the Abuser willing to talk in treatment about his/her acts of abuse? Patterns of abuse?

ACCOUNTABILITY (CON.)

5. Is the Abuser willing to write about his/her abusiveness?
6. Is the Abuser willing to receive input/feedback/confrontations from the therapist about the abuse? From the group?
7. Can the Abuser identify personal deficiencies/challenges/struggles that have played a role in his/her abusiveness?
8. Can the Abuser identify and describe personal tools/strategies/interventions to be used to prevent future abusiveness?
9. Is the Abuser willing to commit to ceasing the abuse?

ACCOUNTABILITY (CON.)

Measurement

Accountability can be measured by the following:

1. Abuser verbal statement of accountability
2. Abuser written statement of accountability
3. Abuser written "as-if" letter of accountability to the victim. **This letter is intended to be a therapeutic exercise and shall not be shared with the victim.**

Accountability should be assessed continually**:**

1. At intake
2. Prior to any change in level of treatment
3. Following any change in risk of reoffense
4. Prior to discharge from treatment

Abuser Self-management

- Tools, skills, techniques learned in batterer intervention program (BIP)
- Acquisition of competencies
- Aftercare Plan & Implementation

Anxiety regarding treatment

Evaluate whether Abusers are anxious about treatment. Consider the following questions:

1. Are they more likely to better respond initially to individualized versus group treatment?
2. Is there some type of acute mental disorder such as delusions or a thought disorder, which may need to be managed in order for Abusers to respond to treatment?

ANXIETY REGARDING TREATMENT (CON.)

Personality dynamics: Consider whether there are personality dynamics that might influence the Abuser's response to treatment.

1. For example, many individuals with antisocial personality features tend to be more responsive to treatment that is highly structured as opposed to a more process-oriented style. Given a chronic level of low stimulation, such individuals may need a treatment style that is more active and stimulating as opposed to open discussion and quiet readings.

2. For Abusers with various personality clusters, consider how these features can be utilized in treatment to assist the Abuser in engaging in treatment. For example, can reinforcement of changes be emphasized with the narcissistic Abuser to focus on his/her successes in treatment?

- Can the dependent Abuser learn to depend more on strategies learned in treatment and depend less on the victim?

Learning Style

Consider the Abuser's learning style:

1. Is the Abuser an auditory, visual, or kinesthetic (experiential) learner?
2. Would the Abuser benefit more from a role play exercise or a reading assignment?

Personal and demographic: Consider whether the Abuser will respond better to treatment when other personal and demographic factors are considered and addressed. This might include geography, gender, ethnicity, language, sexual orientation, age, and/or other cultural factors.

Review Definitions

- • Amends
- • Apology
- • Changing behavior
- • Community service
- • Forgiveness
- • Restitution
- • Victim contact
- • Victim/Abuser dialogue
- You have chosen to do harm in the past. Serving time is legal punishment for crimes committed, but it does *not* remove the responsibility of making amends for the harm you have caused.

It is your choice to try to—

- "Make things right," if possible.
- Treat others, and their property, with respect.
- Practice self-control.
- Make positive choices.
- **What is your definition of "accountability"? Have your thoughts about accountability changed during the program?**

VICTIM EMPATHY

- Name:
- Date:

Recall the crime you committed. With this crime in mind, answer the following questions. This exercise will help you consider how your behavior affected your victim(s).

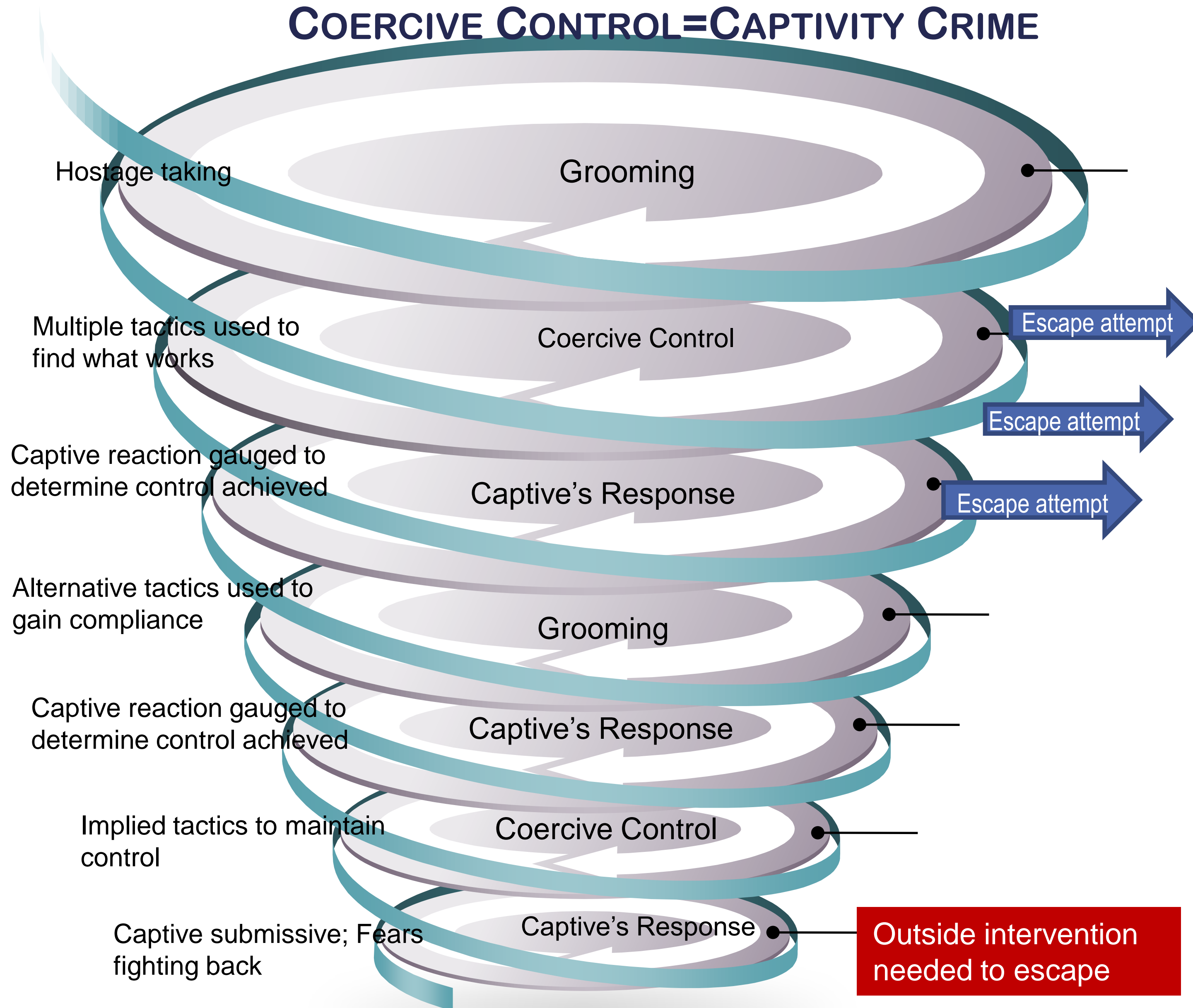
- Describe the crime you committed.
- Who was your victim? How would you describe him or her?
- Did you know the victim before the crime? ☐ Yes ☐ No
- If yes, how?
- What did your crime cost the victim?
- Financially?
- Emotionally?
- What effect do you think this crime had on your victim?
- How did your crime affect the victim's family, friends, and community?
- How would you feel if the crime had been committed against you?
- How would you feel if the crime had been committed against a member of your family?
- What do you think should happen to people who commit this type of crime?
- Are you paying too much or too little for this crime? Why?

VIOLENCE WHEEL

- Refer to the Violence Wheel. Write one or two sentences that demonstrate a specific example of each of the power and control tactics illustrated on the wheel. Also, write about how a victim might feel when the tactic is used.
- **Sample**
- **Tactic:** Using isolation
- **Example:** The victim is dropped off at work and picked up every day. She is not allowed to drive herself to work or ride with anyone.
- **Victim's Feelings:** Powerless, alone
- Tactic: ________________________________
- Example: ________________________________
- Victim's Feelings: ________________________

- Tactic: ________________________________
- Example: ________________________________
- Victim's Feelings: ________________________

COERCIVE CONTROL=CAPTIVITY CRIME



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Cycle of Captivity Crime

- What are some examples of how the abuser acts during each of the escalations?
- What is the victim going through physically and emotionally during each escalation?
- If any children are present in the home, what are they going though physically and emotionally during each escalation?

I. Purpose and use of Abuser competencies

A. Develop Abuser Contract and Treatment Plan

B. Monitor Abuser behavioral change

C. Re-evaluate Abuser during Treatment Plan Reviews throughout Treatment

D. Verify discharge criteria

II. Abuser Responsibility (Bancroft & Silverman, 2002)

All Abusers shall be required to demonstrate an understanding and application of the core competencies to the Approved Provider and the MTT, as determined by the Treatment Plan. Abusers placed in Level B or Level C treatment shall be required to demonstrate additional competencies as determined by the MTT.

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III. Approved Provider Responsibility

Approved Providers have the responsibility to provide the opportunity for Abusers to learn and demonstrate these competencies as well as to evaluate, verify, and document the presence and demonstration of competencies.

Approved Providers as a member of the MTT shall consult with the supervising criminal justice agency, Treatment Victim Advocate, and other agencies involved with an Abuser throughout treatment to assess, as a team, the Abuser degree of demonstration and understanding of the competencies.

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IV. MTT RESPONSIBILITY

The MTT shall always have victim safety and confidentiality as the priority of Abuser treatment and assessment. The MTT shall assess and determine the degree to which all of the Abuser competencies are met and determine the treatment status, and when appropriate, discharge accordingly.

The MTT shall assess Abuser progress and demonstration of Abuser competencies by utilizing a variety of sources of information. The ultimate goal in reviewing and utilizing information is to protect the victim. Information shall not be used if it compromises victim safety and confidentiality. Therefore, when a victim states that information cannot be revealed, the MTT shall seek and utilize other sources of information such as degree of Abuser participation in group, urine analysis, and contact with probation (Refer to *Standard 7.0 in its entirety).*

A. Abuser commits to the elimination of abusive behavior

1. Eliminates the use of physical intimidation, psychological cruelty, or coercion toward one's partner or children.
    a. Behavioral change goal:
    b. Techniques to demonstrate goal achieved:
    c. Treatment tools applied:

2. Begins developing a comprehensive Personal Change Plan that is approved by the MTT and signed by the Abuser (Refer to Glossary for definition of Personal Change Plan).
    a. Behavioral change goal:
    b. Techniques to demonstrate goal achieved:
    c. Treatment tools applied:

B. Abuser demonstrates change by working on the comprehensive Personal Change Plan

1. Begins implementing portions of the Personal Change Plan.
2. Accepts that working on abuse related issues and monitoring them is an ongoing process.
3. Begins designing an Aftercare Plan (Refer to Glossary).
4. Completes an Aftercare Plan and is prepared to implement this plan after discharge from treatment.

C. Abuser completes a comprehensive Personal Change Plan

1. Reflects the level of treatment and has been reviewed and approved by the MTT.

2. Driven by the Abuser's risk and level of treatment (required for all levels but must be more specific and detailed for Level B and C treatment).

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D. Abuser development of empathy

1. Recognizes and verbalizes the effects of one's actions on one's partner/victim.

2. Recognizes and verbalizes the effects on children and other secondary and tertiary victims such as neighbors, family, friends, and professionals.

3. Offers helpful, compassionate response to others without turning attention back on self.

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E. Abuser accepts full responsibility for the offense and abusive history (Bancroft & Silverman, 2002)

1. Discloses the history of physical and psychological abuse towards the Abuser's victim(s) and children.

2. Overcomes the denial and minimization that accompany abusive behavior. In the event the Abuser exhibits severe denial, refer to *Standard 5.06 IV A and the Glossary.*

3. Makes increasing disclosures over time.

4. Accepts responsibility for the impact of one's abusive behavior on secondary, tertiary victims, and the community.

5. Recognizes that abusive behavior is unacceptable. The Abuser has agreed that the abusive behavior is wrong and will not be repeated. This involves relinquishing excuses and any other justifications that blame the victim; including the claim that the victim provoked the Abuser.

F. Abuser identifies and progressively reduces pattern of power and control behaviors, beliefs, and attitudes of entitlement.

1. Recognizes that the violence was made possible by a larger context of the Abuser's behaviors and attitudes (Pence & Paymar, 1993)

2. Identifies the specific forms of day-to-day abuse and control, such as isolation that have been utilized, as well as the underlying outlook and excuses that drove those behaviors (Tolman & Edleson, 1992).

3. Demonstrate behaviors, attitudes and beliefs congruent with equality and respect in personal relationships.

G. Abuser Accountability (Refer to 4.0 Appendix)

Abuser accountability is defined as accepting responsibility for one's abusive behaviors, including accepting the consequences of those behaviors, actively working to repair the harm, and preventing future abusive behavior.

Accountability goes beyond taking ownership; it is taking corrective actions to foster safety and health for the victim. The Abuser demonstrates behavioral changes to alleviate the impact of Abuser's abusive words and/or actions regardless of the influence of anyone else's words or actions (Refer to 4.0 Appendix).

G. Abuser Accountability (Refer to 4.0 Appendix)

1. Recognizes and eliminates all minimizations of abusive behavior. Without prompts, the Abuser identifies one's own abusive behaviors.
2. Demonstrates full ownership for his/her actions and accepts the consequences of these actions (Bancroft & Silverman, 2002). The Abuser demonstrates an understanding of patterns for past abusive
actions and acknowledges the need to plan for future self-management and further agrees to create the structure that makes accountability possible (Pence & Paymar, 1993).
3. "They accept that their partner or former partner and their children may continue to challenge them regarding past or current behaviors. Should they behave abusively in the future, they consider it their responsibility to report those behaviors honestly to their friends and relatives, to their probation officer, and to others who will hold them accountable." (Bancroft and Silverman, 2002)

H. Abuser acceptance that one's behavior has, and should have, consequences (Sonkin, et al., 1985; Bancroft & Silverman, 2002).

1. Identifies the consequences of one's own behavior and challenges distorted thinking and understands that consequences are a result of one's actions or choices. The Abuser makes decisions based on recognition of potential consequences.

2. Recognizes that the abusive behavior was a choice, intentional and goal-oriented (Pence & Paymar, 1993). For example, the Abuser has stopped using excuses such as being out of control, drunk, abused as a child, or under stress.

I. Abuser participation and cooperation in treatment

1. Participates openly in treatment (e.g. processing personal feelings, providing constructive feedback, identifying one's own abusive patterns, completing homework assignments, presenting letter of accountability).

2. Demonstrates responsibility by attending treatment as required by the Treatment Plan.

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J. Abuser Ability to Define Types of Domestic Violence

1. Defines coercion, controlling behavior and all types of domestic violence (e.g. psychological, emotional, sexual, physical, animal abuse, property, financial, isolation).

2. Identifies in detail the specific types of domestic violence engaged
in, and the destructive impact of that behavior on the Abuser's partner and children (Pence & Paymar, 1993; SAFE JeffCo., 2002).

3. Demonstrates cognitive understanding of the types of domestic violence as evidenced by giving examples and accurately label situations (SAFE JeffCo, 2002).

4. Defines continuum of behavior from healthy to abusive.

K. Abuser understanding, identification, and management of one's personal pattern of violence.

1. Acknowledges past/present violent/controlling/abusive behavior

2. Explores motivations

3. Understands learned pattern of violence and can explain it to others

4. Disrupts pattern of violence prior to occurrence of behavior

L. Abuser understanding of intergenerational effects of violence

1. Identifies and recognizes past victimization, its origin, its type and impact

2. Recognizes the impact of witnessed violence

3. Acknowledges that one's upbringing has influenced current behaviors

4. Develops and implements a plan to distance oneself from violent traditional tendencies, as well as cultural roles. Examples: Homework assignments such as the Genogram, violence autobiography, and timeline.

M. Abuser Understanding and Use of Appropriate Communication Skills

1. Demonstrates nonabusive communication skills that include how to respond respectfully to the Abuser's partner's grievances and how to initiate and treat one's partner as an equal.

2. Demonstrates an understanding of the difference between assertive, passive, passive aggressive, and aggressive communication, and makes appropriate choices in expressing emotions.

3. Demonstrates appropriate active listening skills.

N. Abuser understanding and use of "time-outs"

1. Recognizes the need for "time-outs" and/or other appropriate self-management skills.

2. Understands and practices all components of the time-out.

3. Demonstrates and is open to feedback regarding the use of timeouts in therapy.

O. Abuser Recognition of Financial Abuse and Management of Financial Responsibility

1. Consistently meets financial responsibilities such as treatment fees, child support, maintenance, court fees, and restitution. The MTT may choose to require the Abuser to provide documentation that demonstrates financial responsibilities are being met.

2. Maintains legitimate employment, unless verifiably or medically unable to work.

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P. Abuser eliminates all forms of violence and abuse

1. The Abuser does not engage in further acts of abuse and commits no new domestic violence offenses or violent offenses against persons or animals.

Q. Abuser prohibited from purchasing, possessing, or using firearms or ammunition.

1. An exception may be made if there is a specific court order expressly allowing the Abuser to possess firearms and ammunition. In these cases, it is incumbent upon the Abuser to provide a copy of the court order to the Approved Provider to qualify for this modification of the Abuser Contract. It is then incumbent upon the Approved Provider to design treatment planning to address storage of the firearm, (such as firearm shall not be allowed in the home) and other factors related to Abuser risk, safety planning and victim safety.

R. Abuser identification and challenge of cognitive distortions that plays a role in the Abuser's violence.

1. Abuser demonstrates an understanding of distorted view of self, others, and relationships (e.g. Gender role stereotyping, misattribution of power and responsibility, sexual entitlement).

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AFTERCARE PLAN

The Abuser's Aftercare Plan is a written plan that demonstrates the ongoing utilization of the Personal Change Plan after treatment and components supporting that plan.

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