Reflections about Family Violence: Research, Practice, Policies, Controversies and Myths

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Presentation Outline:

- Policies and Controversies (40 years)
- Current Research on Relationship
  - Aggression: Definitions, Prevalence, & Trauma Issues
  - Gender Issues, Typologies
  - Adverse Childhood Experiences/Children Exposed to IPV
  - Brain Impairment, TBIs, Substance Abuse
  - Biopsychosocial/Bioecological Model
- Risk Assessment
- Assessment-Based Intervention
- Intervention:
  - Readiness to Change
  - Males & Females
  - What Is Successful Treatment

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40 Years Ago

- A few shelters for IPV victims and children
- No shelters for male victims
- No acknowledgment of male victims or female offenders; no idea of typologies
- Few IPV offenders arrested or incarcerated
- Power, control and patriarchy only theory
- Children ("witness") in IPV homes not protected nor "affected" unless hit themselves
- Victims with substance abuse not sheltered
- Intervention "1 size fits all" approach – education not treatment; providers lack "credentials"
- Nobody talked about sexual assault of IPV victims
- Lack of knowledge about assessment or risk
- Policies determined by ideology, not research

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IPV Policies & Controversies

State Standards: Changes Over Time
Ideology vs Research
A Serious Crime??
Treatment vs Education
Types of Intervention
Evidence-Based Intervention
Length of Treatment
Credentialing of Treatment Providers
Victim Blaming – Child Custody

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Definitions

Distinction between Abuse and Aggression:

- **Abuse = a pattern of learned behavior; one partner gets his/her needs met at the expense of the other; use of power and coercive control; usually has elements of intimidation, and often produces hurt, fear and trauma. The abusive person is using superior position, privilege, or strength to impose his/her will on another. Control can be directed at the victim's actions, feelings, and/or beliefs. The context, motivation, and consequences are the keys.**
- **Aggression/Assault = usually physical but can be verbal or sexual, where one person commits an assaultive behavior on the other person. This is usually an isolated event.**
- **Thus, can have abuse without physical aggression, or aggression without abuse. Mutual Abuse would be where both partners are fighting with each other for power and control (not common – 10-15% of cases).**

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Research:

Connection between brain development, childhood maltreatment, family violence and trauma – polyvictimization a key.

Effects of adverse childhood experiences (ACEs) on the brain and health has expanded.

Better understanding of brain development, TBIs, and the various types of multiple victimization experienced by victims and offenders.

Can lead to later aggressive behavior and impulsivity due to the interaction of the brain and psychosocial factors.

Influence of trauma makes it much more difficult to focus on just one issue when assessing or treating children or adults when intimate partner violence or abuse.

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Overlap of Interpersonal Violence & Abuse and its Dynamics

- **Child Abuse**
- **Bullying**
- **Teen Violence**
- **Teen Dating Violence/Rape**
- **Sexual Assault/Acquaintance Rape**
- **Intimate Partner Violence**
- **Elder Abuse**

Polyvictimization

- **Researchers have found that 66% of maltreated children are abused in more than 1 manner, 30% experience 5 or more types of abuse, and 10% experience 11 or more different types of abuse.**
- **For older adults, those with a history of trauma or abuse, as well as those with dwindled social support networks, are also susceptible to victimization in later adulthood.**

Acierno et al., 2010). Heather A. Turner, David Finkelhor, and Richard Omrod, *Poly-Victimization in a National Sample of Children and Youth*

Acierno, R., Hernandez, M., Amstadter, A., Resnick, H., Steve, K., Muzzy, W., & Kilpatrick, D. (2010).

Why Does She Stay?

- **No resources, financial**
- **He convinces her she has no options**
- **Live for the "Calming" period**
- **Most women leave 5-7 times before making the final break**
- **Usually over 10 incidents before the first call to the police**
- **May recant during the criminal justice process**

Rather than think of the problem of domestic violence as:

"Why doesn't she leave?"

Why don't we think of it as:

Why is he allowed to abuse her?

Marital Sexual Assault/Sexual Abuse and Domestic Violence

A. **Marital sexual assault is most likely to occur in relationships characterized by other abuse.**

B. **Important to acknowledge it's increased potential when working with victims of domestic violence.**

C. **Advocates and persons working with marital sexual assault/sexual abuse victims must see the victims as a sexual assault victim and a domestic violence victim and support services provided accordingly.**

DIFFERENT TYPES OF MALE BATTERERS

Assaultive Type	Characteristics
Family Only	High dependency on partner Low levels of impulsivity Poor communication skills Family of origin violence

DIFFERENT TYPES OF MALE BATTERERS

Dysphoric/ Borderline	**Parental rejection** **Child abuse *(family of origin v*iolence)** **High dependency on partner** **Poor communication** **Poor social skills** **Hostile to women** **Low remorse**

DIFFERENT TYPES OF MALE BATTERERS

Low Level Antisocial	**Antisocial behaviors but not at level of personality disorder; substance abuse often present**
Generally Violent/ Antisocial	**Family-of origin violence** **Juvenile delinquency** **Deficits in communication, social skills** **Violence viewed as appropriate response to provocation**

Adapted from Holtzworth-Munroe and colleagues, 2001-2002

Female DV Offenders

From Lisa Conradi & Robert Geffner 2004; 2011

The Seven Major Themes Included:

- History of victimization
- Identification with masculine gender traits
- Problems related to substance abuse
- Emotional abuse by partner
- Perception of self as dominant in relationship
- History of violent behavior
- Perception of personal characteristics as aggressive.

The Three Minor Themes Included:

- A woman's change in her self-identity
- Violence as a motivation to get her partner's attention
- Emotional detachment.

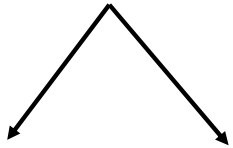
Myth of Johnson's Typology of IPV

(Johnson, 2008)

NOT VALIDATED AND DOES NOT MATCH ACCEPTED RESEARCH

	Intimate Terrorism (IT) (Feminist Perspective)	Situational Couple Violence (SCV) (Family Violence Perspective)
Motives of DV	Maintaining general control over one's partner	Family conflict that is instigated by stress
Distinguishing Features	Violence rooted in *coercive control* Multiple violent and non-violent control tactics	Violence rooted in *conflict* or *situational stress* Specific conflicts or situations in which one or both partners act out violently

ADVERSE TRAUMATIC EXPERIENCES AND TRAUMATIC BRAIN INJURY (TBI)



BEHAVIORAL/ PSYCHOSOCIAL/ DEVELOPMENTAL EFFECTS

PHYSIOLOGICAL/ BIOLOGICAL/ STRESS SYSTEMS NEUROBIOLOGICAL/ NEUROPSYCHOLOGICAL EFFECTS

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Categories of Adverse Childhood Experiences (ACE)
V. J. Felitti, M.D., & R. F. Anda. M.D., 2003 – CDC & Kaiser Study

	Category Prevalence (%)
Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	28%
Sexual (anyone)	21%
Emotional & Physical Neglect	25%
Household Dysfunction, by Category	
Substance Abuse	27%
Mental Illness	19%
Mother Treated Violently	13%
Imprisoned Household Member	5%
Parental Separation or Divorce	23%

Adverse Childhood Experiences Score

Number of categories of adverse childhood experiences

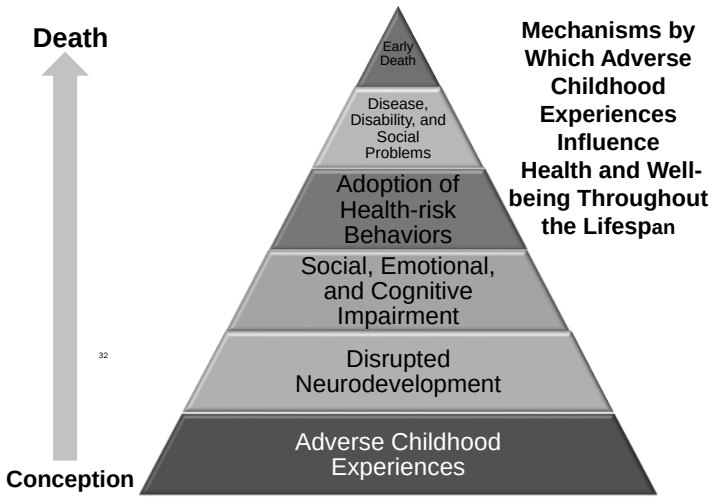
ACE score	*Prevalence*
0	36%
1	26%
2	16%
3	10%
4 or more	12%

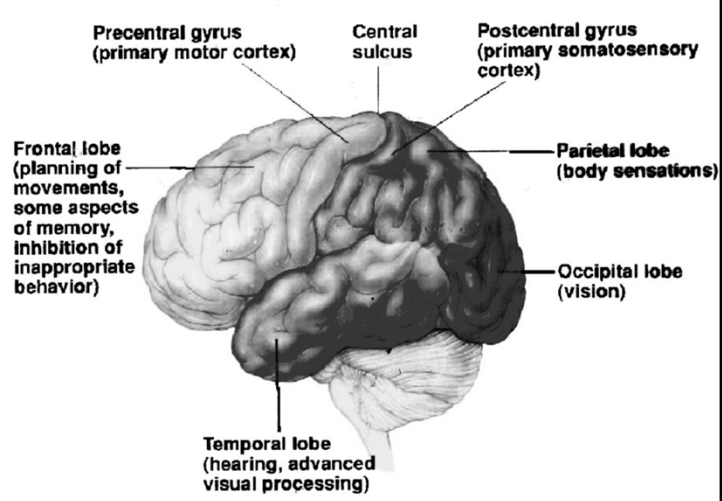
- More than *60% have at least one ACE, and almost ¼ have 3 or more ACEs*

INTIMATE PARTNER VIOLENCE (IPV) AND ITS POTENTIAL EFFECT ON CHILDREN

It is normal for a child growing up in a home with domestic violence to manifest a multitude of symptoms. These include emotional, cognitive, social, and physical effects of exposure to IPV, and possible externalizing or internalizing behaviors.

Long-Term Trauma Impact–ACE Pyramid: CDC

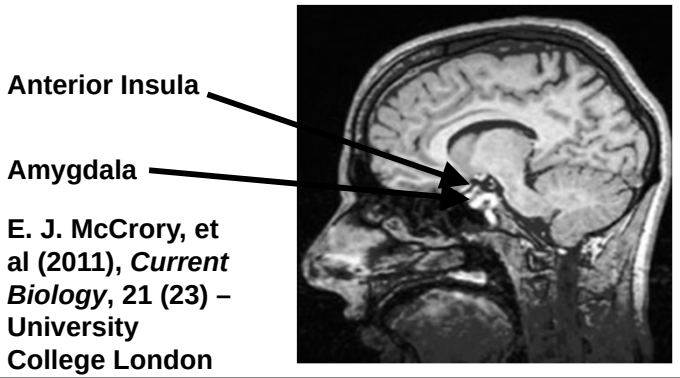




In Traumatic (and High-Stress) Situations…

- **Loss of prefrontal regulation: Chemicals from the brain stem impair (and may shut down) the prefrontal cortex.**
- **Bottom-up attention: Attention is automatically captured by anything perceived as dangerous or threatening, or as necessary for survival.**
- **Emotional reflexes: Reflexes are automatic and include freeze, flight, or fight responses, as well as bodily responses like your heart pounding quickly.**

Brain activity of children exposed to IPV on fMRI Scans same as soldiers exposed to violent combat – increase in Amygdala and Anterior Insula when viewing pictures of angry faces.



E. J. McCrory, et al (2011), *Current Biology*, 21 (23) – University College London

The Women Who Face more Traumatic Brain Injury (TBI) than NFL Players.

Huffington Post – June 2, 2015 Melissa Jeltsen

On Tuesday, the Sojourner Center, one of the largest U.S. domestic violence shelters in Phoenix, is taking a big step to change that. The center, along with TBI experts at local hospitals and medical institutions, is launching an ambitious program dedicated to the study of TBI in women and children living with domestic violence. The Sojourner BRAIN (Brain Recovery And Inter-professional Neuroscience) Program will study how common domestic violence-related TBI is, investigate short-term and long-term effects, develop domestic violence-specific tools to screen for head trauma, and provide individualized treatment plans.

The Impact of Traumatic Brain Injury: Screening Protocol and Response for Medical and Advocacy Services

Akosoa McFadgion, PhD, MSW

Jacquelyn C. Campbell, PhD, RN, FAAN

Jocelyn C. Anderson, PhD(c), RN

Audrey Bergin, MPH, MA

JOHNS HOPKINS SCHOOL of NURSING

CARIBBEAN EXPLORATORY NIMHD RESEARCH CENTER
University of the Virgin Islands, School of Nursing

LSY#Iv#Frp p rq#) #Riwhq#Lqfoxghv#WEIv

- **TBIs resulting from physical contact to the head (i.e., blunt force trauma): 68% of abused women reporting at least one mild TBI**
- **Head injuries and broken bones from blows to the face as a result of DV**
- **Strangulation and head injuries in abused women seldom considered together - both affect the brain**
  - **Cumulative effect important**
  - **Overlap of TBI Sx with PTSD Sx not considered**
- **Strangulation one or more times:**
  - **68% in a DV shelter sample (Wilbur, Higley et al. 2001)**
  - **54% in abused women seeking emergency shelter (Sutherland, Bybee et al. 2002)**
  - **50% among women killed, almost killed & 10% other abused women in a national sample of abused women (Campbell, Webster et al. 2003)**

Injury	Abused (%)	Non-abused (%)	Chi-square	p-value
Facial Injuries	16	4	31.56	< 0.0001
Eye Injuries	12	5	14.42	0.0001
Head Injuries With Loss of Consciousness	7	2	14.67	0.0001
Head Injury with Damage to the Ear	5	1	8.75	0.0031
Dental Injuries	10	13	2.87	0.0900
Broken or Dislocated Jaw	4	1	5.61	0.0178
Choking	19	0.00	79.76	<0.0001

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•In the past year, how many times has the following happen to you for any reason?

- Head injury with loss of consciousness
- Broken/dislocated jaw
- Eye injuries
- Head injury with damage to the ear
- Facial injuries (e.g., black eye, bloody nose)
- Dental injuries

•In the past 12 months has your partner ever choked you or did he ever try to choke you?

Measures of Central Nervous System Symptoms

- Dizzy spells
- Memory loss
- Difficulty concentrating
- Headaches
- Blacking out
- Seizures
- Hearing loss
- Ringing in ears
- Vision problems

Why Are Screenings Important?

Initiates a response to what's done after the screening.

- Connect victims with services and support they need to go about their daily lives and for which they are eligible because of their symptoms and/or injury.
- A positive screen will help establish a probable basis for neuropsychological testing which may ultimately lead to an official, medical diagnosis.

Executive Function Issues/Deficits for Victims and Offenders of Family Violence

General organization and planning
Ability to solve problems
Regulation of activity/Impulsivity
Learned aggression, power and control
Low threshold for frustration/stress
Closed head injuries or other neuropsychological impairments

Common Principles Linking Trauma and Brain Impairment to Family Violence

- Affect and impulse dysregulation – Aggression
- High levels of anxiety
- Rapid shifts in psychological state
- Disturbances in sense of self: low self-esteem, body image distortion, identity diffusion/ fragmentation, attachment issues, lack of self-awareness
- Self-destructive behaviors
- Attention, concentration, and memory problems

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ALCOHOL/DRUG USE ABUSE AND DOMESTIC VIOLENCE

60%-70% of abusive husbands [and abusive wives] assault their partners while drunk and 13%-20% do so while high on other substances (Gorney, 1989)

Marital assaults by men [and women] with alcohol problems tend to be more frequent and serious than those of men free of alcohol problems

ALCOHOL/DRUG USE ABUSE & TRAUMA AND DOMESTIC VIOLENCE

Treatment for alcohol or drug problems must occur prior to or currently with the treatment for IPV. There is no evidence that alcohol treatment by itself will be effective in changing abusive behaviors - however alcohol and drug problems most likely seriously interfere with the process of change and must be addressed.

Treatment for trauma is similar. It must be a focus of an intervention program and/or individual therapy.

In Summary .....

- Abused victims and offenders need to be carefully diagnosed to R/O disorders such as PTSD.
- Abuse and maltreatment, even without PTSD, may be associated with chemical and structural brain changes.
- While these changes are still under investigation, they appear to have real-life consequences for affect regulation, impulsivity, etc.
- Assessment can assist with diagnosis, prognosis, and intervention recommendations.

Beers, S. R., & De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related Posttraumatic Stress Disorder. *American Journal of Psychiatry*, *159*, 483-486.

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Issues for Offenders- Summary

- **Antisocial Personality Disorder – Psychopathy**
- **Environmental Factors – Child Abuse, Neglect, Mental Illness, Substance Abuse, Exposure to Violence, Trauma**
- **Lack of Attachment – Need for Control**
- **Neuropsychological Factors**
  - **Prior Head Injuries**

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Multiple Victimization Factors: A Biopsychosocial Approach

- **Social Learning**
- **Child Abuse – Exposure to Violence**
- **Trauma Effects**
- **Genetic Predisposition**
- **Head Injuries**
- **Substance Abuse**
- **Neuropsychological Factors (Structural, Neurotransmitters, Genes)**

Interactional - Biopsychosocial

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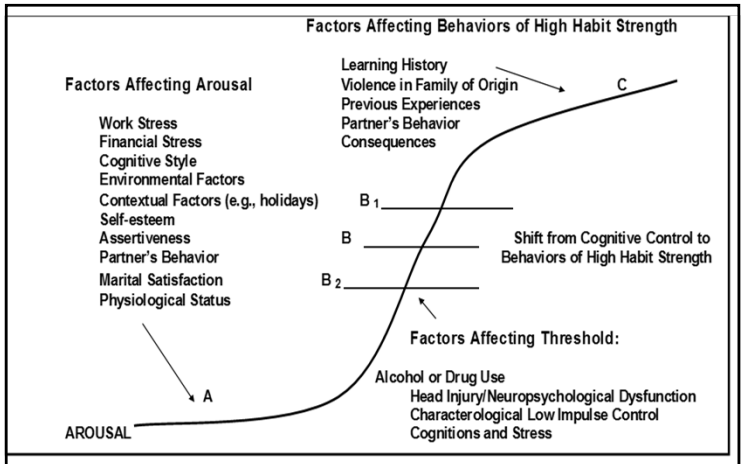

Figure 1. The Proposed Biopsychosocial Model of Relationship Aggression

A. Rosenbaum & R. Geffner (1997). Published in Geffner, Sorenson, & Lundberg-Love, *Violence & Sexual Abuse at Home/ Journal of Aggression, Maltreatment & Trauma, 1*(1), 57-79, Haworth Press

Assessment Strategies

- **Examine circumstances relevant to the violence/abuse (use of alcohol/drugs, child rearing, traumas, impulsivity, mood regulation, etc.)**
- **Types of threats**
- **Personality characteristics**
- **Analysis of the frequency and severity**
- **Coping strategies**
- **What happens after violent episode is over?**
- **Psychological and physical impact of violence/abuse on each family member**
- **Readiness to change**

Geffner, Conradi, Geis, & Aranda, 2007

RISK FACTORS FOR RELATIONSHIP AGGRESSION

- attitudes about power, control, & gender roles
- excessive alcohol/drug use
- low self-esteem
- anger
- depression
- lack assertiveness
- trauma history
- neuropsychological Impairment
- poor conflict resolution skills
- communication deficits
- personality disorder(s)
- paranoia
- impulsivity
- stress
- poor social skills
- shame
- lack of empathy
- attachment disorders
- psychopathy
- jealousy
- dominance needs
- prior abuse history
- lack readiness to change

SPOUSE ABUSE IDENTIFICATION QUESTIONNAIRE

(Robert Geffner, Ph.D., ABPN & Mildred Pagelow, Ph.D.)

____ Were either you or your spouse physically abused in childhood? If so, in what way?

____ Was there a history of violence in either of your families?

____ If so, was the violence directed at the children, or was it directed at one parent by the other?

____ Does either your spouse or his/her parents abuse alcohol? Do you? Do your parents?

____ Has your spouse ever threatened to harm you?

____ Are your spouse's problems usually blamed on you or others?

SPOUSE ABUSE IDENTIFICATION QUESTIONNAIRE

____Have you been attacked or blamed when your spouse got angry?

____Are you afraid of your spouse's temper?

____When drinking, does your spouse get rough or violent?

____Has your spouse ever hurt you? When? What happened?

____Has your spouse ever deliberately hurt or killed a pet?

____Does your spouse have a Dr. Jekyll and Mr. Hyde personality?

____Are your children afraid when your spouse is angry?

____Have you felt free to invite family or friends to visit you?

SPOUSE ABUSE IDENTIFICATION QUESTIONNAIRE

____ Is your spouse an extremely jealous person?

____ Has your spouse ever forced you to have sex even though you did not want to?

____ Have you ever called, or thought of calling, the police because an argument was getting out of control?

____ Have your neighbors or friends ever called the police because of your situation?

____ If the police were called, was your spouse arrested or given a citation?

____ Does your spouse ever threaten to take the children where you could not find them?

Did this ever occur?

____ Do you feel safer when I talk with you alone?

Risk/Lethality Assessment

Predictive Factors:

-History of Violence, frequency, threats, criminal history, jealousy, isolation, stalking, sexual assault, use of weapons, abuse of animals

-Child abuse

-Mental illness

-Substance abuse

-Neuropsychological impairment

-Additional stressors

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Dangerousness and Risk Assessment

S Substance Abuse

N Narcissism

A Attitudes About Violence

P Paranoia

P Psychopathy

I Impulsivity

N Neuropsychological Factors

G General Resources Lacking

Influence of Dissociation, Trauma and/or Maltreatment History

Dalenberg, 1999; adapted by Geffner, 2000

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DANGER ASSESSMENT - 2

Adapted by R. Geffner, 2004, from *Jacquelyn C. Campbell, Ph.D., R.N. Copyright 1985, 1988, 2003*

When you were beaten/abused by your spouse/partner, how bad was the incident according to the following scale:

1. **Slapping, pushing; no injuries and/or lasting pain**
2. **Punching, kicking; bruises, cuts, and/or continuing pain**
3. **"Beating up"; severe contusions, burns, broken bones**
4. **Threat to use weapon; head injury; internal injury; permanent injury**
5. **Use of weapon; wounds from weapon**

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following ("S/he" refers to your spouse, partner, ex-spouse, ex-partner, or whoever physically hurt you).

1. **Has the physical violence increased in severity or frequency over the past year?**
2. **Does s/he own a gun?**
3. **Have you left your partner after living together during the past year?**

   3a. **(If you have never lived with your partner, check_)**
4. **Is your partner unemployed?**
5. **Has s/he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? __)**
6. **Does s/he threaten to kill you?**
7. **Has s/he avoided being arrested for domestic violence?**
8. **Do you have a child that is not your partner's?**
9. **Has s/he ever forced you to have sex when you did not wish to do so?**

Danger Assessment 2 (cont'd)

10. Does s/he ever try to choke you?
11. Does s/he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
12. Is s/he an alcoholic or problem drinker?
13. Does s/he control most or all of your daily activities? For instance, does s/he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If s/he tries, but you do not let him/her, check __)
14. Is s/he violently and constantly jealous of you? (For instance, does s/he say "If I can't have you, no one can?)

Danger Assessment 2 (cont'd)

15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him or you are a male, check here: ____)
16. Have you ever threatened or tried to commit suicide?
17. Has s/he ever threatened or tried to commit suicide?
18. Does s/he threaten to harm your children?
19. Do You believe s/he is capable of killing you?
20. Dos s/he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him/her to?

_____ Total "Yes" Answers

Fear Index (by F. Dunford)

Considering your present feelings how much do you agree with the following statements:

	Strongly Agree			Strongly Disagree
1. I am afraid of my (Spouse/Partner).	1	2	3	4
2. I am scared that my (Spouse/ Partner) will physically hurt me.	1	2	3	4
3. At times I fear for my life.	1	2	3	4

Custody Evaluators' Beliefs About Domestic Abuse Allegations

Recent NIJ study that custody evaluators are very ill-informed about trauma.

Saunders, D. G., Faller, K. C., & Tolman, R.L. (2012). Child Custody Evaluators' Beliefs About Domestic Abuse Allegations

https://www.ncjrs.gov/pdffiles1/nij/grants/238891.pdf

Sample Characteristics

Experience with 500 or more custody cases

- **69% judges;**
- **35% private attorneys;**
- **38% legal aid attorneys;**
- **20% evaluators;**
- **12% DV workers.**

Saunders et. al., (2010) Belief in the Importance of Social Hierarchies

- **Belief that social hierarchies are needed (social inequality is good) related to judges and custody evaluators beliefs that:**
  - **victims make false allegations**
  - **victims alienate their children**
  - **fathers do <u>not</u> make false allegations of abuse.**

General Incorrect Assumptions Often Made by Child Custody Evaluators

IPV has no correlation with child abuse and unfit parenting

What happens between the parents does not affect the children

A woman must facilitate access to their children's father regardless of danger

Maximum contact with both parents is essential and beneficial to all children

Focus on police & medical records to confirm abuse

Limiting issue to physical violence

Skepticism of new or delayed abuse allegations

Goldstein, Bancroft, Jaffe, Geffner, Silberg et al

The Myth of "Parental Alienation Syndrome/Disorder (PAS/PAD)"

vs Abuse vs

Attempts at Parental Alienation vs Estrangement/Rejection

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Treatment of PAS: Parent-ectomy and "Threat Therapy"

1. **"I strongly recommend sanctions, including transfer of custody to the alienated parent, monetary sanctions (when feasible), transfer to a neutral transitional site, and jail sentences, especially house arrest."**

   Refers to incarceration as "short-term therapy."

2. **"Older child[ren] (11-16) . . . can be placed in a juvenile detention center for a few days to reconsider his (her) decision" [not to visit the rejected parent].**

3. **For younger children who refuse visitation, Gardner suggested temporary placement in a foster home or a shelter for abused children.**

   "This is obviously punitive and could help such children rethink their decision not to visit."

Addendum I (June 1999) Parental Alienation Syndrome (2nd Edition))

Processes of Change

HOW people change

Affective, cognitive, and behavioral strategies and techniques used to change attitudes, beliefs, & behaviors

Facilitate transitions between stages

Used as basis of intervention design

Adapted from Deborah Levesque, 2002; 2007 by Geffner

Stages of Change (Transtheoretical Model)

Precontemplation
Contemplation
Preparation
Action
Maintenance
Termination

From Prochaska, J.O., DiClemente, C.C., & Norcross, C.C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 102-1127.

In the first stage, *precontemplation*, individuals with violent behaviors have no intention of changing and are likely in strong denial. *Contemplators* accept or realize that they have a problem with violence/abuse and begin to think seriously about changing it, but they have not made a commitment to take action in the near future. Individuals who are in the *preparation* stage are planning to take action within a short time period. They think more about the future than about the past, and more about the benefits of being non-violent than about the losses. *Action* is when the client is overtly expressing a genuine belief that violence/abuse is unacceptable and is actively utilizing the therapeutic interventions to change him/herself and the relationship. *Maintenance*, often far more difficult to achieve than action, can last a lifetime. Maintenance is a long, ongoing process. Three common internal challenges to maintenance are overconfidence, daily temptation, and self-blame for lapses.

Decisional Balance

Pros of Change

- **perceived positive consequences**
- **facilitators**

Cons of Change

- **perceived negative consequences**
- **barriers**

STAGES OF CHANGE FOR VICTIMS

Jody Brown, 2001

Precontemplation
Contemplation
Letting Go of the Hope That He'll Change
Action
Autonomy/Separate Self

TREATMENT MODALITY:

INDIVIDUAL vs GROUP
GENDER SPECIFIC vs COUPLES
CONJOINT vs PARALLEL
FIXED vs OPEN ENDED/ONGOING

Recidivism by disposition

Treatment non-completers	**67.6%**
Incarceration	**56.7%**
Counseling unspecified	**47.4%**
Probation only	**36.1%**
Certified BIP	**35.1%**
Arrest only	**33.2%**

Summarized by Rosenbaum, 2004

Repeat Offenders

- Approximately 1/3 of batterers continue to engage in intimate partner violence
- Data show 10% of these men engage in the most severe violence (Dunford, 2000; Gondolf, 2002)
- Results seem to suggest:
  - Arrest on its own is not working
  - Treatment on its own as now practiced is not working
  - Need for alternatives and options

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10 Major Themes for Repeat Offenders

(Jesse L. MacLaurin & Robert Geffner, 2007, IVAT)

1. Childhood Victimization
2. Early Attachment Trauma
3. Maladaptive Socialization
4. Mental Health Problems
5. Substance Abuse Problems
6. Intimacy and Attachment Problems
7. Motivation Limitations
8. Readiness Limitations
9. Treatment Needs Deficits
10. Treatment Responsivity Deficits

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INTERVENTIONS

STRESS MANAGEMENT
ANGER/AFFECT REGULATION
IMPULSE CONTROL
PSYCHOEDUCATION
TRAUMA TREATMENT
SUBSTANCE ABUSE TREATMENT
COMMUNICATION & SOCIAL SKILLS
EMPATHY TRAINING
POSITIVE ROLE MODELS
RELAPSE PREVENTION
PARENTING

Understanding Trauma-Informed Practices

- Understanding trauma and its impact
- Promoting safety
- Ensuring cultural competence
- Supporting the person's control, choice, and autonomy
- Sharing power and governance
- Integrating care
- Healing happens in relationships
- Recovery is possible

ENDING SPOUSE/PARTNER ABUSE: A PSYCHOEDUCATIONAL APPROACH FOR INDIVIDUALS AND COUPLES

Robert Geffner, Ph.D.
Family Violence & Sexual Assault Institute, San Diego, CA
With
Carol Mantooth, M.S.
Andrews Center, Tyler, TX
Springer, 2000

TREATMENT OUTLINE

Foundations and Brief Interventions

1. **Ground Rules and Assumptions; House of Abuse**
2. **Safety and Control Plans**
3. **Basic Anger Management**
4. **Effective Stress Control**
5. **Desensitization Techniques for Reducing Anxiety & Anger**
6. **Social Roots of Aggression and Alcoholism Issues**

TREATMENT OF WOMEN ARRESTED FOR DOMESTIC VIOLENCE:
Women Ending Abusive/Violent Episodes Respectfully (WEAVER) Manual
FVSAI 2002

MICHELE KOONIN, LCSW, ARACELI CABARCAS, PsyD & ROBERT GEFFNER, Ph.D.

Part 1: Foundations
Part 2: Self-Management
Part 3: Family Of Origin
Part 4: Communication
Part 5: Family Issues
Part 6. Intimacy Issues
Part 7: Relapse Prevention

Redefine Success

- **Successful change takes time**
- **Don't expect immediate action**
- **Intermediate markers of success**
  - **Progress through stages of change**
  - **Increased pros of change**
  - **Decreased cons of change**
- **Change in attitudes, beliefs, and behaviors**

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Institute on Violence, Abuse & Trauma (IVAT), San Diego

www.ivatcenters.org

National Partnership to End Interpersonal Violence Across the Lifespan (NPEIV)

www.npeiv.org

***International Summit on Violence, Abuse & Trauma Across the Lifespan – September*, San Diego, CA**

***International Summit & Training on Assessing, Treating & Preventing Trauma Across the Lifespan* - March, Honolulu, HI**