THE INTERSECTION OF DOMESTIC VIOLENCE AND SUBSTANCE USE DISORDERS

2015 UTAH FALL SUBSTANCE ABUSE CONFERENCE

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Executive Director of the Utah Domestic Violence Coalition
WHAT YOU CAN EXPECT:

- The vital signs on domestic violence in Utah
- Overview of research-driven clinical approaches to serve people impacted by domestic violence
- Resources galore—how to find services, training and ongoing support as a clinician serving people impacted by DV in Utah
WHAT IS DV DEFINED LEGALLY IN UTAH?
THE COHABITANT ABUSE STATUTE

- 16 years of age or older, or emancipated,
- AND
- Is, or was a spouse of the other party
- Is, or was living as if a spouse of the other party
- Is related by blood or marriage
- Has one or more children in common
- Biological parent of unborn child
- Resides, or has resided, in the same residence
HOW DOES DOMESTIC VIOLENCE DIFFER FROM INTIMATE PARTNER VIOLENCE?
THE VITAL SIGNS:
DID YOU KNOW . . .

- Utah's rate of domestic violence is significantly higher than the U.S. rate and has been for at least 5 years (UDVC/NNEDV)
- There are at least 3 domestic violence-related suicides every month in Utah (Utah Violent Death Reporting System, 2003-2008).
- Since 2000, domestic violence-related homicides accounted for 42% of all adult homicides in Utah (DOH/VIPP)
WHO ARE THE VICTIMS?

- More than one in three women report having been a victim of some form of domestic violence at some point (37%). –Dan Jones Survey 2005

- Seven in ten respondents answer that a child was present in the home when domestic violence occurred (70%). –Dan Jones Survey 2005
DID YOU KNOW, DOMESTIC VIOLENCE SURVIVORS IN UTAH

Experience **TWICE** the rate of:
- Mental illness (29.8% vs. 13.7%)
- Substance abuse (9.8% vs. 4.3%)

than women in Utah who have not experienced intimate partner violence (VIPP)
WHO ARE THE OFFENDERS?

- The majority of DV homicides (67.8%) involved a firearm.
- The majority of DV offense and homicides are committed by males.
- One-third of the domestic violence perpetrators die by suicide after committing the homicide.
HOW IS UTAH’S DV RATE IMPACTING OUR COMMUNITIES?

- Domestic violence calls are the most lethal calls for law enforcement to investigate
- In the past year, innocent bystanders were killed when DV offenders fled their homes following a DV assault
- High birthrate + high IPV rate = high rate of childhood exposure to IPV and associated risks

Hence, the INTERGENERATIONAL CYCLE OF VIOLENCE …
WHAT DO WE KNOW ABOUT THE CYCLE OF VIOLENCE?

▶ 60% to 75% of families with intimate partner violence have children who are also maltreated (CDC Public Health Reports, July 2006).

▶ Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 53% and of arrest for a violent crime as an adult by 38%. OJJDP, 2002.
RESEARCH: WHAT DO WE KNOW ABOUT THE CYCLE OF VIOLENCE?

- Children who witness family violence are at an increased risk of entering violent relationships as teens and adults.

- ACE study documents the conversion of traumatic emotional experiences in childhood into organic disease later in life.

  ACES, Felitti and the CDC
HOW DO THE VITAL SIGNS INFORM OUR PRACTICE?

- Understanding and recognizing the signs compels us to screen consistently, earlier, safely.
- Screening and assessing for domestic abuse and intimate partner violence saves lives, connects to appropriate resources and services.
RAISING AWARENESS OF RISK:
NATIONAL EXPERTS WARN—
LETHALITY RISK IS REAL
CAMPBELL LETHALITY RISK STUDY, JOHNS HOPKINS UNIVERSITY 2003-2010:

• 67-80% of intimate partner homicides involve physical abuse of the female by the male before the murder.
• 85% of intimate partner homicide victims were stalked prior to their murder
• Previous arrest of the abuser for domestic violence was associated with a decreased risk of intimate partner femicide.
RAISING AWARENESS OF RISK:
NATIONAL EXPERTS WARN—
LETHALITY RISK IS REAL
CAMPBELL LETHALITY RISK STUDY, JOHNS HOPKINS UNIVERSITY 2003-2010:

- Previous threats with a weapon were associated with increased risk of intimate partner femicide.
- 83% of women killed by intimate partners were receiving DCFS services at the time.
- Over 80 children witness intimate partner murders or attempted murders each year IN UTAH.
YOU ARE ESSENTIAL.

- Quality care and research-based practices are essential to improve safety and reduce DV risk in Utah.
- With your help, we can drive down rates of lethality and improve outcomes.
RESEARCH-DRIVEN CLINICAL APPROACHES TO SERVE SURVIVORS OF DOMESTIC VIOLENCE
ADVANCING SURVIVOR SERVICES

Current Survivor Services

DV Assessment--
- focused on mental health and “DV”;
- non-standardized, limited confidentiality;
- Due to funding silos, survivors often see numerous clinicians (Sexual assault counselor, CVR contracted therapist, DCFS contracted therapist, private insurance)

Improved Survivor Services

Behavioral Health Assessment--
- focused on trauma-informed care, behavioral health symptoms related to DV;
- Non-standardized, person-centered, confidential
- Able to refer for med mgmt, individual and group therapy
- performed by same clinician providing care, minimal re-traumatization
WHAT DO YOU NEED TO KNOW IF YOU ARE SERVING SOMEONE WHO HAS SURVIVED DOMESTIC VIOLENCE?
MYTH: Domestic Violence is about Anger

Anger is a natural human emotion which many people experience every day without perpetrating any violence.

Ultimately everyone has a choice how to deal with their anger and whether to resort to violence.
STALKING & DV

- More likely to physically approach victim
- More insulting, interfering and threatening
- More likely to use weapons
- Behaviors more likely to escalate quickly
- More likely to reoffend

66% of female victims and 41% of male victims are stalked by a current or former intimate partner.

81% of women who were stalked by an intimate partner reported they had also been physically assaulted by that partner.
SEXUAL ABUSE & DV

Consider the following:

- 75% of adult rapes the victim knows the perpetrator.
- “If abuse is happening in the living room, and the kitchen and the backyard . . . Isn’t it likely to be happening in the bedroom too?”

Connie Burke, NWN

Adapted from “Domestic Violence Training for New Staff” – Northnode InC
ANIMAL ABUSE & DV

What’s the implicit message to the victim?

- Animal abuse may be a warning sign of a violent home. Threatening, hurting or killing an animal is an indicator of the potential for increased violence/lethality.

- It can be used as another tool to emotionally control, coerce and threaten a spouse, a partner, an elderly parent, or a child.

How can it impact a family?
DATING VIOLENCE

• Violent relationships in adolescence can have serious ramifications for victims: Many will continue to be abused in their adult relationships and are at a higher risk for substance abuse, eating disorders, risky sexual behavior, and suicide. (Jay G. Silverman PhD, et al, “Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality.” Journal of the American Medical Association, (2001).)

• 50% of youth reporting both dating violence and rape also reported attempting suicide, compared to 12.5% of non-abused girls and 5.4% of non-abused boys. (D. M. Ackard, Minneapolis, MN, and D. Neumark-Sztainer, Division of Epidemiology, School of Public Health, University of Minnesota, Minneapolis, MN, “Date Violence and Date Rape Among Adolescents: Associations with Disordered Eating Behaviors and Psychological Health,” Child Abuse & Neglect, 26 455-473, (2002).)
Why do they stay?

WHAT ARE SOME OF THE BARRIERS TO LEAVING AN ABUSIVE RELATIONSHIP?
BARRIERS TO LEAVING AN ABUSIVE RELATIONSHIP

- Promises of change – the hope for change is strong
- Isolation
- Societal denial
- Financial and economic dependence
- Threats of retaliation
- Leaving can be dangerous
LEAVING IS A PROCESS

• Leaving is a process that takes time and often multiple attempts. On average a victim will leave a violent relationship 7 times before leaving for good.

• It must be done in a way that does not further jeopardize the victim’s safety as research shows that attempts to leave increase risk for victims.
  • Of the total domestic violence homicides, about 75% of the victims were killed as they attempted to leave the relationship or after the relationship had ended. (NNEDV)
TRAUMA INFORMED CARE FOR SURVIVORS OF DOMESTIC VIOLENCE

- Looks at behaviors as strategies
- Addiction as a strategy to cope
- Strength Based – survivors have the capacity to secure safety and recover from the effects of DV
- Not limited to DSM labels
- Is an Empowerment Model

ADAPTED FROM NATIONAL CENTER ON DOMESTIC VIOLENCE, TRAUMA & MENTAL HEALTH
The Danger Assessment (Campbell, Sharps, & Glass, 2000) is designed to measure a woman’s risk for lethal violence in intimate relationships.

Highest risk factors are:
- Partner used or threatened with a weapon (20 times more likely to be killed)
- Partner threatened to kill woman (15 times more likely to be killed)
- Partner tried to choke woman (10 times more likely to be killed)
- Partner violently and constantly jealous (9 times more likely to be killed)
- Woman forced to have sex when not wanted (7.6 times more likely to be killed)
- Gun in the house (6 times more likely to be killed)
- Drug use and frequent intoxication ranked 10th and 11th.

http://www.dangerassessment.org
REMEMBER THESE SAFETY MEASURES--

- Victims and children are not mandated to treatment
- Coordinating visitation and family meetings is unique for families impacted by DV
- Safety planning is unique for families impacted by violence
- Always uphold confidentiality procedures
RESEARCH-DRIVEN CLINICAL APPROACHES TO SERVE OFFENDERS OF DOMESTIC VIOLENCE
QUALITY DV OFFENDER EVALUATION AND INTERVENTION IS ESSENTIAL FOR SAFETY.

- What works in DV offender services and accountability?
- How do we ensure safety and best practices?
- How do we support our providers?
THE GRAVITY OF OFFENDER EVALUATION AND TREATMENT WORK —CASE STUDY #1

William Lawton, 29, charged with domestic violence

Client History and Mandated Services:

- Adopted at birth, no known history of abuse or trauma
- Early onset mental illness and substance use disorders
- 2010-misdemeanor counts of assault and theft, family violence perpetrated against his elderly parents who continually reported escalating concerns
- DV services coordinated by DCFS, William attended mandatory, subsidized “Anger Management” per his court order and evaluation
THE GRAVITY OF OFFENDER EVALUATION
AND TREATMENT WORK
—CASE STUDY #1

William Lawton, 30, charged with aggravated murder

One year later . . .

- Beat and strangled his father, James Lawton, 77, an elementary school teacher with no history of violence
- With William’s help, police locate his father’s body
- Evaluated for competency to stand trial
THE GRAVITY OF OFFENDER EVALUATION AND TREATMENT WORK—CASE STUDY #2

Jacob Milchak, 24-

Client History and Mandated Services:

- Reported family violence history and academic, peer, employment problems for 8+ years
- 2008 – Misdemeanor substance-related charges
- 2009-10 – Misdemeanor Domestic Violence Charges; attended “Anger Management” and “LifeSkills” per his court order and evaluation
THE GRAVITY OF OFFENDER EVALUATION AND TREATMENT WORK —CASE STUDY #2

Milchak Murders Tate Jensen, age 31

2011--One year later . . .

▲ Ex-girlfriend reports threats and stalking after ending relationship with Milchak

▲ Milchak fired two shots through the living room window, striking Jensen and killing him instantly,

▲ Milchak then broke the rest of the glass out of the window and entered the living room attempting to murder his ex girlfriend

▲ Deputies later found the holster for Milchak’s .44-caliber Magnum pistol in the back seat of the woman’s car,

▲ Milchak was inside his ex-girlfriend’s car while she and Jensen were watching TV.
ADVANCING OFFENDER SERVICES

**Current Offender Services**

**Assessment**--
- focused on mental health;
- non-standardized;
- does not differentiate between high and low risk;
- often performed by the same clinician who provides the mandated “treatment”

**Improved Offender Services**

**Evaluation**--
- focused on criminogenic risk and need;
- standardized summary of conclusions and recommendations;
- tiered by level of risk;
- performed by a unique clinician unless approved in advance
Current Offender Services

Treatment--
- focused on mental health;
- does not require services specific to high and low risk;
- often performed by the same clinician who provides the mandated “assessment”

Improved Offender Services

Intervention Services--
- focused on criminogenic risk and need;
- Requires an EBP and accredited training,
- standardized summary of conclusions and recommendations;
- services tiered by level of risk
WHAT DO YOU NEED TO KNOW IF YOU ARE SERVING SOMEONE WHO HAS PERPETRATED DOMESTIC VIOLENCE?
WHAT IS A DOMESTIC VIOLENCE OFFENDER EVALUATION?

- Provided by a mental health professional (per Utah statute 77-36-5 (5) and 62A-2-101)
- Court ordered for adjudicated felony and misdemeanor DV charges
- Comprehensive behavioral health assessment **PLUS key offender risk and need information**
- Standardized format useful to courts, probation and parole, offender, victim and treatment provider
ELEMENTS OF A DV OFFENDER EVALUATION

- Prior DV offenses and/or protective orders
- Substance abuse/dependence
- Mental health diagnosis, medication, and treatment
- Suicidal and homicidal thoughts/behaviors
- Use of weapons, access to firearms
- Criminal activity (non-DV)
- Obsession with the victim/stalking
- Physical health, family and relationships
- Lethality assessment
- Police report, court order and any associated medical reports

- Safety concerns, including victim feedback
- Family violence and child abuse
- Attitudes that support/condone spousal abuse
- Prior DV services, and participation/completion information
- Current contact/separation from victim
- Employment and housing
- Involvement with peers who have pro-criminal influence
- Motivation for and amenability to treatment
WHY IS AN OFFENDER EVALUATION NECESSARY?

- Purpose: Offender evaluation determines level of risk and need, promotes coordinated response and improves safety and accountability.
- Goal: Connects the offender to the appropriate level of intervention and accountability.
- Not a traditional “mental health assessment”
Within the social science literature, “criminogenic” simply means that the need or risk factor has been statistically associated with future offending.
HOW DO CLINICIANS USE THE CRIMINOGENIC RISK PRINCIPLE IN PRACTICE WITH DV OFFENDERS?

- Criminogenic Risk = Prognosis
- The likelihood that an offender will recidivate or fail in mandated interventions/supervision.
- Does not necessarily refer to risk for violence or dangerousness.
- Risk means less amenability to change
- High risk offenders require more intensive supervision services
- Mixing offenders with varying risk levels is contraindicated (Feder, Gondolf)
HOW DO CLINICIANS USE THE CRIMINOGENIC NEED PRINCIPLE IN PRACTICE WITH DV OFFENDERS?

- Criminogenic Need=Impairment
- Disorder/diagnosis predictive of greater involvement in crime.
- High need offenders require more intensive treatment services
- Mixing offenders with varying need levels is contraindicated
DIFFERENT TOOLS SERVE DIFFERENT PURPOSES:

Example-- DOCCR Validation of Two Domestic Violence Risk Instruments: Domestic Violence Screening Instrument (DVSI) & Spousal Abuse Risk Assessment (SARA) December, 2010

FINDINGS:

- The DVSI is recommended for use as a risk screening instrument for risk classification of domestic violence offenders.
- The SARA is recommended for case management with those offenders classified as high risk.

IS WHAT I AM DOING SAFE FOR THE VICTIM?
THE PROVIDER-CLIENT DYNAMIC
UNSAFE EVALUATION PRACTICES

- Reading police reports, particularly the victim account, to the individual perpetrator, or to the group may place the victim in danger for obvious reasons.
- Do not share any victim information with the perpetrator, i.e. victim contact information, safety planning, reports of continued abuse while the perpetrator is in treatment, etc. Assume the offender does not have the information about the victim
- Perpetrator assessments should not be performed in the presence of the victim (or anyone else)
THE PROVIDER-CLIENT DYNAMIC
UNSAFE EVALUATION PRACTICES

- Do not invite the victim to perpetrator group; if couples treatment is deemed appropriate after the mandated 12 sessions, the couple should not attend group together.

- Do not validate, **minimize** or condone any aggressive behavior to build rapport (or any other reason) with the perpetrator; this may validate the perpetrators behavior and reduce their personal accountability (and fuel further abuse).
OBJECTIVES OF DV OFFENDER INTERVENTION

The Offender - Accepts responsibility for battering, assaulting, and/or threatening behavior.

- Learns why violence is used to solve problems.
- Understands and applies processes necessary to change behavior.
- Increases constructive expressions of emotions, replacing abusive and coercive strategies.
- Learns and applies safe communication methods, listening skills, and anger control.
- Dynamics of healthy relationships – Self-Referential vs. Comprehensive/Empathetic
IS WHAT I AM DOING SAFE FOR THE VICTIM?
Minimization and denial of the need for treatment is expected and therefore a therapeutic alliance is not a prerequisite for treatment.

RESPONSIBILITY FOR CHANGE Rests With the Offender
WHAT WORKS IN DV OFFENDER INTERVENTION?

- Intensive supervision without treatment has no detectable effects on recidivism rates.
- When evidence-based treatment is added to intensive supervision, we find a recidivism reduction.
- Based on six rigorous outcome evaluations of group-based DV treatment for male offenders, concluded that the Duluth model, the most common treatment approach, appears to have no effect on recidivism. Best outcomes for programs that have a cognitive behavioral approach with accountability and safety paramount (Utah Criminal Justice Center/UADVT, Butters 2014)
THE CHARACTERISTICS OF EFFECTIVE DV OFFENDER INTERVENTION PROGRAMS

- The term “what works” means that evidence exists that the program or intervention is effective in reducing recidivism.
- Effectiveness is demonstrated through empirical research – not stories, anecdotes, common sense, or personal beliefs about effectiveness.
- Evidence strongly indicates that COMPREHENSIVE TREATMENT/INTERVENTION is more effective in reducing recidivism than PUNISHMENT. But Not All Treatment Programs Are Equally Effective.

PROMISING PRACTICES IN OFFENDER INTERVENTIONS

  - Targets interpersonal dynamics
  - Addresses social desirability issues
  - But…Conjoint treatment is prohibited by statute until after 12 sessions of BIP
  - Most treatment providers shy away from couples work

- EMERGE
  - Based on cognitive and social learning principles
  - But…no rigorous evaluation to date

- MRT
- T4C
- Mind-body Bridging
DID YOU SEE ANGER MANAGEMENT ON THAT LIST?

- Anger management can be one small component of DV treatment, but it is NOT the focus of treatment.

- All people experience anger but we do not all choose to use abuse and violence toward a partner.

_Responsibility for change rests with the offender_
WHAT ABOUT GROUP TREATMENT FOR DV OFFENDERS?

THAT WORKS, RIGHT?
ONLY IF YOU FOLLOW AN EVIDENCE-BASED GROUP TREATMENT MODEL:

1. Facilitator provides a brief background on target behavior(s), i.e. violence, substance use, family discord (this could be place to use an engaging video clip, other media, or current event).

2. Identify the underlying thoughts, feelings, cognitions that are associated with the dysfunctional behavior.

3. Identify thoughts are dysfunctional, cognitive distortions, or misattributions.

4. Explore alternative thoughts/attributions and explore feeling associated with those options.

5. Identify healthy thinking and behavioral alternatives.

6. Facilitator models prosocial thinking and resulting behaviors for group.

7. Participants role play real scenario while being directly observed by facilitator.

8. Facilitator provides positive reinforcement for successes, provides feedback for improvement.

9. Participants continue to practice until skill, in increasingly challenging scenarios, until mastered.

10. Participants are provided “homework” to practice skill at home or school and report back to group on successes and challenges.

INEFFECTIVE APPROACHES TO DV OFFENDER PROGRAMMING

- Psychoeducation
- Shaming offenders
- Non-directive, client centered approaches
- Gestalt
- Bibliotherapy
- Freudian approaches
- Self-Help programs
- Vague unstructured rehabilitation programs
- Medical model
- Fostering self-regard (self-esteem)
RESOURCES

Anonymous and Confidential Help 24/7

• Utah Domestic Violence Link Line 1-800-897-LINK (5465)
• Utah Rape and Sexual Assault Crisis Line 1-888-421-1100
• The National Domestic Violence Hotline www.thehotline.org 1-800-799-SAFE (7233) 1-800-787-3224 (TTY)

Utah Association of Domestic Violence Treatment-
WHERE CAN I TURN FOR ADDITIONAL SUPPORT?

Division of Child and Family Services- provides statewide domestic violence services, not only to victims and families with DCFS involvement. 801.419.8779

Division of Substance Abuse and Mental Health- ensuring that prevention and treatment services for substance abuse and mental health are available statewide. 801.538.3939
WHERE CAN I TURN FOR ADDITIONAL SUPPORT?

Utah Domestic Violence Coalition—nationally recognized for expertise in victim advocacy, a non-profit organization serving as an information clearinghouse and resource center for the state and supporting collaboration with governmental systems. www.udvc.org

The LINK line— a state-wide confidential hotline where callers can receive crisis intervention, safety planning, information and referral services on safe shelters, community resources, legal assistance, victim advocates, counseling agencies and other needs. All calls are answered by trained domestic violence specialists. The LINKLine operates 24 hours a day 7 days a week. 1-800-897-LINK (5465)

Utah Commission on Criminal and Juvenile Justice—coordinates criminal and juvenile justice policy among the branches and levels of government. http://www.justice.utah.gov/

Crime Victim Reparations/The Utah Office for Victims of Crime (UOVC)—provides financial compensation for victims of crime, administers and monitors Victim of Crime Act Compensation and Assistance grants and Violence Against Women grants, networks victim services across the state, provides enhanced training. www.crimevictim.state.ut.us/
YOU ARE ESSENTIAL.

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- With your help, we can drive down rates of lethality and improve outcomes.

Thank you—Jenn Oxborrow
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REFERENCES AND MORE RESOURCES

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