

Screening and Intervention in Domestic Violence and Abuse

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Introductions/Logistics

- A little about me . . .
- A little about Allies in Change . . .

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Allies in Change

- Non-profit adult out-patient counseling center
- Individual and couples counseling
- Specialized groups to address abuse and anger issues in men and women
- Over thirty groups for abusive partners, for men only, women only, and, until recently, one multi-gender LGBTQ+ group
- Open ended, goal-based groups, typical length of stay is 9-15+ months
- Approximately 20% (70ish) of our group members are voluntary, more than any other program in the country
- Professional trainings/workshops

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A brief review of key aspects of domestic violence

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Domestic Violence is common

- One in three women will be physically assaulted by a romantic partner at some point in their life
- The rates of domestic violence are substantially higher than that among individuals seeking out mental health services

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Domestic violence defined

- Standard definition of domestic violence: **A pattern of coercive behavior used by one person to control and subordinate another in an intimate relationship**
- Key points:
 - It involves a wide variety of abusive behaviors

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Domestic violence involves many kinds of abuse

- The vast majority of domestic violence involves *non-physical* abuse
- Examples of non-physical abuse include verbal, psychological, financial, and sexual (towards their sexual partner) abuse
- Some abusive relationships have no physical abuse at all
- Most abused partners report that the psychological and verbal abuse is more damaging than any physical abuse they are experiencing

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Most abuse is done in private

- Most abusive partners are only abusive with their partner, possibly with their children, and not towards anyone else
- Most abusive partners are only abusive in private, never in front of others

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Domestic violence defined

- Standard definition of domestic violence: **A pattern of coercive behavior used by one person to control and subordinate another in an intimate relationship**
- Key points:
 - It is not a one-time thing, but happens repeatedly on an on-going basis
 - The intent of the behavior is to hurt, dominate, and control the other person

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DV is often about control

- The abusive behavior is often intended to control the other
- Besides abuse, there are a wide variety of other controlling behaviors
- While all of us are occasionally controlling, in an abusive relationship there are much more substantial patterns of control

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Abuse is a choice

- Abusive behavior is always a choice
- It involves the person being abusive giving themselves permission to be abusive
- The abusive person is 100% responsible for being abusive
- They give themselves permission as a result of having a pro-abuse belief system
- While many things can *trigger* abuse (e.g., stress, intoxication, trauma), the one and only *cause* is a pro-abuse belief system
- This pro-abuse belief system is distinct and independent from any other psychological issues

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DV House



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“Power Over” belief system

- Domestic violence is driven by a pro-abuse belief system, most notably Power Over
- Power Over involves
 - A one-up/one-down either/or world view
 - An external focus
 - Quick to view the partner as being against/their opponent
 - Quick to inappropriately blame the other for their suffering and struggle

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Domestic violence screening guidelines

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You can't tell just by looking

- People experiencing/perpetrating domestic violence . . .
 - come from every background, religion, social class, ethnicity, etc.
 - will not act any differently with you than people who are not
 - can be well-behaved, cooperative, pleasant, happy, etc. in front of you
- The one key distinction: a significant majority of those abused are female (85-90%) and a significant majority of those being abusive are male (85-90%)

(Addington & Perumean-Chaney, 2013; Hamby, 2016; Hester, 2013; StatPearls Publishing, 2023)

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Your client may not know

- Most people who are experiencing domestic violence, whether being abused or being abusive, will not tag it as domestic violence
- Why?

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Why abused partners won't self-identify

- They have very narrow, extreme definitions of DV (e.g., only on-going physical abuse that causes injury) that don't apply to them
- They have stereotypical images of abusive partners (e.g., angry brutes who are never kind) that don't apply to them
- They have stereotypical judgments about abused partners (e.g., they're weak, co-dependent, crazy) that don't apply to them

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Why abused partners won't self-identify

- Because of their Personal Power orientation, they tend to be slow to consider themselves victims, instead focusing on their role in the dynamic
- They tend to misinterpret the partner's abusive behavior as simply hurtful (i.e., unintentional)

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Why abusive partners won't self-identify

- They have very narrow, extreme definitions of DV (e.g., only on-going physical abuse that causes injury, punching, strangling) that don't apply to them
- They have stereotypical images of abusive partners (e.g., angry brutes who are never kind) that don't apply to them
- They have shame and understandable fear over strong moral judgment and condemnation which makes the possibility of them being abusive as unthinkable

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Why abusive partners won't self-identify

- Because of their Power Over perspective, they are quick to see the other as abusive and that they are simply defending themselves
- They tend to misinterpret their partner's hurtful behavior as abusive (i.e., intentional rather than inadvertent)

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Screening individuals for DV

- This should be a normal part of your intake process
- This should be done, at a minimum, face to face, although questions can also be asked on written forms (in addition to in person)
- While you can do a more formal screening (covered shortly), listen to the ways your client talks about their reasons for seeking therapy and areas of concern they express. The language and framing they use can be quite revealing . . .

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Screening individuals for DV

- For possible victimization listen for:
 - Being on eggshells or anxious around their partner
 - There are consequences if they disagree
 - They often have to give in to or go along with their partner's expectations, even when they don't want to
 - It doesn't feel like they're on the same team
 - They experience their partner/the relationship as crazy-making or leaving them confused and off balance
 - Their partner is quick to see/treat them as being against

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Screening individuals for DV

- Listen for common euphemisms that people often use to refer to domestic violence (either perpetrating or being perpetrated against):
 - *Anger/rage/temper/anger management
 - *Type A
 - *Controlling/domineering
 - Being mean/cruel/hurtful
 - Perfectionism/perfectionistic
 - Communication issues/problems

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Screening individuals for DV

- Listen for common euphemisms that people often use to refer to domestic violence (either perpetrating or being perpetrated against):
 - Conflict issues/problems
 - Arguments/disagreements and difficulties with arguing/disagreeing
 - Never good enough
 - Seeking out services at the direction of their partner
 - Their partner is chronically unhappy with them, although it's not clear to you what your client is doing wrong

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Screening individuals for DV

- What % of the concerns are related to these issues? If the percentage is high (75%+) then this is primarily a DV case. If it's lower, inquire what are other areas of concern. **This is a key decision point.**

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Who is the abuser/victim?

- *She hits him*
- *He hides the money*
- *She tells her friends her partner is highly abusive and controlling*
- *They move out, stating that they won't move back in until their partner changes*
- **In each of these examples you could be describing the victim or the perpetrator**

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Subtle screening for abusive partners

- The following qualities tend to be more frequently present in individuals prone to abuse and control than non-abusive individuals:
- *Blaming
- *Contempt for partner
- *Passive stance
- *External locus of control/outward focus
- *Power over stance/working against
- *Listening with an agenda/closed minded
- *Not accepting influence

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Subtle screening for abusive partners

- The following qualities tend to be more frequently present in individuals prone to abuse and control than non-abusive individuals:
- Egotism
- Increasing encroachment of boundaries
- Authoritarian
- Entitlement
- Vilifying partner
- Low empathy for partner
- Defensive

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Screening clients for DV

- Screen in the first session, if possible, particularly with couples/families
- For couples/families, make sure to screen each partner *separately and alone*
- Typically start with the potentially abused partner. If unsure, then start with the female, if it is a heterosexual couple.
- For families, meet with each adult separately, without the children being present
- Emphasize that the screening is routine and automatic

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Screening clients for DV

- It is okay to do the exact same screening protocol with each client
- Better still is to be knowledgeable enough about the dynamics of domestic violence to modify your screening to fit the particular client you are talking with
- This can include:
 - Deleting certain questions
 - Rewording certain questions based on the client's cultural background and reason for referral
 - Adding follow-up questions to gain further clarity

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Overview of screening

- Ask if there are any concerns about anger or abuse, in themselves or in their partner
- Be willing to use other euphemisms such as “conflicts” or “communication problems”, or other language the individual may have used earlier to indirectly refer to this issue

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Euphemisms for DV

- It is extremely common for people to talk about abusive and controlling behavior euphemistically
- **It is vital that you not take those euphemisms literally**
- Most mental health professionals completely miss the abuse and control that is right before their eyes because they mistakenly think of it as “anger” or as “conflict” or as “Type A” or as a “communication problem”

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Deconstructing DV euphemisms

- “Anger/temper”
 - Anger is a symptom/consequence of the abuse and control, it is not a cause
 - Virtually always, you show me an adult with an “anger issue” and I’ll show you someone with abuse and control issues
- “Conflict/fighting”
 - *How* are they having conflict and “fighting”? Typically, in an abusive relationship it is not about working collaboratively to find a win-win, but instead a battle to be won or lost that includes abuse and control

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Deconstructing DV euphemisms

- “Communication/argument issues”
 - As with the “conflict” one, in an abusive relationship there is typically not collaborative communication/discussion
- “Type A”
 - To what extent is the “Type A” person being quite controlling? To what extent are they *imposing* their values and expectations on the other?

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Overview of screening

- Ask about both victimization and perpetration
- Also follow up on specific incidents or issues mentioned earlier
- **You can cut the screening short if you have a high confidence level that there is no domestic violence occurring**

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Ask about abusive behavior

- You can, briefly, ask about particular kinds of abuse and whether they are happening regularly
- Given that most DV involves non-physical abuse, focus primarily on those less extreme categories (e.g., verbal, psychological, being controlling)
- If they are happening regularly, ask generally daily/weekly/monthly

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Ask about abusive behavior

- There's no need to get a full picture of the abuse, you're just seeking a general sense of whether it's a significant issue. The particulars can be sorted out later.

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Ask about abusive behavior

- These are the possible categories to ask about (refer to the hand-out from last time for more details):
 - Physical (any kind of unwanted physical contact)
 - Verbal (name calling, profanity, put downs, yelling)
 - Psychological (intimidating facial expressions, gestures, radiating intensity)
 - Property (throwing things, breaking things, hitting things)
 - Economic (controlling the money, micromanaging)
 - Sexual (any kind of unwanted sexual contact, harassment, pressuring, etc.)

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Ask about the experience of the client with their partner

- Ask to what extent each is controlling of the other (i.e., trying to make the other do/feel/think what they want them to)
- Inquire about the *impact*--the extent the client feels afraid, intimidated, on eggshells, or otherwise compromised by the behavior

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Ask about the experience of the client with their partner

- Ask to what extent the relationship feels collaborative
- Does the abusive behavior form a pattern, perhaps tied together by more subtle forms of abuse?
- To what extent is the client being negatively affected?
- Ask what percentage of the problems are due to the anger/abuse—the higher the percentage (esp. > 50%) the more it's really about DV

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DV screening outcomes

- Typically, there will be one of three outcomes from the screening:
 1. There is definitely not DV present (negative)
 2. There definitely is DV present (positive)
 3. It's not clear—some indications, but not definite or decisive (mixed/ambiguous)

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A negative screening

- The client acknowledges no concerns of any kind with issues of anger or abuse, either as an abused or abusive partner
- This is apparent not only in the content of their response, but also in their tone—they are relaxed and clear and often respond with laughter to the inquiry
- There might be a few isolated incidents of abuse, but they do not form a pattern and neither person expresses concern

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A negative screening

- There is an absence of contempt in either partner and there are no other subtle signs of abuse and control
- The absence of physical abuse does not mean it is a negative screening. Some abusive relationships only have non-physical forms of abuse present.

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If the screening is negative . . .

- If there is definitely not DV present then proceed with therapy as usual
- For a variety of reasons, sometimes the screening will falsely indicate that there is not abuse occurring
- The most common reasons for this are your client is in denial about their situation, does not understand their situation as being abusive, or does not yet trust you enough to be fully disclosive

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If the screening is negative . . .

- Keep in mind that it only may become clearer later that domestic violence is an issue. You should continue to be open to this possibility, even if the initial screening is negative
- If it is an abusive relationship, it should become increasingly apparent over time (and you know what to look for), particularly if you are working with the abused partner (either as an individual or as part of a couple/family)

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If the screening is positive . . .

- Ultimately the abusive partner should be referred to specialized group services for abusive individuals
- The abused partner might benefit from specialized individual or group work dealing with these issues
- It is vital that the abused partner get on-going support in this situation, either through supportive friends or family or via a therapist who is knowledgeable about DV

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An ambiguous screening

- There have been some abusive and/or controlling behaviors and/or some acknowledgement of anger issues but . . .
- It's not clear that it is an on-going pattern
- The abused partner does not identify this as a primary concern
- The abused partner does not seem particularly troubled or concerned about the abusive and controlling behavior
- The abuse and control present appears to be secondary to some other issue (keep in mind this is more the exception than the rule), just as is the case with substance abuse

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If the screening is ambiguous/mixed . . .

- Proceed with regular therapy while continuing to monitor the dynamics
- Play particular attention to when there is conflict and the possible abusive partner doesn't get their way
- Look for patterns of control
- Look for intimidation/fear from the possible abused partner
- Look for a Power Over stance
- To what extent is the possible abusive partner truly open to influence from their partner?

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If the screening is ambiguous/mixed . . .

- Typically, continued monitoring should lead to clarity over the next 6-10 sessions
- There will either be an emerging pattern of abuse and control that is a significant issue or it will become increasingly evident that there is not a power dynamic and you can proceed with regular therapy work

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Talking with the abused partner

- Identify that it is an abusive relationship, elaborate if necessary
- Indicate that the abusive behavior is 100% the responsibility of the person doing it
- For this reason (among others), couples/family counseling is not an appropriate intervention. The abusive partner needs to be in a specialized group or, at least, meeting individually with someone knowledgeable about DV

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Talking with the abused partner

- Even if the abusive partner gets specialized services, there is no guarantee that the abuse will stop or get better
- Encourage them to seek out individual therapy (or a group) to address the dynamics of having been abused
- Suggest that they read more about domestic violence. The two best books out there (most appropriate for heterosexual females):
 - The Verbally Abusive Relationship by Patricia Evans
 - Why Does He Do That? by Lundy Bancroft

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Talking with the abused partner

- Ask them to what extent their partner is willing to acknowledge that they have abuse and control issues
- Encourage them to be as vocal/assertive as they can be about the abuse as it happens, naming the *behavior* (e.g., “yelling”) rather than labeling it (e.g., “verbal abuse”)
- Identify any other ways to get leverage/address the issue with them

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Talking with the *abusive* partner

- To what extent are they able to acknowledge their abusive behavior? The more they do, the more promising
- What percentage of the couples/family problems do they think are due to them? What part is due to their “anger”? The higher the percentage, the more promising
- To what extent might they be willing to work on these issues in themselves? The more they are willing to, the more promising

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If they acknowledge significant difficulties . . .

- Affirm that, in many ways, it’s good news if the problem is mainly them because then they have more control over making things better in the family
- Suggest that it might be more productive and effective if the abusive partner just focuses on themselves by doing group work related to their issues
- You could characterize the group as a “relationship group” as opposed to an abuse intervention group (although that’s what it is)

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If they acknowledge *significant* difficulties . . .

- If they’re hesitant to go into a group then suggest individual work
- It is *vital* that, if they are willing to do individual work, they are referred to someone highly knowledgeable about domestic violence
- Talk about how by removing their anger/abuse it will be easier to focus on other issues—anger/abuse distracts away from other issues

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If they acknowledge *some* difficulties . . .

- Remind them that the only part they can truly control is their part
- Identify the helplessness they likely feel when they are more externally, rather than internally, focused
- They need to focus 100% on their percent, even if it's only 5%
- Plant seeds, suggest that if they continue to struggle with their issues they should consider group or individual work

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If they acknowledge *some* difficulties . . .

- Continue to point out their role as it emerges and wait for the right time to more strongly encourage them to do their own work on this issue
- One of the best times to do a stronger intervention is after a significant crisis in the family
- Another time to do a stronger intervention is if the abused partner is setting firmer limits or has increased leverage (e.g., they say they will do “whatever necessary to save the relationship”)

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If they acknowledge *little to no* difficulties . . .

- Look for opportunities to do more education around abuse, control, Power Over, and Gottman concepts

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John Gottman's couples work

- John Gottman is a highly regarded couples therapist/researcher
- He has identified lots of concepts about couples dynamics that are actually forms of abusive behavior
- Examples include:
 - The "four horsemen" of contempt, criticism, stonewalling, and defensiveness
 - Being open to influence
 - Repair
- These concepts (and others) are ways of more subtly identifying and addressing abusive behavior which the client might be more receptive to

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If they acknowledge *little to no* difficulties . . .

- Work to help them start to see their role in all of this, especially as it continues to occur repeatedly
- As they continue to behave inappropriately, point out the repeated failures of the interventions and express concerns about continuing without addressing those issues

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If your client is an abused partner . . .

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Inappropriate primary interventions with abused partners

- Individual therapy with a clinician who is not familiar with domestic violence
- Couples/family counseling

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When an individual therapist is not well trained in domestic violence

- They may unwittingly keep the DV dynamics invisible, the same way a therapist unknowledgeable about substance abuse won't adequately attend to it
- A variety of normal interpersonal skills (e.g., assertiveness, communication, problem-solving, Non-Violent Communication) may actually increase danger and abuse
- There may be some inadvertent blaming of the abused partner for the abuse

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When an individual therapist is not well trained in domestic violence

- They may not adequately or appropriately tag the abusive and controlling behaviors and dynamic that is occurring
- They may mistakenly presume the partner is in Personal Power and offer misguided recommendations and analyses
- They are unlikely to see the DV as its own issue, distinct from any other psychological conditions that might be present (similar to the old way of thinking about substance abuse)

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Couples/family counseling

- A basic, unspoken presumption of most couples and family counseling is that the couple are in a collaborative relationship
- When there is DV, one of the two is actually in Power Over, meaning it is not a collaborative relationship
- As a result, therapy will likely be minimally effective, at best

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Couples/family counseling

- Just as traditional couples/family counseling will be minimally effective if someone is an active alcoholic, it will also not be particularly effective as long as someone continues to have a "Power Over" stance in the relationship
- That core point aside, there are a variety of other reasons why couples counseling (and, by extension, family therapy) can be problematic and is generally not recommended

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12 reasons why couples counseling is not appropriate when domestic violence is present

1. More likely to be seen as 50-50
2. Victim blaming
3. Abuse goes unaddressed
4. No direct confrontation of abuse
5. Information withheld out of fear
6. Abuser feels scapegoated if abuse is the focus

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12 reasons why couples counseling is not appropriate when domestic violence is present

- 7. Upsetting the homeostasis
- 8. Too much risky disclosure
- 9. Abuse needs to end first
- 10. Collusion with abuser's denial
- 11. No DV assessment
- 12. Keeps the victim in the relationship longer

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Common misconceptions about abused partners . . .

- They are co-dependent
 - In seeking safety for themselves and their children, they may do things that, on the surface, appear "co-dependent" but are much more situationally specific
 - When no longer in an abusive relationship, these "co-dependent" qualities disappear
 - These behaviors are *not* pathological, but are actually a reflection of health and resourcefulness

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Common misconceptions about abused partners . . .

- They are typically very compromised—psychologically, cognitively, or physically
 - Prior to the abusive relationship, many are quite well-adjusted. Prior to the abusive relationship, they more/less reflect the general population in terms of rates of psychological issues.
 - Those that tend to have more pre-existing psychological issues tend to end up in more severely abusive relationships or repeatedly end in abusive relationships

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Common misconceptions about abused partners . . .

- They are weak/passive/submissive
 - Most learn, the hard way, that to be assertive and strong leads to escalated abuse and control
 - It is often a complicated process to extract themselves from the abusive relationship
 - Refer to the hand-out “Why abused partners stay”

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Common misconceptions about abused partners . . .

- They are masochistic
 - There is no distinct personality profile of abused partners and the vast majority are not masochistic (Coolidge & Anderson, 2002)
- They “seek out” abusive partners
 - Research has shown that most abused partners have a single abusive relationship (Stein et al., 2016)

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General disclaimer . . .

- Working with clients who are being abused is challenging and complex work
- Providing them support and helping facilitate change and safety is a nuanced, gradual, intuitive process
- There is no one right way to work with them and no best path to follow
- **The only wrong way to work with them is to ignore the role that being abused is playing in their lives and their therapy work**
- Here are some thoughts and ideas I have . . .

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General guidelines in working with abused partners

- Some things to say to them:
 - “It’s not, in any way, your fault”
 - “Your partner is 100% responsible for their abusive behavior”
 - “NO ONE deserves to be abused”

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General guidelines in working with abused partners

- One thing NOT to say to them: “you need to leave”

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Leaving their abusive partner

- Most abused partners don’t want to end the relationship, they just want the abuse to stop
- Many will avoid seeking out services or disclosing what is truly going on out of fear that they will be told they need to leave
- THE most dangerous time for an abused partner is as they are leaving and after they have left the abusive relationship
 - This is when most domestic homicides occur
 - Abusive and controlling behavior often escalates at this point

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Leaving their abusive partner

- Three things that should be in place prior to leaving an abusive relationship:
 - A firm commitment to ending the relationship
 - A clear action plan of how to continue post-relationship
 - A safety plan

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Leaving their abusive partner

- A firm commitment to ending the relationship:
 - On average, abusive partners leave the abusive relationship seven times before leaving for good
 - Leaving an abusive relationship is like crossing a mine field—you only want to do it once
 - Better to leave *later* rather than sooner, to assure that they are truly ready to leave
 - Have them work through as much of their ambivalence as possible before they actually leave

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Leaving their abusive partner

- A clear action plan of how to continue post-relationship:
 - Have them work through the longer-term plan of how they are going to manage their lives post-break-up
 - Physically (e.g., housing)
 - Financially
 - Emotionally
 - Socially

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Leaving their abusive partner

- A safety plan
 - It is *vital* to have a safety plan in place prior to leaving an abusive relationship
 - There is not time today to review safety planning in any detail
 - This is a specialized skill that requires additional training

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Stalking

- Stalking covers a much larger group of individuals, but one subset are ex-abusive partners
- Stalking by an abusive ex-partner is a huge risk factor for further abuse in the future including physical assault and lethal violence

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Definitions

- 1) a pattern or course of conduct of intruding behaviorally on another person in a way that is unwelcome;
- 2) an implicit or explicit threat that is evidenced in the pattern of behavioral intrusion; and
- 3) as a result of these behavioral intrusions, the person who is threatened experiences fear.

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Definitions

- Key themes:
- Repeated unwanted contact and/or following/monitoring of one individual by another that is not part of a professional relationship (e.g., P.I. or P.O.)
- This contact continues in spite of the one being pursued repeatedly asking such contact to cease
- Also typically present is obsessive thinking about and preoccupation with the victim by the stalker
- Instills fear

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Common stalking tactics

- Following a person and visually monitoring their whereabouts (>33%)
- Driving by a person's home or workplace
- Repeated phone calls/hang-ups (66%)
- Initiating false rumors (36%)
- Sending unwanted gifts, letters, emails, etc. (31%)

(Local police officer, Portland Police Bureau Domestic Violence Unit, personal communication, 2008)

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Common stalking tactics

- Damaging a person's car or property (29%)
- Killing/threatening to kill a family pet (9%)
- Tracking a person via hidden cameras, recording devices, GPS
- Actively tracking a person via public records or on line search services, contacting family or friends, etc
- Ordering or canceling goods and services on the victims behalf
- Initiating legal contact/filing complaints
- Waiting for the victim at a certain location

(Local police officer, Portland Police Bureau Domestic Violence Unit, personal communication, 2008)

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Stalkers are relentless

- Most stalkers(2/3) pursue their victim at least once per week
- Most stalkers(3/4) use more than one means of approach
- Average stalking incident lasts 1.8 years
- 2.2 years if intimate partner is the stalker
- 10% are stalked for more than 5 years

(Local police officer, Portland Police Bureau Domestic Violence Unit, personal communication, 2008)

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Online resources

- <https://www.stalkingawareness.org/>
- <https://ovc.ojp.gov/topics/stalking>
- <https://vawnet.org/publisher/stalking-resource-center-src>
- <https://www.justiceclearinghouse.com/resource/identifying-risk-in-stalking-cases/>
- One stalking assessment tool: Stalking & Harassment Assessment & Risk Profile (SHARP): <https://ukcdar.uky.edu/ls/index.php/727369?lang=en>

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General guidelines in working with abused partners

- Educate them about different types of abuse and control
- Invite/encourage them to tell their story
- Help them to identify and express their feelings
- Accept and validate their experiences
- Let them know that they are not alone

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General guidelines in working with abused partners

- Don't blame them for the abuse
- Don't let them blame themselves for the abuse
- Don't blame them for having an abusive partner
- Focus on their safety rather than on the other's abuse

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General guidelines in working with abused partners

- Focus on helping them become safe rather than simply leaving the relationship
- Help them develop a safety plan or refer them to someone who can
- Identify and validate their strengths
- Affirm and support their right to make their own choices
- Help them to identify their options and make decisions

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General guidelines in working with abuse partners

- Recommend they read/listen to relevant books
- Keep in mind that traditional interpersonal interventions may escalate danger
- Focus on planting seeds rather than quickly resolving the problem
- Predict future abuse and effects
- Encourage them to consider attending a support group for abused partners

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If your client is an abusive partner . . .

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Inappropriate primary interventions for abusive partners

- Anger management
- Substance abuse
- Any intervention which characterizes the abusive behavior as secondary to some other condition (e.g., trauma)
- Couples therapy
- Individual therapy for an abusive partner

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Traditional Anger Management

- Problem: Difficulties managing and expressing anger
- Goal: To de-escalate internally and externally and more appropriately express anger
- Means: Increased self-awareness, internal de-escalation and external use of behavioral skills

Abuse Intervention

- Problem: A person is displaying abusive behavior
- Goal: To stop the abusive behavior and change the underlying beliefs
- Means: Addressing underlying attitudes and beliefs, teaching alternative skills

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Common Differences Between Anger Management and Abuse Intervention Programs

<u>Anger Management</u>	<u>Abuse Intervention</u>
<ul style="list-style-type: none"> • Anger is viewed as the primary problem. • Primary focus is on managing the emotion. • Abuse is seen as due to a loss of control. • Intervention is short term (2-16 hours). 	<ul style="list-style-type: none"> • Abuse and control are viewed as the primary problem. • Primary focus is on changing the beliefs and behavior • Abuse is seen as due to a taking of control. • Intervention is long term (40-100+ hours).

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Common Differences Between Anger Management and Abuse Intervention Programs

<u>Anger Management</u>	<u>Abuse Intervention</u>
<ul style="list-style-type: none"> • Little attention given to the consequences. • Generally no identified victim(s). • No addressing of empathy for the victim. • There is no outreach to the victim. 	<ul style="list-style-type: none"> • Repeated reminders of the damage caused. • There are identified victim(s). • Empathy building for victim is common. • Referrals are provided to the victim.

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Common Differences Between Anger Management and Abuse Intervention Programs

<u>Anger Management</u>	<u>Abuse Intervention</u>
<ul style="list-style-type: none"> • Little or no attention given to accountability. • Non-confrontational. Denial is not addressed. • Emotionally unprovocative. • Gender is not considered to be an issue. 	<ul style="list-style-type: none"> • Accountability is paramount. • Confrontational. Denial is regularly targeted. • Emotionally demanding and intense at times. • Sexism and gender socialization are viewed as significant factors.

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Common Differences Between Anger Management and Batterer Intervention Programs

<p><u>Anger Management</u></p> <ul style="list-style-type: none"> • It is viewed as a personal mental health issue. • Intervention is confined to the specific service provided. 	<p><u>Batterer Intervention</u></p> <ul style="list-style-type: none"> • It is viewed as a social, societal issue. • The intervention is viewed as just one part of a larger coordinated community response.
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“ Anger continued on past its usefulness becomes unjust, then dangerous... It fuels not positive activism but regression, obsession, vengeance, self-righteousness. Corrosive, it feeds off itself, destroying its host in the process. ”

-URSULA K. LE GUIN

BRAINPICKINGS.ORG

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Appropriate referrals for adult anger management groups

- Individuals who:
- Do not display patterns of abuse
- Have true impulse control problems (e.g., embarrassing/public situations)
- Do not seem to have power and control issues
- Who have not had previous domestic assaults

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Substance abuse as a cause

- It is true that substance abuse rates are higher among abusive partners
- It is also true that rates of DV, in general, are much higher among the substance abusing population (possibly even the majority of men with substance abuse issues have been abusive to their partners and the majority of women with substance abuse issues have been abused by their partners)

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Substance abuse as a cause

- It is also true that many substances such as alcohol and stimulants can escalate abusive behavior (a few others may deescalate it such as cannabis and opiates— withdrawal or abstinence then leads to increased abuse)
- However, substance abuse is not a cause, simply a trigger
- The cause is still a pro-abuse belief system

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Individual therapy

- Individual therapists not well trained in DV typically misattribute a variety of other psychological issues as causing DV perpetration, including, but not limited to addiction, trauma, family of origin issues, and other psychological conditions
- As mentioned earlier, this parallels a similar earlier ignorance that therapists had related to addiction, believing it was secondary to other issues
- This ignorance led to the creation of independent substance abuse programs that appropriately identified addiction as its own distinct issue

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Framing the abuse as secondary to another condition

- Triggers vs. causes—As discussed in the previous training, for someone with a pro-abuse belief system, many things can trigger abusive behavior (e.g., trauma, stress, substance abuse), but ONLY if the person has a pro-abuse belief system
- Therapists not well-trained can easily mistake the trigger as the cause and falsely believe that if the trigger is addressed the abuse will stop
- While the abuse may diminish, it is unlikely to truly stop

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Individual therapy with a therapist knowledgeable in DV

- While it can be a precursor to a specialized group, individual therapy, alone, is unlikely to fully and effectively facilitate the necessary changes to become non-abusive
- The group format significantly amplifies the effectiveness and impact of the work

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Advantages to the group modality

- *Less individually driven/passive learning can occur
- *Indirect confrontation can occur
- *Immersive
- *Decreased feelings of shame
- *Creation of a positive peer culture
- Monitoring of ability to be empathic
- Emphasizes this isn't an individual issue
- Decreases men's sense of isolation
- Less pathologizing

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Advantages to the group modality

- Positive role modeling among group members
- A greater diversity of input/multiple examples
- Greater repetition of educational material in a group
- De-emphasizes the facilitator's role as expert/authority
- More receptive to input and confrontation from peers
- Group synergy
- Monitoring ability to be relational
- Allows for the creation of parallel process

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Common misconceptions about abusive partners . . .

- That they behave abusively towards everyone
 - Most are only abusive towards their partner and, in some cases, to their children
 - Many can be very kind and appropriate with everyone else
- That they are monsters/jerks/assholes
 - They have many positive and desirable qualities, which their family knows well, as can their friends, co-workers, neighbors, etc.

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Common misconceptions about abusive partners . . .

- That it is primarily an "anger" problem
 - Anger is often a euphemism for abusive behavior
 - Anger is more of a symptom of the mindset that drives abusive behavior rather than a cause
- That they are primarily working class or come from certain occupations or that certain occupations/religions/cultural groups are more likely to have abusive partners
 - Abusive partners are highly demographically diverse and look just like anyone else

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Common misconceptions about abusive partners . . .

- That it is about losing control/getting dysregulated
 - Most abuse and control is done in a discrete, controlled manner, especially the more subtle forms
 - While there can be moments of dysregulation or getting activated, much of the time that is not the case
 - It is less about “losing control” than it is taking control

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General guidelines in working with abusive partners

- Be willing to use euphemisms like “anger”, “temper”, and “anger management” instead of “domestic violence”, “abuse”, and “battering”
- Be careful of strong judgment or shaming behaviors with them
- Help them to focus on themselves and their behavior
- Educate them on what constitutes abuse and control

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General guidelines in working with abusive partners

- Point out how they are suffering due to their abusive behavior
- Warn about future consequences
- Highlight the benefits of becoming non-abusive
- Ask what it is they are trying to achieve
- Ask them what they are afraid will happen if they relinquish control and share power
- Point out how the children are being affected

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General guidelines in working with abusive partners

- Have them talk about their own childhood experiences of abuse
- Have them read about abusive and controlling behavior
- Plant seeds
- Placate their fears about joining an abuse intervention group
- If they are hesitant to enroll in a group, suggest they meet with someone from the program individually

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General guidelines in working with abusive partners

- Monitor their attendance in the group
- Enrollment in specialized abuse intervention services is the best chance of facilitating real change
- In any conversation, listen and look for abuse and control which may be skimmed over or minimized

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Recommended Readings

- Carol Jordan et al (2004) Intimate Partner Violence: A Clinical Training Guide for Mental Health Professionals
- Patricia Evans (2010) The Verbally Abusive Relationship
- Lundy Bancroft (2002) Why Does He Do That?: Inside the Minds of Angry and Controlling Men
- Terrence Real (1997) I Don't Want To Talk About It: Overcoming the Secret Legacy of Male Depression
- Chris Huffine (2021) Becoming Allies . . . With Your Partner, Yourself, and Others: Addressing the Abuse and Control in Your Relationships

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