

Tri-County Batterer Intervention Provider Network Minutes: 5/22/01

Present: Christine Crowe (Choices DVIP), Songcha Bowman (Private Practice), Gus Picazo (Changepoint), Pam Henderson (Washington County Correction Center), Stacy Womack (ARMS), Michael Crowe (Washington County and Choices DVIP), Michael Davis (Changepoint), Curt St. Denis (Men's Resource Center and Multnomah County), Marc Hess (Sage and Multnomah County), Angela Brodis (Washington County Community Corrections Center), Guruseva Mason (Transition Projects), Teri Pearson (Child Abuse Hotline), Margaret Langslet (PSU)

Minutes by Margaret Langslet and Marc Hess

Topic: SARA (Spousal Assault Risk Assessment) Training by Marc Hess

- When doing assessments for clients, the court, etc. SARA is one aspect.
- The trainer showed a working assessment, which included two pages that are not in SARA based on an article by Weisz, Tolman, Saunders and McCloud.
- Victim contact is important because an informed victim can predict future violence as well as actuarial or counselor's predictions.
- The goal is to cover everything in an assessment, for example alcohol screening, psychological maltreatment of women inventory and the severity of violence. So it is important to supplement the SARA with this other material.
- During a domestic violence assessment, you get information from various sources over time.
- It is also very important not to do SARA haphazardly, because this can be worse than not doing it at all. Assessments can be controversial because of differences of opinion about their predictive validity.
- The issue of victim contact is important. A poorly done contact can be dangerous. Providers should have the client sign a release to be able to contact the victim and the provider should be aware that contact could create problems.
- SARA is not an actuarial instrument, so gaining supplemental sources of information done in a systemized way, and including clinical judgement is necessary.
- There is a higher risk of false negatives and therefore low risk isn't as predictive of low recidivism, but medium and high risk can be more confidently predictive, especially if standards are followed.
- SARA also gives you an overall picture of the client's risk, to which their score can be added as further evidence of their risk.

-Legally do you have to show the tool or just the results? It may depend on the situation and who you are.

-After victim contact, you should not repeat what the victim said, but (with the victim's permission) can factor the information into the SARA score.

-A problem is that self-report is questionable at best. In the symptom checklist some people just fill out all one's (no admission of abusive behavior). Usually you can see a pattern of denial at a quick glance.

-There are usually three presentations from victims. One is that they want the man away from them, but want him to get help. The second response is that they love the perpetrator and they are wondering if you can fix him. The third is that the victim is scared and doesn't want to say anything (and wants to be as far away from the perpetrator as possible). The less common response, but maybe a fourth, is when the victim is in dual denial and the woman and man have formed an alliance. You should always remember that the information from the victim is extremely important, but there is the possibility that it may be distorted by her current circumstances.

-SARA has minimal user requirements: You do not need to be in the mental health profession. There are questions that need to be answered by mental health professionals, but can be answered by non-professionals by the disclaimer that the scores on those questions are provisional. You can also consult with a MH practitioner or use an existing MH assessment as corroboration.

-Common

mental health disorders seen in clients are borderline personality disorder, antisocial personality disorder, depression and ADD. Providers can use the DSM as a guide to detecting disorders. Psychopathic and antisocial men tend to be the most dangerous. When their image is pierced they use anger, intimidation, and violence to try to control the situation. Women in relationships with them are the most likely to pierce their self-image (because they get to see them with their guard down), and therefore the most likely to be the target of their aggression. The second most dangerous men are the men with borderline personality characteristics. They look for anything external to validate themselves and may put tremendous pressure on their partners to live up to some unrealistic standard of what a partner should be. When the woman leaves they try to keep her from leaving by escalating their power and control tactics and may show stalking behaviors. A lot of men also have both borderline personality and antisocial personality characteristics. There are narcissistic traits with nearly all batterers, but many do not completely fit the criteria for Narcissistic Personality Disorder.

-At the minimum you should have the offender and victim statements and have looked at the perpetrators file (including police reports and criminal history). You can do it without the victim, but then you need to clearly state that and realize you're not getting the whole picture.

-You can incorporate SARA questions into other things, for example during a psychosocial interview. During the interview with the man, when asking him if he knows the victim's phone number, you can

find out other things beside just her number. If he pretends to forget it, or claims to not know it, or he gives you the number and you know that he is not supposed to know it. You can also get clues into the level of attachment that the client has, and whether he is stalking.

-The provider should get a preliminary sense of whether any contact with the victim is dangerous. The first thing said to the victim should be who you are and ask whether it is a good (safe) time to talk. Always be aware of the danger that comes along with contact and be conscious of the victim's voice, background noise, her general demeanor and anything else that is going on. Be very clear to the victim about confidentiality and let her know that it is never absolute and you could be subpoenaed, for example. You should also emphasize that information is voluntary, and she determines if and how it will be used.

-You can put information into the SARA that you get from the victim, without saying where the information came from. It is important to be careful and if you're in doubt, err on the cautious side and leave out that information.

-In the issue of child abuse, you can report the incident if the child sees violence. If the child is at a high risk, you should report what is happening.

-You should also cover mandatory reporting (of child abuse) with the victim before interviewing her.

-Talking with the victim is about getting and giving information. You should know about resources, materials and victim advocates ahead of time. Victim contact is an opportunity to inform the victim and offer her options for additional support.

-Collateral records are a huge part of SARA. You need access to records and can ask probation officers many of the questions. A lot of SARA is based on the review of police reports and you may need to get someone to summarize the records if you do not have direct access to them. It is always informative to get an interview with the probation officer

-One problem with SARA is that answers can be subjective and so, when possible, it should be based on behaviors and not inference.

-In answering the SARA item about attitudes that support or condone spousal assault you may have to infer, to some extent, the attitude of the man because they may be cautious and not come out and say

what they think. This part of the assessment is also not very culturally aware. But, certain situations in the man's life can be associated with gender inequities, like certain religions, organizations, clubs, etc.

-The

Abusive Behavior Inventory (another assessment measure that is unrelated to the SARA) is a quick questionnaire with thirty inquiries that cover physical, sexual and emotional abuse. Scores on this assessment can give you a preliminary picture of the level of denial in the perpetrator. The mean score of non-abusive men is about 41 and the same score is 57 for abusive men. Most men who take the test score in the thirties and a low score is a good indication of denial. The attachment scale goes over the attachment that the perpetrator has to the victim. The perpetrator is often more willing to acknowledge these items. It is helpful to include some type of symptom questionnaire to get some preliminary information on co-occurring mental disorders, such as depression, obsessive thinking, impulsivity, etc.

-The

Domestic Violence Inventory covers a lot of ground and has one hundred and fifty questions as well as a truthfulness scale. The only problem is that sophisticated people can see through the truthfulness scale and can pass without detection. It is important to not use this alone, but as one piece of the picture.