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Tri-County Batterer Intervention Provider Network meeting minutes--9/7/04

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Present: Chris Huffine (Allies in Change Counseling Center), Stacey Womack (ARMS), Marjan Baradar (private practice), Chris Wilson (Men's Resource Center), Patty Warford (private practice/Allies in Change Counseling Center), Paula Manley (Manley Interventions), Michael Crowe (Choices DVIP), Tim Logan (private practice, Gresham Intimate Violence), Songcha Bowman (Multicultural Counseling Services), Cindy Lyndin

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Minutes by Paula Manley, edited by Chris Huffine

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Topic of the day: Anger Evaluations

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The issue is that judges sometimes want a client evaluated to see if a client has a significant problem or not. The judge doesn't know if the person needs anger management or BIP or neither. This can be an issue not only in DV, but also for road rage, etc.

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Most providers don't do an anger evaluation, they do intakes. How do you evaluate without talking to the victim? Also, if they know they are being evaluated, will they answer honestly? There is a lot of deceit.

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In WA, there is a list of DV crimes that mandates BIP treatment. In OR, we do not have specific DV crimes. DV crimes obviously suggest BIP program. But there are other crimes not obviously DV-related that might be most appropriately addressed through a BIP or a violence Intervention program rather than short term anger management.

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Most BIPs refer anger evaluations elsewhere. One agency (Choices) uses elements of various DV tools, but doesn't contact the victim. Men's Resource Center offers domestic violence evaluations which cost considerably more, typically hundreds of dollars. Look at patterns, all information available. Batterers can be adept at looking good on psychological tests. Often, the evaluation may need to be done over a period of time.

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Domestic violence evaluations are intended to determine if there is a pattern of DV, power and control issues, and related concerns. It is significantly different from a risk assessment or a lethality assessment (which are intended to determine the risk of recidivism or of committing lethal violence, respectively). There is no way to evaluate a client for a threat evaluation in a short period of time. This is not a risk or threat assessment discussion, but the issue is anger evaluation and domestic violence evaluations.

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A man who has issues of anger usually has abuse and control issues. One member reported that "19 times out of 20, you show me a man with an 'anger problem' and I'll show you a man with power and control issues." You have to take the time to sort it all out and not just take them at their word. Is it a person who is abusive, or is it a person who can't deal with their feelings?

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Many DV evaluations can be done quite quickly because evidence of a history of abuse quickly becomes apparent, including from the man's own self-disclosure. The challenge is when you have someone who is convincingly claiming not being abusive. Those evaluations require much more extensive collateral contacts and time to confirm the man's claims. He may claim there is no history of abuse, but his statements need to be checked out and evaluated over time.

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Pre-conviction evaluations contracted by the defense attorney involve client privilege. You can't let the Court know anything unless the defense requests it, because it is work product. Many BIP's won't do pre-conviction evaluations. They will, however, do pre-sentence evaluations (where the person has been found guilty, but no sentence has been imposed yet).

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Many psychologists who do anger evaluations, have very little awareness of domestic violence and related issues. They often mistakenly believe it is about anger rather than abusive and controlling behavior. BIP providers may be more knowledgeable than a PhD about these

and controlling behavior. BH providers may be more knowledgeable than a TMD about these issues, but do not have the impact in court. DHS caseworkers also may make multiple referrals for evaluation, to a psychologist as well as BIP. Likewise, psychologists who don't adequately assess for DV or understand the dynamics of DV may offer inappropriate recommendations. For example, the psychologist may come back with a recommendations for couples' therapy, while the BIP knows this is not appropriate when DV is involved.

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It is important to evaluate the evaluator for their knowledge of DV and power and control issues. The majority of psychologists do not have an appropriate level of power and control issues training. There is, for example, a sub group of men who, while they don't have a history of physical DV, they also have a history of power and control in the relationship.

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We also don't have any formal psychological tests that accurately measure DV. For example, the MMPI was geared to measure psychological issues, but does not accurately identify DV. Therefore, the victim may appear to be in worse shape than the perpetrator on the MMPI, but that is likely not the case. This is because DV is not an illness, it is a behavior. There is questionable validity to tests even that were formed by knowledgeable DV experts such as Don Dutton. It takes time and patience to evaluate behaviors and attitudes. The perpetrators have a mask they can only hold up for so long, when the disparity comes to light.

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Another issue is face validity. Face validity refers to how obvious it is to the subject what the psychological test is evaluating. In other words, a person completing a test with high face validity would know what the test was measuring and how to answer the questions to reflect a particular orientation. For example, an assessment for substance abuse that asks people to report frequency of alcohol use, problems related to that, black-outs, etc, would have high face validity. The SASSI is an assessment for substance abuse that has a low level of face validity--most of the questions don't even mention alcohol or other drugs. For that reason the subject may not know what is being assessed, and even if they do, they probably can't figure out how to answer the questions in a biased way. Most domestic violence assessment tools have a high level of face validity, which means it is easy for clients to successfully lie and conceal their issues.

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When a man has some level of disclosure, you can use some of the tools, but the problem is that men in denial can lie their way through the evaluations. If the man does not want to admit to his behavior, he can easily lie about it. For this reason, there is no substitute for interviews and looking at not only what they say but how they respond. Also, it is essential to seek outside information.

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One technique used with batterers is to not look at any information before interviewing the client the first time. Then, the second time, after reviewing the info, ask them to clarify the discrepancies. You must be aware of the subtle clues they use to manipulate. It's a good idea to let the client keep going and document what he says. If you don't have the time to do 2 interviews, one way is to have them fill out forms in advance, and have that info. Another technique is to break the client in their spiel, then go back to another topic, so their script is interrupted.

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Psychologists are generally trained to build therapeutic alliances and believe their clients. With this population you have to be skeptical!

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Judges look at BIP's and the one year requirement. If someone needs it, the judge wants them to get it. But as treatment gets longer, judges look more and more seriously at formal evaluations first.

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As providers, most of us know that it is extremely unusual for an abusive man to have only been abusive once and then, the one time he was, he was caught. Just like with drunken driving, there have typically been multiple incidents for each time the person got caught. The reality is most power and control is done in a non-physical way. You are missing the ongoing psychological and emotional abuse. Even if the perpetrator has actually been caught the first time of being physically abusive the other non-physical abuse has typically been going on for a long time.

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Even if this is a "one-time thing," it only takes one time to make the relationship unsafe. It is an escalation to the next level of violence. The emotional abuse will correlate. The men who are physically abusive - even once - shows there is still a level of emotional abuse in the relationship.

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If you understand the power over orientation, men who don't have power and control issues won't be seeking the consequences. They will be looking at the possibility of learning

issues won't be fighting the consequences. They will be looking at the possibility of learning something in the program. So a man who strongly fights the process is probably a very power-over oriented person. The men who are true victims will say they are abusive, but maybe can't tell you why, in detail. Or, while denying much abuse, are open to complying with whatever programming is required of them (which is similar to female secondary aggressors).

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To receive an adequate "anger evaluation" would require hours of one on one, over lots of time. The cost here is prohibitive - it would almost be. Cost is a huge issue. Evaluation is different than intake. Evaluation is whether or not there is a problem. Assessment is determining how long it might take to deal with issues.

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We should perhaps come up with a checklist for judges/caseworkers that would rule out someone even needs an evaluation, they will go directly to BIP program. We should include in this that if a judge is saying "It's not fair" this is a huge red flag.

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Referring out for anger evaluations needs to be to people who know how to do it. A future goal for this TCBIP is to investigate, and come up with a list of evaluators. We should check with shelters & FVCC's for agencies/people who victims talk well about consistently. Whoever does an anger evaluation should not be referring that person back into their own program--it can be seen as a conflict of interest.

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