

Tri-County Batterer Intervention Provider Network Meeting Minutes-10/9/2018

Present: Chris Huffine (Allies in Change), Jacquie Pancoast (Eastside Concern), Dawn Penberthy (Clackamas County Parole and Probation), Regina Holmes (ARMS), Heather Sheafer (Allies in Change), Matt Johnston (Domestic Violence Safe Dialogue/Lutheran Community Services Northwest), Chris Wilson, Jennifer Brissenden (Multnomah County Parole and Probation)

Minutes by Heather Sheafer, edited by Chris Huffine

DV Assessments: Challenges and Cautions

This was a group discussion although Chris Wilson, Psy.D., a local expert on DV evaluations, made substantial contributions to the conversation.

A DV evaluation or assessment is different from an intake assessment. With an intake assessment it is presumed that the individual does need services and it is more about gathering background information, orienting them, and identifying any barriers to services. A DV evaluation or assessment, on the other hand, is intended to determine whether there is a pattern of abusive behavior present and if this is an issue.

Some states require DV evaluations (e.g., Washington), but Oregon does not. Most providers, including locally, will not agree to do DV evaluations. The biggest concerns are that because of the high level of lying and denial among abusive partners it can be difficult to determine whether they truly don't have a history of DV perpetration just based on their self-report.

It was suggested that DV is best evaluated through treatment and not an assessment. Observation in group over multiple sessions often makes it evident that there is a pattern of abuse, or, much more rarely, that there does not appear to be a pattern of abuse.

There was some discussion of false positives in DV referrals—when someone doesn't really have a pattern of abuse and control. This is actually surprisingly rare in most people's experience.

One reason for DV evaluations is because the court doesn't want to make presumptions. The court is quite familiar with substance abuse evaluations to determine level of treatment and may mistakenly presume that the same can be done with DV. As a result judges may automatically recommend an "evaluation" and recommendations.

One way of dissuading referrals from pursuing a DV evaluation is to talk about how expensive and time consuming they can be, potentially costing hundreds of dollars in addition to following through on recommendations.

Chris Wilson is increasingly against DV evaluations under almost any circumstance, for a number of reasons. Pre-adjudication it puts the evaluator into the inappropriate role of being a finder of fact. He instead is suggesting that what is needed are DV informed psychological evaluations, which are quite rare at present. Most psychologists have little to no understanding of DV or how to appropriately screen for it, especially in terms of determining if there is a pattern and pro-abuse belief system present.

There are lots of concerns that any sort of quick DV evaluation will produce false negatives—people who have patterns of abuse who will be incorrectly identified as not needing a full course of care. This is because denial is so pervasive among abusive partners (and sometimes their abused partners as well) that they often lie.

There is currently no great objective test to identify the presence of DV. All of the DV tools (e.g., Conflict Tactics Scale, Domestic Violence Inventory) have high face validity—it's obvious what they are asking so it's easy to lie on them (even the DVI which has a "lie scale" built into it). There is no personality test (e.g, MCMI, MMPI) that identifies abusive partners because they do not have a classic psychological profile.

There was some discussion of common qualities of abusive partners besides their abusive behavior. Chris Huffine talked some about common qualities he has observed that he hopes might eventually lead to a subtle screening tool for DV perpetration. Some of these qualities include an external focus, blame, defensiveness and contempt towards the partner, among others.

It was suggested that ultimately the best and most reliable way to evaluate whether DV is present is through observation over time by a person knowledgeable in DV. One way this can be done is through automatic placement in an abuse intervention group, particularly if the group involves a fair amount of interaction and self-disclosure. Over time in a group denial and shame tend to lessen and self-disclosure of past abusive behavior tends to increase. Even among those in denial they often disclose beliefs or other information that makes it apparent to others that they do have patterns of abuse even if they deny them. On the other hand, that rare individual mandated to group that does not have a pattern of abusive behavior becomes more obvious as his pro-social beliefs become apparent and his self-report remains strikingly consistent with his in-group behavior. Often these individuals turn out to be secondary aggressors.

There was some discussion of how someone who might appear at first glance to have a pattern of abuse and control ultimately might not, how to tell that over time, and why/how that might occur in the first place.

For more information about DV evaluations or further questions, Chris Wilson continues to be a local expert in this area. He can be reached at chris@drchristopherwilson.com.