

LOVE AND VIOLENCE IN THE FAMILY

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Definitions

- ▶ DV is a pattern of physical, sexual, and/or psychological abuse used by one partner against the other in order to control that partner.
- ▶ Often occurs with other forms of gender violence.
- ▶ In investigating DV cases, always look for the power and control. Some usual power & control methods include:
 - Isolation
 - Negative commands, put downs, cursing, name-calling
 - Harassment
 - Surveillance and stalking
 - Threats to self and others
 - Intrusive behavior
 - Financial control
 - Obsessive demands
 - Sleep interruption
 - Interference with children
 - Physical Abuse
 - Sexual Abuse

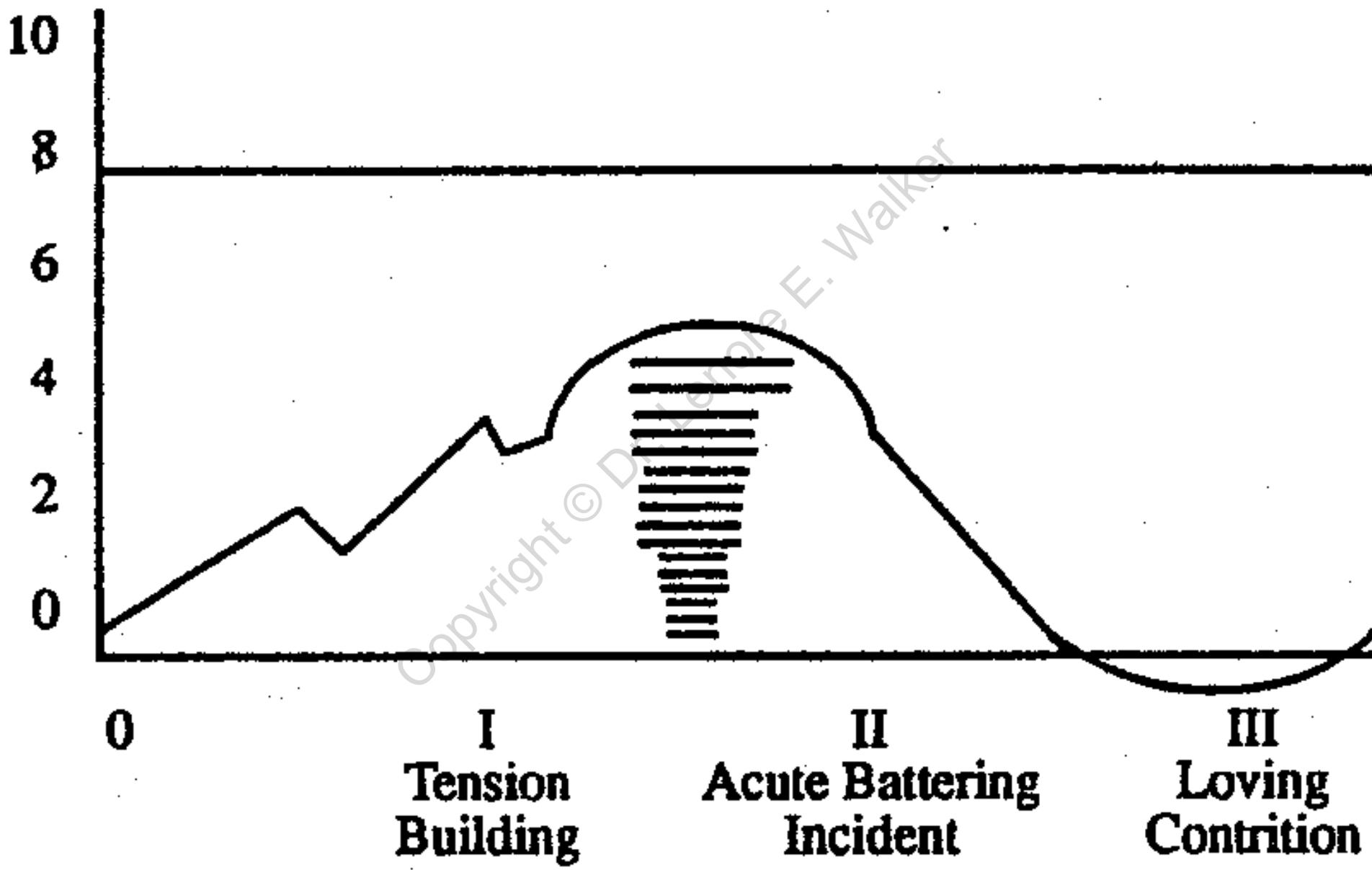
CHILD & ELDER ABUSE

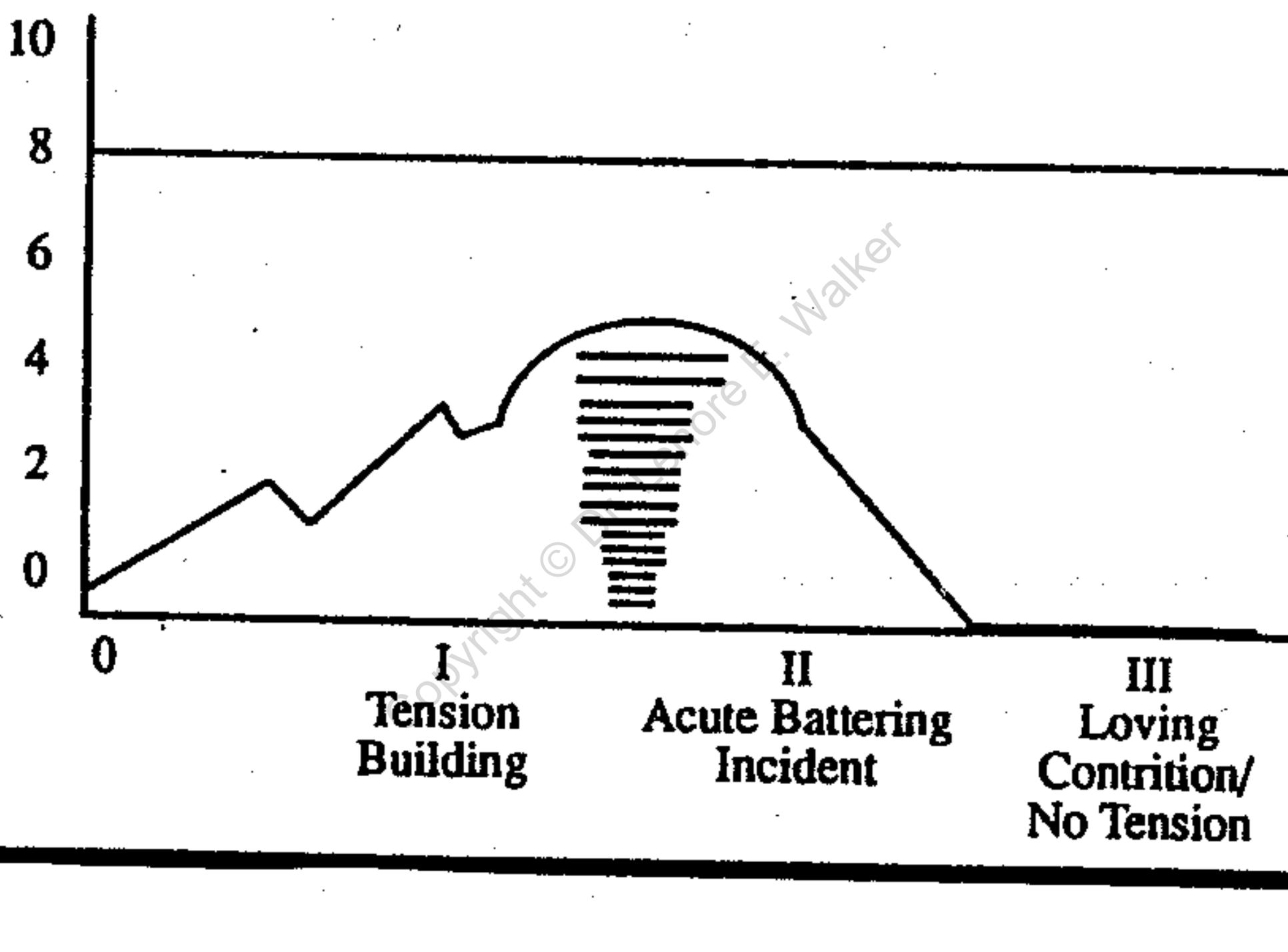
- ▶ DV is often accompanied with child & elder abuse
- ▶ Child Abuse includes physical, sexual, & psychological abuse
 - Legal definitions of abuse are often different from psychological definitions
 - Most frequent with young children, yet most difficult to assess
- ▶ Elder Abuse includes physical, sexual & psychological abuse
 - Most common abuser is family member
 - May reverse perpetrators and victims

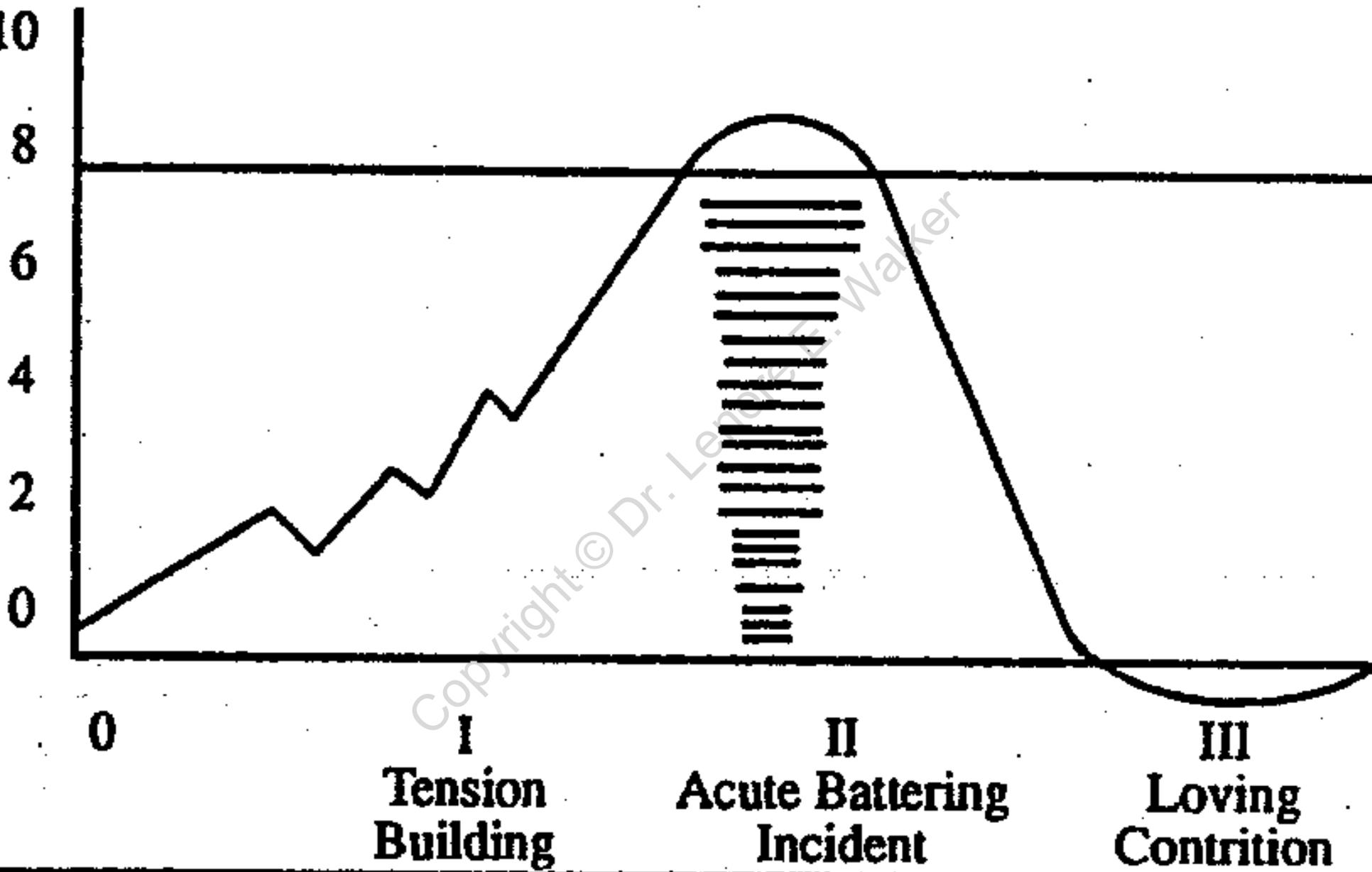
Domestic Violence or Intimate Partner Violence

- ▶ Starts with a loving courtship period
 - Most do not perceive abuse but some do
 - Think it will stop once commitment is made
- ▶ Cycle of Violence begins with
- ▶ 1. tension–building/perception of danger period
- ▶ 2. First acute battering incident
 - Shortest part
- ▶ 3. Followed by loving–contrition
 - Reinforcement
 - Sometimes absence of tension/danger is reinforcement
- ▶ Cycle repeats itself usually escalating

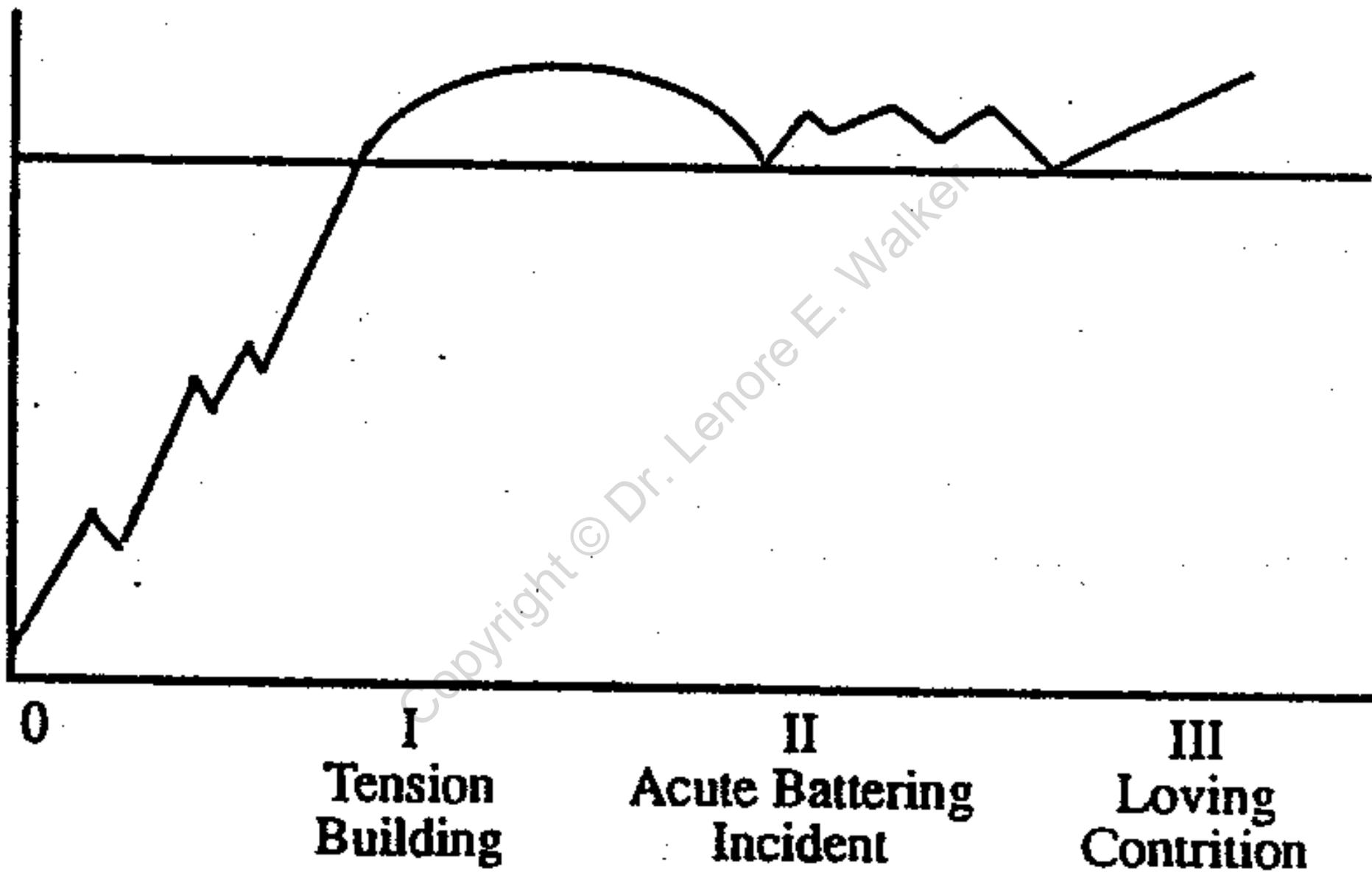
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on/Danger



Screening

- ▶ Cultural and Socioeconomic Sensitivity
- ▶ Sensitive to Gender Inequality
- ▶ Multiple data sources used
- ▶ Screening instruments sufficiently complex yet simple enough to capture data in wide range
- ▶ Feedback loops to check for errors in data
- ▶ Recommendations checked for dangerousness
- ▶ Family treatment together not protocol

What are Trauma Informed Services?

- Trauma Informed services have a culture where all aspects of service delivery understand:
 - The prevalence of trauma
 - The impact of trauma
 - The complex paths to healing and recovery
- Trauma Informed services specifically avoid re-traumatizing both those who seek their services and those who are on their staff.
- Trauma Informed services put “Safety First” and commit to “do no harm”.

TRAUMA SCREENING & ASSESSMENT

- ▶ All persons served should be screened for trauma
 - Process as important as content i.e. no victim-blaming comments or questions
 - Remembering trauma incidents is emotional
- ▶ Those who report trauma need assessment
 - Detailed clinical interviews with histories
 - Formal standardized psychological tests
 - TSI, DAPS, TSCC,
 - Affective – PAI
 - Cognitive – WAIS-IV

CREATE SAFETY PLAN

1. Identify the tension as it builds
 - Have client describe last ABI, Worst, first remembered
 - Try to pinpoint when tension or fear began to escalate for woman.
 - Give her permission to leave prior to that point next time feel same tension or fear.
2. Prepare to leave or take a time-out
 - Tell batterer you will leave if scared but will come back to discuss it when no longer frightened.
 - Gather important papers, documents, & money before
 - Make extra set of keys
3. Design an escape plan & rehearse it
 - Make a signal for children to leave and go to meeting place
 - Notify several friends or family who you will go to when leave

STEP PROGRAM 12 Units

1. Labeling, Validation of Abuse & Safety Planning
2. Reducing Stress & Relaxation Training
3. Cognitive Restructuring – Thinking, Feeling & Behavior
4. Assertiveness Training
5. Cycle of Violence & Battered Woman Syndrome
6. PTSD & Substance Abuse & Other Emotional Problems
7. Trauma Triggers
8. Impact on Children
9. Emotional re-regulation
10. Grieving & Letting Go of Old Relationships
11. Interpersonal Relationships – Dealing with Pleasing Behaviors & Compliance issues
12. Legal Issues & Termination

Review of protocols and guidelines effective in the treatment Female victims of IPV

ISTSS (2009)

Kubany & Ralston (2008)

Labrador Et al (2004)

HOPE (2011) Johnson et al

STEP (2009) Walker et al

1. Clear definition



2. Reliable measures



3. Blind Evaluators



4. Team training



5. Stability treatment



6. Specific program, manualized



7. Randomization groups



8. Treatment adherence



9. Data analysis



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BATTERED WOMAN SYNDROME

- ▶ Psychology
 - Pattern of symptoms – like PTSD categories
 - intrusive recollections, high arousal, avoidance
 - Dysfunctional interpersonal relationships, body image, sexual issues.
- ▶ Law – Pattern of symptoms and
 - Dynamics of abuse in relationships
 - cycle of violence, characteristics, typical behaviors
 - Explanation for why woman doesn't leave
 - Fear from prior battering events
 - Explains duress & consent issues
- ▶ Psychological Theories
 - Learned Helplessness
 - PTSD

BATTERED WOMAN SYNDROME TESTIMONY

▶ CRIMINAL CASES

- self defense
- duress
- credibility
- consent

▶ CIVIL CASES

- Injury (continuing tort)
- Competency (contracts/duress)

▶ FAMILY LAW CASES

- Custody & Access to Children
- Pre & Ante-nuptial Contracts

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Protocols

- ▶ Forensic data is more reliable and valid when using structured interviews to obtain information
- ▶ There are several protocols that can be adapted for children and adults
- ▶ Most emphasize using appropriate age-based language and non-contaminating questions to obtain information starting with free-recall and moving to more detailed follow-up
- ▶ In addition to interview data, it is also important to document the possible impact on cognition (how the person thinks), affect (emotional regulation) & behavior.
 - Observational data across settings
 - Test data across developmental times
 - Reports of others

BATTERED WOMEN CASES

- ▶ Was this woman battered in this relationship? In other relationships?
 - Develop detailed history of abuse–
- ▶ Did she develop battered woman syndrome or other psychological effects from abuse?
 - Include this relationship together with other relationships including child abuse
 - Include standardized psychological tests for comparisons
- ▶ Did these psychological effects impact on her state of mind at the time (of the incident)? Explain how?
 - Draw nexus in civil cases
 - Was it reasonable (Objective, Subjective, BW) perception of Imminent (about to happen) danger of serious harm

BATTERED WOMEN WHO KILL IN SELF DEFENSE

- ▶ Assessment of BWS and PTSD
 - Clinical Interview & Mental Status Exam
 - Psychological Tests for impact on cognitive functions, personality, & trauma symptoms
 - Cognitive WAIS-4 or WASI-2, RBANS or WMS if needed
 - Personality PAI & RORSCHACH w Exner Scoring
 - Trauma TSI-2 and DAPS
 - Fear of further harm or death at incident
- ▶ Details of abuse history and comparison with what is known about battering and battering incidents
 - Psycho-social history
 - Cycle of Violence Graphs
 - Power & Control Factors

BATTERED WOMEN WHO KILL IN SELF DEFENSE

- ▶ Review all psychological literature
- ▶ Review all case law
- ▶ Review Documents
 - Discovery for this case
 - Prior arrest records
 - Medical History
 - Witness Statements
 - Pictures

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FORENSIC STEPS

- ▶ 1. Communicate findings orally to attorney and client, if possible
- ▶ 2. Provide materials to assist understanding
- ▶ 3. Request attorney share 'theory of case', evidence, and strategies
- ▶ 4. Write forensic report if requested
- ▶ 5. Be prepared for deposition
- ▶ 6. Be prepared for testimony at trial

SELF-CARE

- Keep balance in your life
 - Work, family, friendships, leisure activities
- Develop & maintain a support system
 - Professional colleagues
 - Friendships outside of work
- Utilize consultation & supervision with difficult cases