

**ILLINOIS PROTOCOL
FOR
PARTNER ABUSE INTERVENTION PROGRAMS**

Section II - Female Perpetrators of Heterosexual Partner Abuse

**ILLINOIS DEPARTMENT OF HUMAN SERVICES
Domestic Violence Advisory Council**

Dear Colleague:

When the Illinois Department of Human Services published the *Illinois Protocol for Partner Abuse Intervention Programs: Section I -Male Perpetrators of Woman Abuse*, in 1994, we could not have imagined the impact this single document would have. It has been used as a standard for service providers, the criminal justice system, and state agencies. Other states have referred to it in their development of standards and it has been cited in research. Judges throughout Illinois refer to protocol approved programs because they have some assurance that the programs have the highest priority for victim safety and that they strive to provide effective/accountable abuser services.

Shortly after the publication of the first protocol, requests began arriving for recommended parameters that would address the other populations who perpetrate domestic violence. The Partner Abuse Services Committee, which advises the Department, struggled with the issues involved in providing protocols for those other populations for the past three years. Focus groups of victim service providers, partner abuse service providers and interested parties have met and agonized over the potential harm possible in the misuse of such protocols. One result is the following *Position Statement*, that outlines our understanding of the dangers, and the *Illinois Protocol for Partner Abuse Intervention Programs Section II-Female Perpetrators of Heterosexual Partner Abuse*.

It is our hope that this new protocol with its recommended screening tool will be used to insure that victims of domestic violence are referred to voluntary victim services rather than being re-victimized by the very systems set up to protect them. It is a part of our ongoing commitment to ending domestic violence in our state. I thank you for your support and partnership in this monumental task.

Sincerely,

Carol L. Adams, Ph.D.
Secretary

The Partner Abuse Services Committee

Position on Women Arrested for Domestic Violence

In 1994, the Illinois Department of Human Services published the *Illinois Protocol for Partner Abuse Intervention Programs, Section I-Male Perpetrators of Woman Abuse*. The reason for choosing to publish Section I was that the majority of victims of domestic violence are women and the majority of perpetrators of domestic violence are men. Section I outlines the purposes, principals, and program requirements for programs that provide service to men who have abused women.

Since 1994, many communities in Illinois have experienced a backlash from the increased awareness of the issue of domestic violence and society's attempts to address it. That backlash has resulted in increasingly greater numbers of victims of domestic violence being arrested and adjudicated.

The Partner Abuse Services Committee (PASC), the authors of the original Protocol, have been called upon to provide some guidelines and to create a Protocol for those few women who are legitimately female perpetrators of male partner abuse.

It is recommended that women arrested for domestic violence should receive a comprehensive screening to insure that appropriate referrals are made. The screening tool attached is provided by the PASC for that purpose. Two people should conduct screening, one whose primary responsibilities lie in victim services and one whose primary responsibilities lie in abuser services. It is understood that it is likely that screening will be conducted at an abuser services agency, since that is where the court refers adjudicated individuals.

Women who have acted in self-defense or whose arrest was based on a control tactic of the partner must be referred to victim services. Referral arrangements will need to be made with local victim services agencies. Care should be taken to avoid re-victimizing this group of women. Partner Abuse Intervention Programs should notify the referring agency that a referral to victim services has been made.

Women who have perpetrated partner violence against a male partner should be referred to a program that adheres to the *Illinois Protocol for Partner Abuse Intervention Programs, Section II-Female Perpetrators of Male Partner Abuse*. The referring agency should be advised of the referral and any other referrals recommended by the screening process.

ILLINOIS PROTOCOL FOR PARTNER ABUSE INTERVENTION PROGRAMS

SECTION II - FEMALE PERPETRATORS OF HETEROSEXUAL PARTNER ABUSE

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ACKNOWLEDGMENTS

This section of the *Illinois Protocol for Partner Abuse Intervention Programs* was written by committees under the auspices of the Partner Abuse Services Committee (PASC) of the Domestic Violence Advisory Council (DVAC) and the Illinois Department of Human Services. DVAC is charged with advising the Illinois Department of Human Services on matters pertaining to administration of programs to prevent and respond to domestic violence in the state of Illinois.

The content of this document is the responsibility of the Partner Abuse Services Committee, the Illinois Department of Human Services, and all programs that have been, or will be, adhering to the guidelines of the protocol.

Members of the various committees who worked for more than three years on this document must be acknowledged. The following is a partial list of those members that should be recognized: Olga Becker, Pat Bryant, Elizabeth Davy, RuthAnne Faught, Linda Hart, Dora Lader, Kathy Leigh, Val McCollum, Debbie Nelson, Julie O'Donnell, Dorothy O'Halloran, Becky Parfitt, Joyce Sousa, Ron Sousa, Sue Spurlock, Andrea Walter, Jennifer Welch, Theresa Zito and DHS staff Janet Knappen and Pam Stewart.

A dedicated committee, whose agencies are recognized for appreciation on the last page of the Screening Tool, created the Screening Tool in the Appendix. Chairperson Lisa Tonna harvested dozens of screening documents from all over the country for the committee to use in designing the tool. Special thanks goes to Elizabeth Sprague who designed the layout of the tool and provided tireless editing.

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SECTION II - INTRODUCTION

The domestic violence movement has succeeded in raising the awareness of our communities, institutions, and systems about the issues and existence of male violence against women. While we understand that certain societal conditions make it more likely that women will be the victims of domestic violence, we recognize that female violence against men does exist. However, the incidence of battering by females against males is low. Because of the role that gender plays in influencing the occurrence and pattern of intimate partner violence, the dynamics of male violence and female violence are also different.

Although research on program effectiveness is limited, there is no agreement among providers of either victim or perpetrator services in Illinois and in the nation on the need for protocols that address domestic violence/partner abuse relationships other than male perpetrated abuse in heterosexual relationships.

The following protocol is Section II of the Illinois Protocol for Partner Abuse Intervention Programs. The protocols were developed for the Illinois Department of Human Services by the Illinois Domestic Violence Advisory Council's Committee on Partner Abuse Services. The protocols are to be used by programs working with perpetrators of intimate partner violence.

The purpose of the protocols is to guide new and existing programs toward the development of services that are safe, effective, and accountable. Protocol guidelines are included under Administrative Code Title 89 ILAC, Part 501.

This protocol addresses female, heterosexual partner abusers. These women must be held accountable for their use of violence and receive appropriate interventions. These interventions will be different from those for women who have perpetrated violence but who are also victims.

As with the protocol for male perpetrators of woman abuse, this protocol allows for programs to be innovative in design and to respond to research on program effectiveness, as it becomes available. In all protocols, victim safety and abuser accountability remain our highest priorities.

1.0 PURPOSES

The purposes of the *Illinois Protocol for Partner Abuse Intervention Programs*, Section II are:

1. To establish minimum expectations of partner abuse intervention programs (PAIPS) for compliance review, monitoring and evaluation, and as guidelines for future program improvement
2. To ensure the safety and rights of victims and their children
3. To reduce and prevent domestic violence through effective intervention programs
4. To ensure that individuals who are identified as perpetrators of domestic violence receive appropriate and effective screening, assessment and services
5. To provide recognition of current, appropriate intervention methods
6. To inform the public about the nature, services and standards of PAIPs
7. To ensure that perpetrators are held accountable for their abusive/violent behavior
8. To encourage statewide communication and interaction among service providers and related agencies toward the goal of ending domestic violence.

2.0 DECLARATION OF PRINCIPLES

The Illinois Department of Human Services subscribes to the following program principles:

1. The safety and rights of victims/survivors must be the highest priority.
2. The primary goal is cessation of domestic violence.
3. Domestic violence perpetrators are a separate category of violent offenders requiring a specialized approach. Where they are guilty of other offenses, their domestic violence must be addressed separately. Programs must provide screening to determine specific service needs, appropriate interventions, and the need for victim / perpetrator services.
4. Abuse can never be condoned under any circumstances.
5. Perpetrators are responsible for their violent and abusive behavior.
6. Perpetrators must be held accountable for their abusive behavior. The community must provide consequences for perpetrators engaging in violent behavior such as arrest, conviction and punishment for a criminal act. The community must make them aware of the full emotional, social and economic costs of their behavior.
7. Perpetrators can change their behavior.
8. One principal cause of the high prevalence of domestic violence is the perpetrator's belief that one individual is entitled to dominate the other. To the extent that communities support this belief, perpetrators are encouraged to be abusive.
9. PAIPs must provide separate services for male, female, and same sex offenders to ensure safety and address victim / perpetrator issues.
10. PAIPs must not focus on saving relationships, but on ending violence and abuse.
11. PAIPs must support community efforts to enable victims of domestic violence to leave abusive relationships if they choose.
12. Victims of domestic violence undergo tremendous turmoil and fear as a result of the violence inflicted. Their feelings, and the potential for further harm to them, must always be of utmost consideration when making program decisions.
13. PAIPs must respect the individual differences and rights of participants.

14. PAIPs must not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, physical or mental disabilities, sexual orientation, or economic circumstances.
15. PAIPs should strive to reflect the cultural diversity of the communities they serve.
16. As knowledge about domestic violence perpetrators progresses, philosophical and programmatic changes may be necessary to improve PAIPs.

3.0 PROGRAM REQUIREMENTS

3.1 DESIGN

PAIPs must be designed to address violent and abusive behavior in the context as described in Section 3.2 and 3.3 of this protocol.

3.2 EDUCATIONAL COMPONENT

3.2a Format and Structure

PAIP staff conduct educational sessions that participants must complete to graduate from the program. This component must consist of no fewer than 24 sessions, conducted weekly or once every two weeks, in at least 90 minute sessions, thereby providing at least 36 hours of direct program contact. The 36 hours do not include intake and/or assessment. They may include up to four hours of individual counseling, but all remaining hours must be group work unless individual circumstances or insufficient numbers contraindicate group involvement.

3.2b Content

1. PAIPs must educate about the causes, forms, and effects of domestic violence.
2. PAIPs should provide participants with skills for handling immediate conflict situations that promote safety.
3. PAIPs must promote attitudes that are associated with non-abusive/non-violent behavior and challenge attitudes that are associated with abusive/violent behavior.
 - a. Attitudes and behaviors to promote can include:
 1. belief in egalitarian partnership
 2. taking responsibility for one's own abusive/violent behavior and for stopping it;
 3. safety planning and knowledge of domestic violence resources;
 4. awareness of the costs of abusive/violent behavior and its intent;
 5. empathy for the victim's experience;
 6. understanding the negative effects of the abuse/violence on victims, families, and others;
 7. encouraging women to examine life experiences and belief systems (family, community, culture, etc.) that have fostered choices for abusive/violent behavior;
 8. empowering through non-abusive/non-violent choices.
 - b. Attitudes to challenge can include:
 1. justification of violence such as revenge, retaliation, etc.;

2. normalization of the violence;
 3. right/need to control others;
 4. aggression as a conflict resolution tool;
 5. sexism, racism, homophobia, and other oppressive belief systems.
4. PAIPs must contain components that assist participants to develop skills for non-abusive/non-violent behavior. These components include, but are not limited to:
- a. achievement and maintenance of healthy and non-abusive/non-violent intimate relationships;
 - b. recognition and identification of abusive/violent behaviors;
 - c. non-abusive/non-violent conflict resolution;
 - d. assertive, non-aggressive communication;
 - e. achievement and maintenance of healthy and non-abusive/non-violent parenting.
5. One PAIP component that is highly recommended but not required is the encouragement of each participant to take responsibility for changing the social environment/community by:
- a. confronting other individuals who demonstrate abusive, sexist, racist, homophobic, etc., attitudes, behaviors and beliefs when doing so does not jeopardize the participant's own safety;
 - b. bringing other abusive individuals to the PAIP;
 - c. working for positive changes in societal attitudes and practices;
 - d. participating in self-help groups or activities that are consistent with the principles enumerated in this protocol.
6. The following models are inappropriate for use as domestic violence intervention and are not permitted:
- a. models that stress couples and family counseling and therapy;
 - b. models that suggest victims are responsible for violence/abuse;
 - c. models that deny a participant's personal responsibility for violence/abuse;
 - d. models that encourage the expression of rage;
 - e. anger management techniques that place primary causality on anger and/or are the sole intervention rather than one part of a comprehensive approach;
 - f. approaches that identify and treat violence as an addiction and the victim as enabling or co-dependent in the violence;
 - g. theories or techniques that identify poor impulse control as the primary cause of the violence;
 - h. pastoral counseling;
 - i. models that fail to approach substance abuse and partner abuse as separate issues; protocol approved programs must approach these two issues as separate and distinct disciplines that involve separate accountability.

3.2c Facilitator Teams and Group Composition

1. Groups must be co-facilitated either by two females or a male and female team.
2. Former perpetrators of domestic violence may co-facilitate after being abuse-free for a minimum of one year, but only with another facilitator who has never been arrested for domestic violence. Verification of non-violence/non-abuse must be obtained in such a way that any partner or former partner's safety is not compromised.
3. Service delivery and group composition (population, size, age,) must be structured as delineated by the appropriate specific protocol.

3.3 OTHER COMPONENTS**3.3a Service Coordination**

1. PAIPs must establish and maintain cooperative working relationships with domestic violence victim services programs. In order to establish accountability and ensure safety, it is strongly recommended that PAIPS incorporate the following activities:
 - a. solicit and consider domestic violence victim services programs' input and direction on all PAIP decisions;
 - b. with the assistance of domestic violence victim services programs, develop all policies governing PAIPS established in addition to these standards;
 - c. hold periodic meetings with domestic violence victim services programs to discuss mutual problems and concerns such as monitoring, influencing the criminal justice system, safety issues and programmatic changes;
 - d. work with the area domestic violence victim services program to establish the parameters and purpose for monitoring PAIPS in order to develop a process for utilization of feedback;
 - e. at the discretion of the domestic violence victim services program, compensation may be required for consultation and training.
2. Other activities may include:
 - a. Programs may invite domestic violence victim services program staff to on-going case review meetings for consultation.
 - b. If the PAIP is not part of a domestic violence victim services program, it is highly recommended that the victim services program be asked to review program curriculum.

- c. The PAIP may invite a representative of the domestic violence victim services program to serve on its Board of Directors or on an Advisory Board.

Affiliation or cooperation with any domestic violence victim services program is not to be used as an endorsement or to solicit clients.

3. PAIPs must also collaborate with other related individuals and agencies such as:
 - a. victim advocates and domestic violence victim service programs;
 - b. state and local coalitions;
 - c. mental health agencies;
 - d. law enforcement;
 - e. prosecution;
 - f. judiciary;
 - g. correctional facilities;
 - h. medical personnel;
 - i. substance abuse treatment providers;
 - j. public health agencies;
 - k. child protective service agencies;
 - l. agencies that provide service to lesbian, gay, bisexual and transgendered (LGBT);
 - m. other community service organizations;
 - n. any other agency involved in the delivery of services to participants, victims, and their children;
 - o. public defenders and local defense bar associations;
 - p. victims of domestic violence.

3.3b Public Awareness

PAIPs must contribute to public awareness of the seriousness of domestic violence and coordinate public education and other prevention efforts with domestic violence victim services programs.

3.3c Intake Process/Intake Screening

An intake screening of the participant must be conducted and must include, but not be limited to the following (See Appendix for recommended Screening Tool):

1. Obtaining background information on the violence used in the participant's family of origin, with her partners, and in her relationships.
2. Obtaining information regarding criminal history and pending court actions.
3. Obtaining a descriptive history of the participant's experience with violence and other abusive behaviors outside the intimate relationship, with special attention given to possible incidents of child abuse or neglect by the participant.
4. Screening for mental health issues and referring to appropriate treatment.

5. Screening for chemical dependency issues and following the procedures as outlined in 3.3e of this protocol.
6. Assessing the degree of current risk to the victim or others, which may include information gathered directly from the victim about the participant's use of violence and other abusive/violent behaviors, provided such contact can be done safely.
7. Determining the precipitating incident.
8. Identifying the referral source.
9. Assessing for issues of current or prior domestic violence victimization by exploring areas of fear and lack of autonomy.
10. Identifying the aggressor.

The intake screening process must focus on history of the relationships as a whole rather than one specific incident for the purpose of best practice and victim safety.

3.3d Exclusion Criteria

1. PAIPs must make a determination of whether or not an individual can benefit from the services at the initial intake. This determination can be revised subsequently, based on additional information. Individuals who cannot benefit from the services must be referred for appropriate services. This would not preclude them from re-entering the PAIP when they meet the criteria. Examples of individuals that may not benefit from services includes those who are generally violent, those whose psychiatric symptoms prevent them from benefiting, and those for whom a medical condition is the primary cause of the violence. Examples of medical conditions that might preclude participation are: frontal lobe injury, uncontrolled epilepsy, or closed-head injuries. Partner abuse intervention programs are also encouraged to exclude individuals who would disrupt the group.
2. Participants who are identified through screening or subsequent assessment as victims must be referred to domestic violence victim services programs. That referral should be conducted in a way that will not result in victimization of the participant.

3.3e Substance Abuse

If the initial screening or subsequent evidence indicates drug and/or alcohol abuse, the abuse must be addressed either prior to, or in conjunction with, and separate from, the PAIP. Substance abuse treatment referrals must be initiated in those circumstances. However, it is recommended that the participant who refuses treatment not be refused service by the PAIP.

3.3f Abuse and Neglect of Children and Other Family Members

If the intake screening or subsequent contact reveals the possibility or actuality of child abuse or neglect, that PAIP must report it to the Department of Children and Family Services (DCFS). The PAIP must refer suspected cases of elder abuse, neglect, and financial exploitation to the Department of Aging, Elder Abuse and Neglect Program.

3.3g Contracting

PAIPs must establish a contract with the participant that clearly spells out the obligations of the participant to the program. Included in the contract must be reporting standards as described in 3.3n, subpart 1 and 2, of this section.

3.3h Completion

PAIPs must develop standards that participants must meet in order to complete the program. These standards must include:

1. Fulfillment of all contractual requirements.
2. Accountability for use of violent behavior, taking of responsibility for one's own behavior, and not for anyone else's behavior, and an understanding of contributing factors.
3. Demonstration of understanding of alternatives to abusive behavior and reporting the use of such.
4. Demonstration of the use of respectful language regarding a partner.
5. Demonstrated knowledge of crisis/violence avoidance plan.
6. Completion of any other PAIP requirement (i.e. substance abuse and/or mental health evaluations and treatment, etc.).
7. No evidence of violent/abusive behavior during participation in the Program.
8. Information regarding continued violence/abuse can only be used if it will not endanger the victim.

It should be recognized that evidence of attitude/belief change indicated in the group may not always translate to behavior change in the relationship with a partner.

3.3i Evaluation

PAIPs must develop and implement methods for evaluating their effectiveness. At a minimum, PAIPs must use the criteria outlined in part 3.3h of this protocol in evaluations.

3.3j Victim Safety

1. PAIPs that are not part of domestic violence victim services programs must refer females arrested for domestic violence who are assessed as victims to such programs.

2. PAIPs' policies and procedures must reflect the programs' priority of the safety and autonomy of victims and their children. For example, when a program addresses issues other than violence/abuse, they must do so with full recognition of safety issues for the victim and the possible negative effects of that information, such as future acts of violence, confusion about responsibility for violent behavior, and confidentiality.

When PAIP participants are referred to other resources for any form of counseling, it is highly recommended that PAIP staff collaborate with the providers of those services.

3.3k Follow-up Services

PAIPs are encouraged to create and/or support options for continued services for individuals who have successfully completed their initial, required PAIP commitment. Continued services may allow individuals to continue in regular or ongoing groups. The rationale for follow-up services is:

1. to provide access to further service;
2. to continue monitoring for violence/abuse;
3. to refer individuals to other services that are consistent with the procedures and guidelines set forth in this protocol;
4. to recognize that a commitment to non-abusive/non-violent behavior is lifelong.

3.3l Ethical Standards

1. PAIPs and their personnel must meet standards outlined by professional groups with which they are affiliated.
2. Group facilitators must be violence-free in their own lives.
3. Group facilitators must consistently act and communicate in ways that do not perpetuate negative attitudes or biases.
4. Group facilitators must immediately report to the Department of Children and Family Services when they become aware that a child has been, or is alleged to be, abused or neglected by a participant or other family member (See Child Abuse and Neglect Reporting Act). Facilitators must refer suspected cases of elder abuse, neglect, and financial exploitation to the Department on Aging's Elder Abuse and Neglect Program. PAIPS must have written procedures in place reflecting mandated reporter status.

3.3m Confidentiality

1. Victim reports or notes must not be included in any participant's file which includes:
 - a. reports and notes generated by the program;
 - b. reports and notes not generated by the program;
 - c. documents hand carried by the participant.

2. Written or verbal reports of the partner's or victims calls, comments, or input must not be accessible to the participant. All partner information must be kept separate.
3. Participants entering a PAIP are required to sign a release of information to:
 - a. relevant law enforcement, criminal justice, and court authorities;
 - b. mental health agencies;
 - c. victim(s) of the abuse;
 - d. relevant significant others;
 - e. any persons or agencies to which the program would need to report compliance or subsequent or threatened abuse, an assessment or related ongoing data to plan for proper intervention, and/or to collaborate on an ongoing basis on an intervention plan.
4. In the event that a PAIP needs to release or receive information to/from any outside agency, organization, or individual, appropriate signed releases will be obtained and kept on file.

3.3n Reporting

1. PAIPs and facilitators must immediately report additional violence or threats of violence perpetrated or revealed by any participant involved in court-ordered PAIPS to the appropriate authorities in the criminal justice system, with the two following exceptions, (unless the duty to warn applies):
 - a. If the report originates with a victim, the victim's consent must be obtained before reporting to authorities or confronting the participant with the information.
 - b. Reports of violence received from a third party (e.g. family or friend) may be reported to authorities except if to do so would place the reporter or victim in jeopardy.
2. Facilitators must make every reasonable effort to notify the victim prior to making a report to authorities and must document those efforts. All reports of further violence must be documented in a manner that protects the confidentiality of victims and reporters. Participants must be notified of this process in their contracts.
3. PAIPs must immediately report a participant's threats to do harm or kill to the monitoring agency, e.g., probation officer, state's district attorney, or court. The victim must also be notified of any threat of violence the participant makes in the course of intervention.

3.3o Victim Contact

There is disagreement in the field on whether or not victim contact is appropriate. The protocol neither encourages nor discourages victim contact except to warn of imminent danger or threats. However, PAIPs that choose to make victim contact must follow these standards:

1. The contacts are to determine if the victim is safe, to discuss safety issues and orders of protection, to get the victim's assessment of the past and present abuse, and to link the victim to a domestic violence victim services program, if the victim desires.
2. If the victim is the participant's current partner, or an ex-partner with whom the participant has an ongoing relationship, attempts to contact the victim must be a high priority. In many cases, other ex-partners who have been abused or current partners may also be contacted. The guiding principle for who should be contacted, and if they should be contacted, is the safety of victims and potential victims.
3. PAIPs must inform victims about the nature of the PAIP, participants' attendance at the PAIP, any threats made by participants, and participants' progress or lack of progress. This information may be given through:
 - a. orientation sessions;
 - b. telephone contacts;
 - c. mailing of written materials explaining the PAIP.
4. Contact with the partner or ex-partner may be made by domestic violence victim services programs working in collaboration with PAIPs. It is recommended that the PAIP pay for this service.

3.3p Referrals

1. PAIPs must develop procedures for accepting and rejecting court referrals. Those procedures must be developed in conjunction with the court system and must include reasons for rejection and recommendations for alternative sanctions.
2. PAIPs must establish policies and procedures for reporting non-compliance with program rules and violations of orders of protection to the court system.
3. Regarding those participants who are referred by entities other than the court system, PAIPs must establish policies and procedures for reporting to those referral sources.

3.3q Fee Structure

1. PAIPs shall charge participants a fee for services except when PAIPs determine participants are unable to pay.
2. Fees must be based on either a sliding scale or alternative system that would accommodate inability to pay, enabling participants to afford services. PAIPs may allow participants to perform work or community service in lieu of full payment.

3. PAIPs must not refuse to accept participants who pay no fees (including screening) until such clients equal a minimum of 10 percent of the total clients.
- 3.3r Staff Competency
1. PAIP staff must be competent in general communication skills and those specific skills required to challenge and facilitate change in attitudes, beliefs, and behaviors. They must have a general knowledge of human behavior and specific knowledge about domestic violence, and they must have attitudes and behavior consistent with these guidelines.
 2. All PAIP direct service staff and supervisors must have completed the 40 hours of training consistent with the requirements of the Illinois Domestic Violence Act (750 ILCS 60) and an additional 20 hours of training in abuser services.
- 3.3s Supervision
- PAIPs must have written personnel policies and procedures. Supervision of PAIP facilitators must be provided by an individual who meets the required 40-hour training standard. PAIPs must include structured supervision of facilitators. Supervisors must have sufficient training and experience to provide oversight of the quality and effectiveness of service provisions. At a minimum, supervisors will observe facilitators in the group every six months. Supervision can be provided by an agency staff person, victim service agency, or another PAIP that has been approved under this protocol.
- 3.3t Program Innovation
- The development of effective intervention programs in domestic violence is an evolving process. In recognition of that, this protocol does not preclude innovation in the area of program development. Should a PAIP decide to develop a new program that initiates or incorporates a new approach, they are encouraged to do so and can be approved under this protocol with the following additional conditions to the application process:
1. Submission of a written plan and/or curriculum.
 2. Documentation of reasons for the different approach.
 3. Acceptance of additional monitoring.
 4. Acceptance of a time limit that includes the opportunity for evaluation.
 5. Submission of a process for evaluating the efficacy of the approach.
 6. Adherence to the principals of the protocol.
- 3.3u Geographic Locations
- PAIPs who wish to expand their services to new geographic sites will be expected to provide a new application for those sites. A letter documenting the ongoing relationship with the victim service provider in the new area and a letter of support from the judicial referral agency in the new area should accompany that application. “New site” refers to areas not currently within the catchment area of the victim service provider and judicial referral agency of the previously approved program.

3.3v Maintenance of Data

1. PAIPs must collect and maintain the following data in participants' files, unless otherwise noted:
 - a. age;
 - b. race;
 - c. address;
 - d. telephone number;
 - e. marital status;
 - f. children;
 - g. educational level;
 - h. employment;
 - i. income;
 - j. health history (including mental health);
 - k. source of referral;
 - l. if services are inappropriate, reason for referral to other services;
 - m. charge type;
 - n. description of offense;
 - o. date of intake;
 - p. assessment;
 - q. all signed releases of information (ROI);
 - r. signed contract;
 - s. date of program start;
 - t. attendance records;
 - u. case notes;
 - v. date of completion;
 - w. referrals to other agencies and purpose (with ROI);
 - x. record of payment;
 - y. Department of Children and Family Services contacts (if applicable);
 - z. arrest records*;
 - aa. police reports*;
 - bb. record of legal status (convictions, court dates, etc.)*;
 - cc. re-offenses and depositions, by category of offense*;
 - dd. if repeating the program, the number of times repeated*;
 - ee. correspondence with courts and others*;
 - ff. copies of court orders*;
 - gg. military history;
 - hh. current residential status.

*PAIPs do not always receive this information. If they have it, it must be maintained in participants' files.

2. PAIPs must aggregate and keep the following data in a statistical database:
 - a. number of referrals;
 - b. number of intakes completed;
 - c. number of participants refused entry, by category of determination;
 - d. number of participants referred to other resources, by category or referral;
 - e. number of participants re-arrested during program, by category of offense;
 - f. number of participants mandated into the program;
 - g. number of participants in program voluntarily;
 - h. number of participants in the program for the second time or the second offense;
 - i. number of participants completing the program;
 - j. language of participants by category.

APPENDIX

**PARTNER ABUSE
SCREENING TOOL**

Partner Abuse Screening Tool Version 1.0

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Introduction & Philosophy

This is a screening tool.

It was developed to assess the predominant aggressor in all types of abusive relationships. It is a gender nonspecific document and screens for victimization and perpetration at the same time.

Since this tool does not assume that one gender is a perpetrator or victim, special skill is needed to make an accurate determination. We are recommending that when assessing women, a team approach be used. Both victim services and perpetrator services should conduct the screening. It is also recommended that each decision be made in a team setting with representatives from victim services, abuser services, and the lesbian / gay / transgender / intersexed (LGBTI) community.

A very clear understanding of the dynamics of domestic violence victims and perpetrators is required. For example, perpetrators are known for their denial and minimization of the violence. They often present themselves as a victim and blame their partner for their abusive behavior. Victims on the other hand, are often quick to admit guilt and take responsibility for their behavior, minimizing the abuse they have experienced. Others are reluctant to see themselves as victims.

No simple guide can definitively tell you that you are working with either a perpetrator or a victim of domestic violence. This tool should be used in conjunction with additional available information including criminal history information, substance abuse/ mental health history, and any information from other sources that would shed light on who is the predominant aggressor.

Terms & Definitions

Domestic Violence & Partner Abuse- For the purpose of this document, domestic violence/ partner abuse/partner violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners. The purpose is to control the thoughts, beliefs, and/or conduct of one intimate partner by another. It occurs in the current or former dating relationships, and in married or cohabiting relationships of heterosexuals, gays, and lesbians.

If the abused partner is fearful of the violator, if their behavior is modified in response to the abuse or to avoid future abuse, or if the victim, despite their preference not to, intentionally maintains a particular consciousness or behavioral repertoire to avoid violence, then there is violence/ abuse. (Adapted from *Robin S. Nickle, MSW and The Family Violence Prevention Fund*)

Mutual Violence. Mutual violence implies an equal capacity among the partners. Domestic violence or partner abuse by definition must include the dynamic of power and control of one partner over another and a *pattern of abuse*. Therefore within a partner abuse context, violence/abuse can not be mutual. (Adapted from *D.R. Dolan-Soto, CSW*)

In instances where “mutual” violence is presented, a practitioner needs to assess for domestic violence / partner abuse. Again, if *partner abuse* is present, the violence *cannot be* mutual.

<i>Interviewer Name</i>	<i>Date of Interview</i>
-------------------------	--------------------------

Contact Information	<i>Name</i>
	<i>Addresses</i>
	<i>Street</i>
	<i>City</i> <i>State</i> <i>Zip Code</i>
	<i>Post Box</i>
	<i>City</i> <i>State</i> <i>Zip Code</i>
	<i>Email Address</i>
	<i>Okay to Receive Mail?</i>
	<i>Phone Numbers</i>
	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Messages <i>Okay To Call?</i> <input type="checkbox"/> TDD/TTY
<i>Special Phone Instructions</i>	
<i>Notes</i>	

Financial Information	<i>Employer</i>
	<i>Annual Income</i> <i>Medical Insurance?</i> <input type="checkbox"/> yes <input type="checkbox"/> no
	<i>Income Source</i> <input type="checkbox"/> General Assistance <input type="checkbox"/> Disability <input type="checkbox"/> Part-Time Job <input type="checkbox"/> Full -Time Job
	<input type="checkbox"/> Other
	<i>Length of Employment</i> <i>Job Title</i>
	<i>Are You Dependent on Partner's Income?</i> <input type="checkbox"/> yes <input type="checkbox"/> no
	<i>Is Your Partner Dependent on Your Income?</i> <input type="checkbox"/> yes <input type="checkbox"/> no
	<i>Notes</i>

Demogra	<i>Race / Ethnicity</i>		<input type="checkbox"/> African-American <input type="checkbox"/> Jewish	<input type="checkbox"/> Arab/Middle-Eastern	<input type="checkbox"/> Asian/Pacific Islander	
	<i>Your Age</i>					
	<i>Education Completed</i>		<input type="checkbox"/> Grade School <input type="checkbox"/> Trade School Professional Training	<input type="checkbox"/> High School <input type="checkbox"/> College	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other
	<i>Gender Identity</i>		<input type="checkbox"/> Female <input type="checkbox"/> Transgendered F-M	<input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> Transgendered M-F <input type="checkbox"/> Intersexed	
	<i>Sexual Orientation</i>		<input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay	<input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian <input type="checkbox"/> Unknown	
	<i>Are You Disabled?</i>		<i>Describe</i>			
	<i>Number of Children</i>			Number of Children Living in the Home	Who Is the Custodial Parent?	
	<i>Type of Residence</i>		<input type="checkbox"/> Homeless <input type="checkbox"/> Friends/Family <input type="checkbox"/> Owns House	<input type="checkbox"/> Apartment <input type="checkbox"/> Other	<input type="checkbox"/> Temporary Hotel	<input type="checkbox"/> Residential Hotel <input type="checkbox"/> Rented Room
	<i>Language of Service</i>					
	<i>Referral Source</i>					
<i>Referral Conditions & Requirements</i>						
<i>Before we begin, tell me what happened...</i>						

FEMALE PERPETRATORS OF HETEROSEXUAL PARTNER

ABUSE 25

Name of Alleged Victim in the Offense That Brings You to This Screening (Instant Offense)

Rel

Your Relationship to Victim/Survivor

- Lover / Partner Ex-Lover Roommate
 Husband Wife
 Care Giver Family Other
 Ex-Husband Ex-Wife
 Member

Kind of Abuse

- Psychological/Emotional Physical Sexual
 Threat of Physical Threat of Sexual Coercion
 Stalking Economic
 Control/Isolation

Length of Involvement

How Did You Meet?

Were you using drugs or alcohol at the time of the instant offense?

yes

no

Was your partner using drugs or alcohol at the time of the instant offense?

yes

no

Are you still involved with the individual?

When was your first abusive relationship?

Are you currently involved in any intimate relationship? Who and how many?

How often have police been involved in violence in which you were involved or witnessed?

Describe the most violent event between you and your partner?

What do you and your partner fight about most?

How do you deal with the end of a relationship?

Relationship & Social Support Information (continued)	<i>How does your partner deal with the end of a relationship?</i>
	<i>Have friends, neighbors, relatives, or co-workers expressed concern about your relationship?</i>
	<i>About your or your partner's safety?</i>
	<i>What did they say?</i>
	<i>What is/was your reaction to concerns expressed?</i>
	<i>Did you or your partner ever interfere in relationships with those who have expressed concern? How?</i>
	<i>What do you do to relax? Recreational activities?</i>
	<i>Other than time spent at work, how do you spend time when not in the company of your partner?</i>
	<i>Do you attend or engage in religious or spiritual practice?</i>
	<i>Are you afraid of your partner?</i> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/> Specifically when:
<i>Is your partner afraid of you?</i> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Always <input type="checkbox"/> Specifically when:	
<i>How has your experience of abuse affected you?</i>	

Medical Information	Are you currently, or have you ever been in counseling? <input type="checkbox"/> yes <input type="checkbox"/> no	
	<i>If yes, where?</i>	<i>What kind?</i>
	<i>Diagnosis?</i>	
	Have you ever been hospitalized for psychiatric reasons? <input type="checkbox"/> yes <input type="checkbox"/> no	
	<i>If yes, when and for what condition?</i>	
	Have you ever felt suicidal or attempted suicide? <input type="checkbox"/> yes <input type="checkbox"/> no [*]	
	* If yes for suicide ideation, proceed to <i>Suicide Risk</i> . Duty to warn and a referral may be appropriate.	
	<i>Are you taking any medications?</i>	
	<i>Any sleep or eating problems?</i>	
	<i>What drug(s) do you use or have you used?</i>	
	Are you concerned about your use of drugs or alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Has anyone ever expressed concern about your use of drugs or alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no	
	<i>When and where are you likely to use this (primary drug of choice)?</i>	
	<i>Why do you think you use (primary drug of choice)?</i>	
	Any history of drug or alcohol use in your family of origin? <input type="checkbox"/> yes <input type="checkbox"/> no	
<i>Notes</i>		

FEMALE PERPETRATORS OF HETEROSEXUAL PARTNER

ABUSE

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Legal & Agency Involvement Information

To what extent have law enforcement personnel ever been involved because of fighting or abuse?

In this incident, who called police?

In other incidents, who called police?

Is there now, or has there ever been, an Order Of Protection against you? Explain

Is there now or has there ever been an Order of Protection against your partner? Explain

Have you ever been arrested? Explain

To the best of your knowledge has your partner ever been arrested? Explain

Have you ever been Sentenced by a court for any crime? Explain (Sentencing Includes supervision, diversion, conditional discharge, probation, conviction)

Has your partner ever been Sentenced by a court for any crime? Explain (Sentencing Includes supervision, diversion, conditional discharge, probation, conviction)

Have you ever used a weapon in the course of a fight? (Describe Weapon)

Has your partner ever used a weapon in the course of a fight? (Describe Weapon)

Notes

FEMALE PERPETRATORS OF HETEROSEXUAL PARTNER ABUSE **29**

SEVERITY HISTORY & INDICATORS

What is your experience with any of the following in this or past relationships?

Activity	Past Relationship	Current Relationship	You Did	Partner Did	1 or 2 Times	3 Times or More
<i>Slap</i>						
<i>Grab</i>						
<i>Punch</i>						
<i>Kick</i>						
<i>Push to Ground</i>						
<i>Throw Objects</i>						
<i>Harm or Neglect Pets</i>						
<i>Threaten to Hit or Abuse</i>						
<i>Threaten to Sexually Abuse</i>						
<i>Express Intense Jealousy</i>						
<i>Threaten to Kill</i>						
<i>Force or Pressure to Have Sex</i>						
<i>Threaten to Leave</i>						
<i>Threaten to Commit Suicide</i>						
<i>Use Racial Slurs</i>						
<i>Steal</i>						
<i>Damage Property</i>						
<i>Disrupt School/ Employment/ Other Activities</i>						
<i>Choke</i>						

SEVERITY HISTORY & INDICATORS *(continued)*

Activity	Past Relationship	Current Relationship	You Did	Partner Did	1 or 2 Times	3 Times or More
<i>Force Economic Dependence</i>						
<i>Expect Financial Support</i>						
<i>Supervise or Prescribe Spending</i>						
<i>Drive Recklessly</i>						
<i>Withhold Medical Treatment</i>						
<i>Physically Violent to: Parents / In-Laws / Relatives Friends Siblings Strangers Children</i>						
<i>Accuse of Infidelity</i>						
<i>Interrogate about Routine Activities & Associations</i>						
<i>Bite</i>						
<i>Threaten to expose mental health or medical status</i>						
<i>Threaten to Expose Sexual Orientation or Gender Identity (Outing)</i>						
<i>Threaten Friends or Family</i>						
<i>Threaten with Weapon</i>						
<i>Prevent From Eating or Sleeping</i>						
<i>Physically Injure (no medical attention)</i>						
<i>Physically Injure (requiring medical attention)</i>						
<i>Attempt to Kill</i>						

SEVERITY HISTORY & INDICATORS (*continued*)

Activity	Past Relationship	Current Relationship	You Did	Partner Did	1 or 2 Times	3 Times or More
<i>Scream At</i>						
<i>Denigrate Sexual Orientation or Gender Identity</i>						
<i>Call Names</i>						
<i>Pout or Withdraw Affection</i>						
<i>Stomp Out in the Middle of an Argument</i>						
<i>Say You Could Not Spend Time With People</i>						
<i>Force Into Illegal Activity</i>						
<i>Burn</i>						
<i>Tear Clothing</i>						
<i>Restrict Activities</i>						
<i>Make Intimidating Looks or Gestures</i>						
<i>Refuse to Practice Safer Sex</i>						
<i>Stalk</i>						
<i>Harass</i>						
<i>Pull Hair</i>						
<i>Lie</i>						
<i>Leave Lots of Phone Messages</i>						
<i>Constant Criticism</i>						

SEVERITY HISTORY & INDICATORS (continued)

Activity	Past Relationship	Current Relationship	You Did	Partner Did	1 or 2 Times	3 Times or More
<i>Make Fun of Physical Appearance</i>						
<i>Force Sex or Intercourse</i>						
<i>Out Partner to Friends, Family, Employer</i>						
<i>Withhold or Restrict Food</i>						
<i>Interfere with Ability for or Means to Continue or Seek Employment or School</i>						
<i>Use Torture in the Course of Fight with Partner</i>						
<i>Act with Violence Toward Friends, Family</i>						
<i>Act with Violence Toward Partner in Public Place</i>						
<i>Act in Self-Defense</i>						
<i>Use Children to Control</i>						
<i>Refuse to Honor Sado/Masochistic (SM) Agreements or Safe Words</i>						
<i>Force Into Drugs, Prostitution</i>						
<i>Threaten to Contact Immigration</i>						
<i>Threaten to Call Child Protective Services with a False Report</i>						

FEMALE PERPETRATORS OF HETEROSEXUAL PARTNER

ABUSE

Self Assessment Summary

Why do you think you're here today?

What are your reactions to some of the questions I introduced here?

What do you perceive to be your greatest strengths?

Is there anything else I should know about you, your partner, or your situation that you want to share?

Screener Impressions: Perpetration Indicators	<i>Vague about the details of the violence?</i>
	<i>Displeased with partner for not responding as desired despite their efforts?</i>
	<i>Pursues contact with partner despite partner's distancing behaviors?</i>
	<i>Responds to partner with anger, aggression, jealousy, in assertion of their needs within relationship?</i>
	<i>Expresses partner as responsible for the violence?</i>
<i>Focused on meeting own needs?</i>	
<i>Asserts their role as the victim in the relationship?</i>	

Suicide Risk indicators	No Risk	Moderate Risk
	No plan No means readily available No commitment to act; able to review other options Is upset but is able to vent and gain insight through owning his/her feelings	Plan may or may not be detailed Means are not readily available; does know where the means can be obtained Options seem limited; doesn't know where to turn; beginning to "see no way out" May be intensely distraught or confusingly detached from his/her situation – presenting his/her case logically or rationally
	Low Risk	High Risk
	Plan is ambiguous; no real details but has been thinking about it for a while Means are not readily available Options are beginning to close but is hopeful that talking may help; wants help Upset verging on despair; able to share feelings; sounds victimized	Plan <i>may</i> or <i>may not</i> be detailed or well thought out Has the means <i>now</i> within his/her possession as you are speaking with him/her Exhibiting tunnel vision – there in <i>no</i> other solution <u>or</u> Wants to receive help but has already begun to act (such as has taken pills); exhibits fluctuations in affect; hysterical laughter; blunted affect – no emotion; sense of resolution; disorientation or disturbances in thinking (such as hallucinations) due to drugs, including alcohol, or psychotic episode.

Resources & References

Screening Tools Resourced

Community United Against Violence
 Domestic Abuse Project (DAP), Minneapolis
 National Coalition of Anti-Violence Projects
 New York City Anti-Violence Project
 STOP Domestic Violence Partner Abuse Program, Los Angeles

Participating Organizations, Agencies, Programs, Committees

ADV/SAS
 Battered Women's Network
 Chicago Abused Women Coalition
 City of Chicago *Domestic Violence HelpLine & Mayor's Office on Domestic Violence*
 Cognition Works
 Cook County State's Attorneys Office
 Cook County Adult Probation
 Cook County Social Services
 Family Counseling Services of Aurora
 Friends of Battered Women & Their Children
 Harbor House
 Horizons' Community Services *Anti-Violence Project*
 Illinois Clemency Project for Battered Women
 Illinois Department of Human Services *Domestic Violence Advisory Council Committee*
 Mujeres Latinas En Accion
 Northwestern University Law School Clinic
 Pride Institute
 PHASE/ WAVE
 Safe Passage
 Wellpath
 Will County Mental Health & Addictions
 YWCA Danville
 YWCA of Metropolitan Chicago, LGBT Program

Articles Resourced

Dolan-Soto, D.R., CSW. *Screening and Assessment of Victims/Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGBT) Domestic Violence*. 2000.
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 Nickel, Robin S., MSW. *Same-Sex Partner Abuse Assessment Training*.
 Zemsky, Beth, MAEd. *Screening for Survivor Services*