Ethical Partner Contact in Abuse Intervention

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Defining Partner Contact

Any communication by the Abuse Intervention Program (or affiliated service providers) with the identified victim or other relationship partner(s) of AIP clients

- Usually implies proactive contacts initiated by the AIP or service partners, but can also refer to responses when the partner contacts the AIP

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Different Terms

- Partner Contact
- Victim Contact
- Partner Outreach
- Victim Outreach
- Partner Engagement

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Questions

How many of your programs engage in proactive partner contact by AIP staff?

How many utilize an affiliated service provider to conduct partner outreach?

For how many is partner contact a routine practice for all (or almost all) AIP clients?

For how many is the contact discretionary (for only some clients)?

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Why This Topic?

Difficult aspect of AIP practice

Providers vary widely in their opinions about it

Wide variation in state guidelines and standards

My views shifted dramatically over 25 years as an AIP program director

from a focus on the AIP client toward a focus on victim service

Can partner contact extend the positive impact and value of AIP work?

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Purpose or Goals of Partner Contact

For those of you who believe that this is a useful or valuable part of AIP work, what do you see as the main purpose or goals of partner contact?

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What is the purpose of partner contact?

- To provide resource information to victims
- To provide victims with information about the AIP
  - General info (e.g., program can't guarantee success or safety)
  - Program-specific info (e.g., fees, meeting times, program philosophy)
- To express / demonstrate concern for the victim's welfare
- To assess victim safety and conduct safety planning
- To provide follow-up information about AIP completion or dropout

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What is the purpose of partner contact?

- To provide partners with agency / influence in the AIP work
  - Engage partner in assessing AIP client's risks and intervention needs
  - Create a ongoing line of communication between partner and AIP providers

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Other potential uses of partner contact (more controversial)

- To obtain assessment data on the AIP client, e.g.,
  - Severity of abuse
  - Risk / victim fear level
  - Problem areas that AIP clients may deny or minimize
    - *Substance use / abuse*
    - *Threats*
    - *Stalking*
    - *Harm to children or others*

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Ethical and Practical Complexities of Partner Contact

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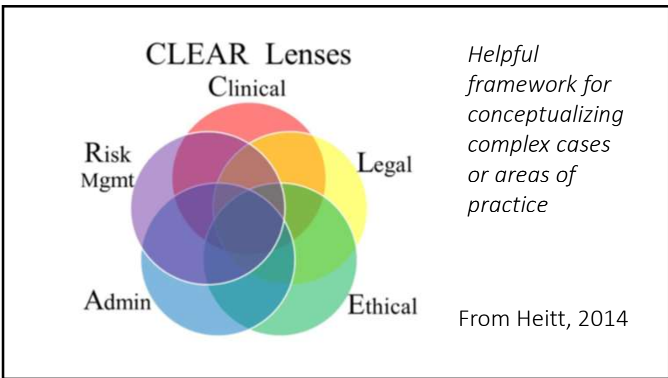

Helpful framework for conceptualizing complex cases or areas of practice

From Heitt, 2014

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Legal Dimensions of Partner Contact

Tarasoff precedent = duty to act to protect potential victims from harm caused by our clients
- Sometimes labeled "duty to warn"

Specific laws / regulations vary by state regarding:
1) Who is a responsible provider (who has this duty)
2) The conditions that invoke this duty
3) The ways in which the provider can discharge or fulfill this duty

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Sample "Tarasoff" Law from Maryland

In my state, the law applies if the licensed provider …

- knew of the client's propensity for violence and
- the client indicated to the provider their intention to inflict imminent physical injury upon a specified victim or group of victims through speech, conduct, or writing

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Ethical Dimensions of Partner Contact

Professional ethics codes encourage efforts to maximize benefits and minimize harm to clients and others

For example, the APA psychology ethics code:

- Requires us to safeguard the welfare and rights of those with whom we interact professionally *and other affected persons*

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Ethical Dimensions of Partner Contact

Clients have a known / identified propensity for violence

There is typically one or more potential victim who can be readily identified

Although *imminent threats* are rare, we know that there is an *ongoing potential for violence* over time

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Ethical Dimensions of Partner Contact

Although we may not have a *legal* obligation to act, do we have an *ethical* obligation to try to minimize harm by promoting the safety and well-being of potential known victims?

Should this involve *proactive efforts* to reach out to them (rather than only *reactive efforts* if an imminent threat is made)?

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Example Administrative Concerns

Can the AIP effectively complete partner contact? (resources)

Who should do the contact?

(training; competency)

How do we assure victim safety during the actual contact?

How is victim confidentiality protected?

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Example Clinical Concerns for Work with the AIP Client

If information about the abusive client is collected or volunteered by the partner…

Is that information shared with (or known by) the AIP provider working with the abusive client?

How can that information be used safely to provide services to the AIP client?

Does having that information enhance AIP effectiveness?

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"Clinical" Concerns for the Partner

- Note that the partner is not our "client" for services
- We generally think about helping partners *indirectly* through encouraging the AIP client to change (or by promoting social / community change)
- Can AIP's enhance partner well-being, safety, and autonomy *directly* through
  - Supporting their safety plans and strategies
  - Gently encouraging them to utilize available supports
  - Effectively connecting them with desired resources
  - Providing space for them to express their perspectives on the AIP client's needs and the effectiveness of the AIP services

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Research on Partners of Men in Abuse Intervention Programs

Help-Seeking and Needs Assessment

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Studies of Help-Seeking by Partners of Men in Abuse Intervention Programs

- Data gathered at the time of AIP intake show …
  - Less than 25% of partners have ever received domestic abuse counseling
  - Less than 10% have ever used shelter services
  - 25-30% have never sought any formal help (from courts, DV agencies, etc.)
  - Psychiatric medication is the most common form of help received

Gondolf, 1998; Nnawulezi & Murphy, 2019; Murphy, Nnawulezi & Ting, 2022

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Partner Help Seeking May be Influenced by the Abusive Client's Change Process

Women who reported that the abusive partner was *unmotivated to change* or *was making significant progress* were unlikely to seek out new help after the initiation of AIP

Women who reported that the abusive partner was *working on things but had more work to do* were most likely to seek help for themselves

Murphy et al. 2022

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Example Needs that Partners of AIP Clients Experience

A) Financial and Tangible Support Needs
- No child support; challenges with living expenses after separation or divorce; need for employment, education, childcare, etc.
- Practical needs usually take precedence over emotional / healing needs

B) Emotional / Mental Health / Healing Needs
- E.g., about 50% have diagnostic levels of PTSD symptoms

C) Support with Complex Decisions (e.g., leaving relationship)
- time to think, someone to talk with, no pressure to make any specific decision; perspectives on AIP and possibility of change

D) Flexible and Accessible Support Services
- e.g., challenges with police and legal interventions

Taft et al., 2005; Norwood & Murphy, 2012; Jumarali et al., Nnawulezi et al., 2022; Nnawulezi et al., under review

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Reasons That Partners Do Not Seek Help

Survivors appreciate being informed about available resources but have many reasons why they do not reach out for this help

Not defining their problem as abuse, or themselves as abuse victims / survivors

Practical demands

Match between needs and type(s) of help offered
- Needs other than emotional support and healing are more pressing

Concerns about the type of support provided by DV organizations

Gondolf, 2002; Nnawulezi et al., under review

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What do State Standards Say about Partner Contact?

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What do State Standards Say

Early reviews on the topic stated that 93% of states require, encourage or allow partner contact (Maiuro & Eberle, 2008)

However, this glosses over wide variation in how this topic is presented and limited amount of detail provided in many state standards

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Figure 1: Map of State Victim Contact Standards[5]

From Davis & Wu, 2020, Center for Court Innovations

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Data from a Prior Standards Review
(Flasch et al., 2021)

TABLE 3. Confidentiality and Victim Contact

Confidentiality and Victim Contact	Number of States	Percentage of States
Provide resources to victim/safety plan	22	50.0%
Victim contacts when there is a potential threat from perpetrator	21	47.7%
Victim contacted when perpetrator enrolls in program	15	34.1%
Victim contact documentation must be in separate file	12	27.3%
Contact victim for regular safety checks	4	9.1%
Victim completes violence assessment at the end of BIP to measure effectiveness of BIP	1	2.3%
Not stated	7	15.9%

Note. Several state standards listed multiple criteria for victim contact. Percentages based on 44 states.

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State Standards Review (Work in Progress)

- Identified standards or guidelines for 47 of 50 states
  - None found for Mississippi, Pennsylvania and South Dakota
- Extracted material specifically focused on victim / partner contact
- Data are rough estimates due to our method and ambiguities, e.g.
  - Aspects that are required versus recommended or "best practice" guidance
  - Guidelines may state that victims should be made aware of things (e.g., resources) with no guidance on who should provide that information or how

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State Standards Review: Big Picture

- Very few explicitly describe the purpose / goals of partner contact (often implicit based on topics / procedures)
- Almost all highlight victim safety as a key consideration in AIP
- Provide general guidance on *how* to promote victim safety
  - Work closely with victim service providers
  - Notify authorities and warn victims when threats are made
  - Maintain victim confidentiality
  - If information is obtained from victims keep it in a separate file not accessible to the abusive client
  - Never coerce or pressure victims to participate

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State Standards Review: Is Partner Contact Required, Encouraged, or Discouraged?

- About 1/3 of state standards require or encourage partner contact when the abusive client initiates AIP
- Some state standards provide limited guidance, focus only on duty to warn (threats), or allow contact based on agency / provider discretion
- In 4 states AIP/BIP staff are discouraged or prohibited from initiating victim / partner contact
  - But may allow for collaborative organizations to provide outreach

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Who Should Conduct the Partner Contact?

Addressed in Guidelines for 20 States	N	%
AIP Staff	9	45%
AIP Responsible but can Collaborate with Victim Service Provider	4	20%
AIP in Collaboration with Victim Service Provider	3	15%
Someone Other than the AIP Service Provider	1	5%
Victim Service Provider Only (e.g., through MOU)	3	15%

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When Should Partners be Contacted?

Addressed in Guidelines for 20 States (multiple options possible)	N	%
At AIP Enrollment or After Initial Assessment	16	80%
Part Way through the Program	3	15%
At Program Completion, Discharge, or Termination	7	35%
Never	3	15%

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Preferred / Suggested Modes of Contact

Addressed in Guidelines for 16 States (multiple options possible)	N	%
Phone	11	69%
Mail	9	56%
Face-to-Face, Group, or Orientation Session	6	38%

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Topics for Victim Notification about AIP Client

Addressed in Guidelines for 31 States (multiple options possible)	N	%
Program Admission / Initiation of Services	12	39%
Denied / Declined Admission	10	32%
Program Attendance	9	29%
Status and Behavior in Program	8	26%
Suspension / Termination	21	68%
Program Completion	12	39%

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Topics or Information to Provide to Partner

Topic / Activity	N
AIP has limitations / can't guarantee safety or change	26
AIP philosophy / goals / purpose / expectations ("orientation")	18
AIP policies (attendance, fees, requirements, schedule)	10
Participant is responsible for their behavior / victim is not	9
Participant may escalate abuse or distort program information	3
AIP should convey risk assessment findings to partner	4

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Common Suggested or Required Activities

Topic / Activity	N
Help partner create a safety plan	19
Provide information about available resources and services	22
Do not pressure or coerce partner to participate in any way	19
Warn victim and/or contact authorities of violent threats	24
Maintain victim confidentiality	29

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Conclusions Regarding State Standards

- Prior reviews may have overstated the expectations for partner contact and the specific guidance provided
- Comprehensive guidelines are uncommon
  - Massachusetts standards are a clear exception
- Although victim safety and confidentiality are commonly addressed, this is ***not*** generally framed as a ***victim service***
- Practice can be better informed by evidence and research on partners of AIP clients

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Topics Addressed by the Massachusetts Standards

- Purpose and goals
- Need for written policies
- When victim contact is conducted
- Who should be contacted
- How (through secure methods)
- Training for those conducting the contact
- Information to provide to the victim / partner
- Information to request from the victim / partner
- Storage of information / confidentiality

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Recommendations: Evaluating the Benefit of AIP and Partner Contact to Partners

As a function of the clients' participation in AIP does the partner ....

- Feel safer?
- Experience greater autonomy and agency?
- Experienced improvements in mental health and well-being?
- Feel understood and supported by the AIP?
- Have sufficient information about the AIP (e.g., have all of their questions about the AIP been answered)?
- Feel comfortable and confident about the AIP services offered?
- Know what supports and services are available for themselves?
- Have the ability to access supports and services they deemed necessary?

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Recommendations

- Have a clear policy that addresses the purpose and goals of partner contact; when and how partner contact is completed; and how providers are trained
- Work closely with victim support program(s) and other resources
- Follow your state guidelines; advocate to change them if you believe they require or encourage unhelpful, unethical, or dangerous practices

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Recommendations

- Broaden our conceptualization of the potential added value of partner contact for AIP impact
- Consider developing new approaches such as peer and community advocacy

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