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Behavioral Health and Domestic Violence: Toward Evidence-Based Practice

Liz Cantor, Ph.D.

Evidence suggests that the “one-size-fits-all” approach, as commonly used, to treating batterers and their victims is not appropriate given the important differences among batterers and among victims that have critical implications for a range of outcomes. We know enough about batterers, their victims, and the effectiveness of existing treatment efforts to make informed and educated decisions about how best to intervene. The following highlights of research findings have direct implications for how behavioral health services should be delivered.

Important findings regarding batterers:

- There is a group of batterers who demonstrate sociopathic tendencies, who are resistant to traditional treatments, and who are the most likely to reassault their partners.
- A large proportion of men who batter also exhibit substance/alcohol abuse or other psychiatric disorders that require treatment.
- Specific interventions aimed at engaging and maintaining batterers in treatment are effective for retention efforts.
- Stage of change predicts staying in, and benefiting from, batterer’s treatment.
- Individual and couples’ substance abuse/alcohol treatments for mild to moderately violent husbands are effective for decreasing substance/alcohol abuse, decreasing violence, and improving children’s functioning.

Important findings regarding women victims:

- Many battered partners would prefer to stay with their partner than leave for a variety of reasons, including emotional attachment.
- Many battered partners would prefer to leave their partners but do not do so because of financial dependence, poor “life skills,” or other stressors (such as psychiatric disorders, substance abuse, or lack of social support) that decrease the victim’s ability or willingness to live independently; those who wish to leave and do so often undergo multiple separations before leaving for good.
- Women victims are likely to need both physical and mental health assessments, and both advocacy and therapeutic intervention efforts are most effective when they are tailored to address the woman’s individual needs.

Important findings regarding children:

- Children who witness domestic violence are at increased risk for a range of behavioral, social, and academic problems and for being victims of multiple forms of violence.
- Children are likely to need both physical and behavioral assessments given the large proportion of child witnesses who are also physically abused.
- Assessments, safety planning, and behavioral interventions must be implemented with the child's specific presentation and needs in mind; they must be developmentally appropriate and sensitive to the child's strengths and weaknesses.
- Children tend to benefit more from mental health, behavioral, and trauma treatment interventions when their mothers are also involved in treatment that focuses on improving parenting skills and strengthening the parent-child relationship; parent training is especially important for children with disruptive behaviors.

Important findings about service delivery systems:

- When services are better coordinated and when batterers and victims receive more of the services and interventions that they need, there is a demonstrable benefit in terms of both reduced violence and improved functioning for everyone in the family.
- Coordination of services requires communication between systems but also education and training that allow systems to work together in more seamless and effective ways (e.g. the Child Development-Community Policing model).

Recommendations

Given these findings, there are several general recommendations that can be made in the area of behavioral health and domestic violence, although existing service providers will have to determine how to integrate findings within their own systems. Recommendations are intended as steps toward improving services to these families and answering questions providers may have about how to work toward a "best practices" model of service.

Recommendations for batterers and BIPs

- Before beginning a general BIP, batterers should be routinely screened and evaluated for lethality, substance use, psychopathology, and stage of change.
- Supplemental treatment(s) for substance abuse or other psychiatric conditions should be provided where necessary.
- BIPs should be tailored to specific populations; it should not be assumed that there is only one appropriate program for all batterers. Batterers who are more reluctant and less ready to change might, for example, benefit from pre-treatment efforts focusing on motivation. Batterers who are more lethal and who have longer histories of violence might do best in a highly structured program that provides intensive monitoring and implements harsher consequences for noncompliance.
- Retention efforts (e.g. phone calls, letters) should be made in order to maximize the chance that a batterer will stay and complete treatment.
- Careful monitoring by the criminal justice system of treatment compliance is important for all batterers, and noncompliance should be dealt with swiftly and with sufficient severity to achieve compliance and safety.

Recommendations for women victims

- Women victims would benefit from individualized and comprehensive advocacy and support services. Relevant training and support for achieving financial independence and learning basic “life skills” are critical.
- Women victims should be screened for physical (e.g. brain injury), mental health, and substance abuse problems, and treatment(s) should be tailored to the woman’s individual symptom presentation and goals.
- It must be acknowledged that many women do not want to leave their abuser although they want the violence to stop. In cases where the couple is committed to staying together, and there is no report of severe violence (with or without alcohol involvement), behavioral couples therapy, *with a trained behavioral couples therapist*, should be considered a treatment option.

Recommendations for child victims/witnesses

- Children need to be assessed for both physical and behavioral effects of violence, and professionals must be aware of the likelihood that child witnesses have experienced other forms of violence as well. (See Appendix A for more information regarding child assessment).
- Child assessments and interventions should be developmentally appropriate and they must take into account that behavioral and mental health symptoms are likely to peak during a crisis and, therefore, may not be representative of the child’s general functioning.
- Safety planning **MUST** consider the needs of the child and not just the mother.
- Individual or group therapy might be helpful for children who need emotional support, education, or an outlet for emotional expression, but *parenting interventions are clearly indicated and recommended* to address child behavior problems, especially disruptive behavior.

Recommendations for coordination of services

- Services for batterers and their families should be, as much as possible, individualized, comprehensive, and coordinated.
- Service agencies and academic researchers (especially *local* researchers) should establish ongoing communication in order to facilitate both subject recruitment and appropriate treatment referrals.