

WELCOME TO DOMESTIC VIOLENCE INTERVENTION PROGRAMS Legal and Medical Aspects

Annual Domestic Violence Conference

Abingdon, VA

October 2, 2026, 12:45 p.m. to 2:00
p.m.

SPEAKERS

- H. Lee Chitwood, Judge,
Pulaski County Juvenile
and Domestic Relations
District Court



- Dr. Keith E. Fender,
Ph.D., LCSW, CSOTP,
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Blue Ridge Counseling,
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LEARNING OBJECTIVES

In this session we will:

- Review the basic dynamics of domestic violence,
- Discuss a community-wide response to DV, and
- Discuss the relationship of the courts with BIP Providers.

LEARNING OBJECTIVES

- The Risk Need Responsivity Model
- Clinical Components of Domestic Violence Risk Assessment
- Correlation Between Mental Health Disorders and Domestic Violence
- Correlation Between Substance Use and Domestic Violence
- The Differences in Anger Management vs DVIP's.
- Certified Domestic Violence Intervention Programs



WHAT IS DOMESTIC VIOLENCE?

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(BEHAVIORAL DEFINITION)

- The U.S. Department of Justice, Office on Violence Against Women defines domestic violence as:
- “a **PATTERN** of abusive behavior in any relationship that is used by one partner to gain or maintain **POWER** and **CONTROL** over another intimate partner.”
- Domestic violence is NOT a single event.

◦Domestic violence is NOT a single event.

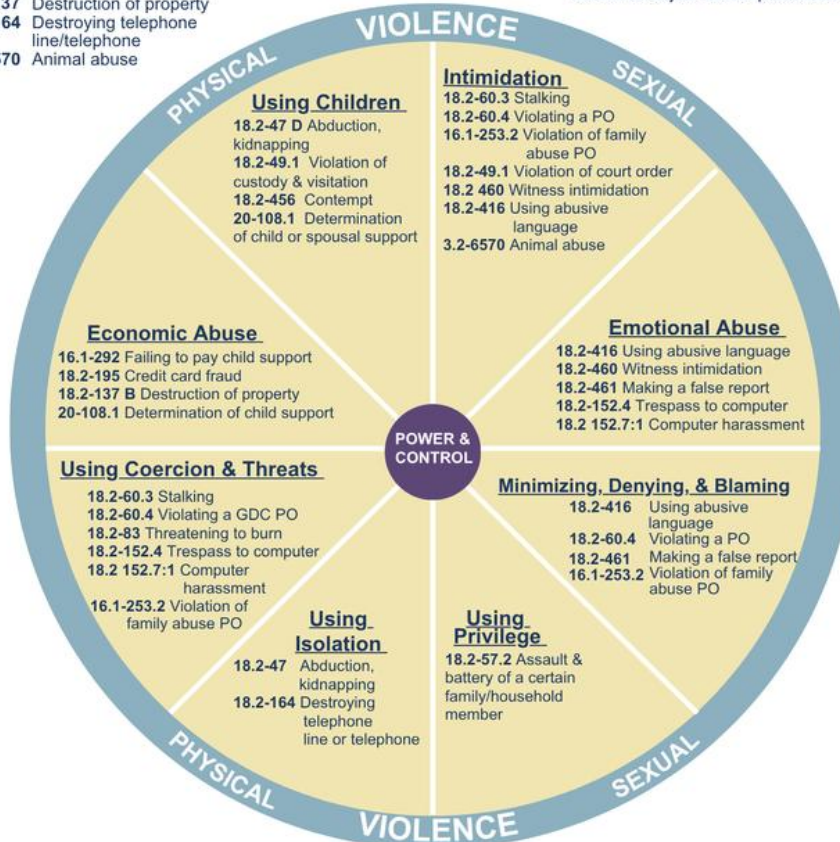
Power and Control Wheel with State Statutes for the Commonwealth of Virginia

CRIMES OF PHYSICAL VIOLENCE:

- 18.2-47 Abduction
- 18.2-26 Attempted homicide
- 18.2-32 Homicide
- 18.2-51 Malicious wounding
- 18.2-51.6 Strangulation
- 18.2-57.2 Assault & battery of a certain family/household member
- 18.2-77 Arson
- 18.2-89/90/91 Breaking & entering
- 18.2-119 Trespass
- 18.2-137 Destruction of property
- 18.2-164 Destroying telephone line/telephone
- 3.2-6570 Animal abuse

CRIMES OF SEXUAL VIOLENCE:

- 18.2-47 Abduction
- 18.2-61 Rape
- 18.2-63 Carnal knowledge 13-15
- 18.2-67.1 Forcible sodomy
- 18.2-67.3 Aggravated sexual battery
- 18.2-67.4 Sexual battery
- 18.2-67.4:2 Sexual abuse of child under 15
- 18.2-67.5 Attempted rape, etc.
- 18.2-90 Entering dwelling with intent to commit murder, rape, robbery or arson
- 18.2-67.2 Object sexual penetration



The following crimes might fit any of these behaviors listed on the wheel:

- 16.1-253.2 Violation of a family abuse protective order
- 18.2-415 Disorderly conduct in public places
- 18.2-57.2 Assault and battery against a certain family or household member
- 18.2-90 Entering dwelling with intent to commit murder, rape, robbery, or arson

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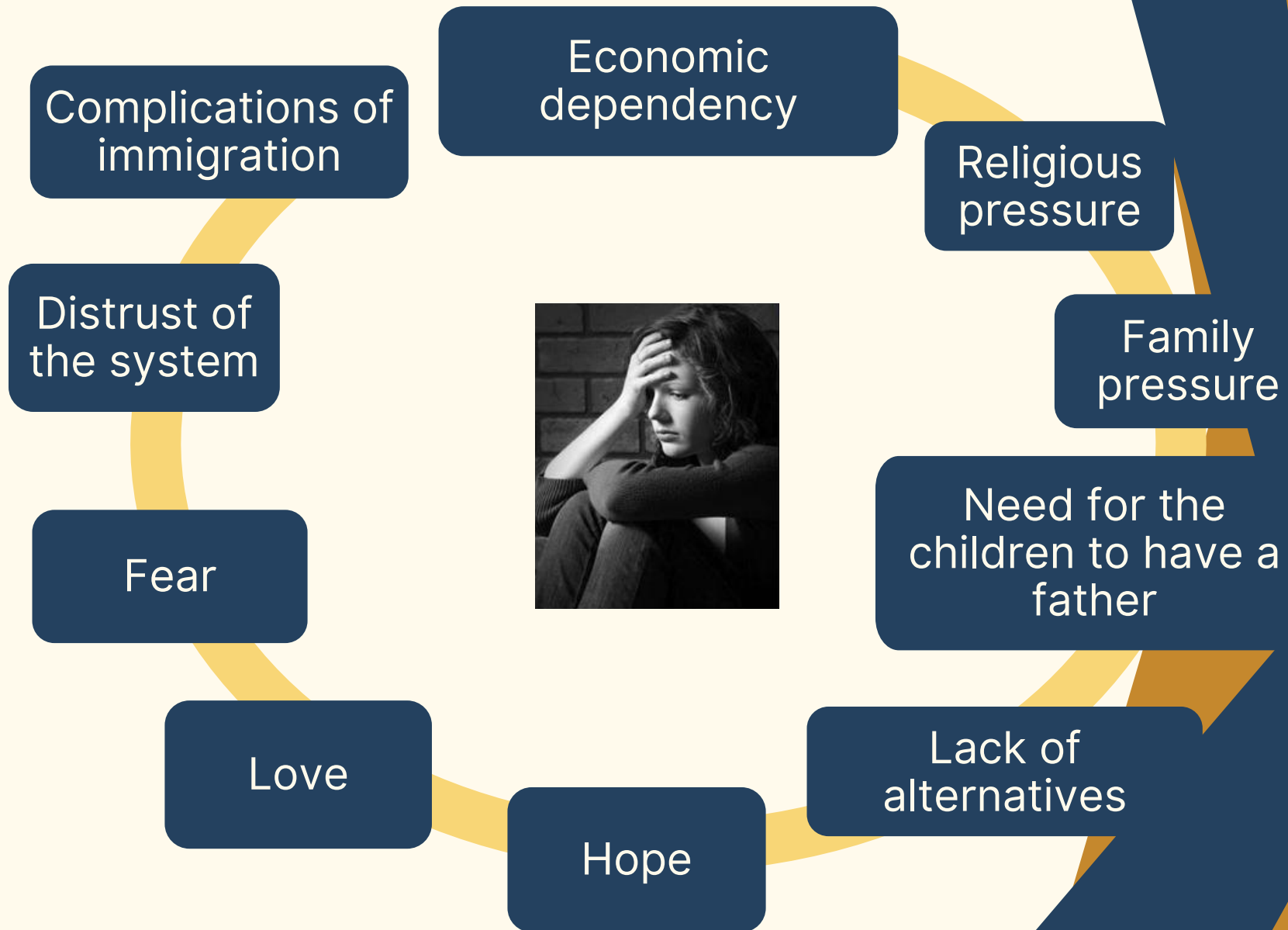
CONTEXT IS KEY

- Who is doing what to whom, why, and with what impact?
- Don't confuse self-defense or a situational act with the pattern of domestic violence.
- Some victims use unlawful acts to pre-empt future violence.

Remember: domestic violence is an extremely gendered crime; while men are the victims of domestic violence, 75-90% of the victims are female.

**Despite all we
have learned, we
continue to
blame the
victims.**

“WHY DOESN'T SHE JUST LEAVE?”



THE DECISION TO STAY OR LEAVE IS DIFFICULT, COMPLICATED, AND DANGEROUS

- LEAVING IS NOT A SIMPLE MATTER.
- **Victims are constantly weighing the pros and cons for leaving and staying.**
- THE ABUSE DOES NOT ALWAYS STOP AFTER LEAVING.



- IT CAN BE VERY DANGEROUS TO LEAVE AN ABUSIVE RELATIONSHIP!
- **Women who leave their abuser are at a higher risk (75% greater risk) of being killed than those who stay.**



(Tjaden & Thoennes, 2000)



- Many people living in abusive relationships do leave (more than 50%).
- On average, a woman will leave an abusive relationship 7 times before she leaves for good.
- Leaving is a process.

**DOMESTIC
VIOLENCE**



**INSTEAD OF
BLAMING VICTIMS,
WE NEED TO
UNDERSTAND
BATTERERS.**

SOME CHARACTERISTICS OF BATTERERS

- They feel entitled-they make the rules.
- Separation or challenge to authority may trigger their behavior.
- They are possessive and extremely jealousy.
- They are controlling.
- They blame others.
- They believe in their own good intentions.
- They see themselves as victims.
- They are often outwardly calm and cooperative

BATTERERS ABUSE SYSTEMS

- Courts and legal systems-repeated filings, failure to pay child support, cross warrants, retaliatory petitions for protective orders
- Child protection-frivolous complaints to DSS, calls to LEO for “welfare checks.”
- Suggesting or demanding victim supervise visitation or appear personally at exchanges
- Demanding Court order family therapy, mediation, or couples counseling

ERRORS IN THINKING COMMON IN DV OFFENDERS

- This is BS
- This is just a money racket, a way for the court to make money
- I don't even know why I'm here
- I'm the real victim here
- The officer that arrested me said I didn't do anything, but he had to arrest someone
- I only...(fill in the blanks) pushed her so I could get away; hit her one time; held her down to make her stop
- The victim didn't even want to press charges



WHY IS IT IMPORTANT TO WORK WITH THOSE RESPONSIBLE FOR THE VIOLENCE?

WHY WORK WITH BATTERERS?

- Many survivors want us to work with the batterers; they just want the violence to stop.
- The batterer's children want us to.
- We overlook a significant opportunity to increase safety for the entire family.
- We may miss an opportunity to support change and healing.
- The proper treatment can be effective.

It starts with A CCRT

1. We must have all
players at the table.



2. We must problem
solve.



3. We must focus on
offender accountability
and victim safety.

Court Structure

No cattle calls - we value the time of all participants.

The building itself is safe.

Everyone is treated with respect.

Appropriate Treatment

1. No anger management.

2. No required programs
for victims.

3. Appropriate treatment
for offenders.

Compliance is Key

1. Routine, structured reviews.
2. Quick resolution for non-compliance
3. Appropriate sanctions

Communication is Essential

1. Court to probation.
2. Probation to provider.
3. Provider to probation and the Court.

APPROPRIATE RISK ASSESSMENT & TREATMENT

Couples Counseling / Family Counseling

- **Inappropriate if physical
violence is present**
- **Inappropriate as a primary
mode for DV Offender
Treatment**

APPROPRIATE RISK ASSESSMENT & TREATMENT

- Controversial Treatment Approaches
- Anger Management – Ineffective and may increase lethality
- You can't teach anger management skills to an individual that is making a choice to be violent or not be violent based on a worldview that is inherently flawed
- No motivation to change a problem that they do not see
- No internal motivation to change
- Regarding anger management as a treatment modality for DV Offenders, something is not better than nothing!

APPROPRIATE RISK ASSESSMENT & TREATMENT

- **Treatment Approaches Supported By Research**
 - Trauma Informed
 - Motivational Enhancement Therapy – Motivational Interviewing
 - Cognitive/Behavioral
 - Co-existing treatment for substance abuse and mental health issues
 - Appropriate treatment interventions must attend to the clinical complexities that contribute to dv risk.

INCORPORATE MOTIVATIONAL INTERVIEWING

- Express Empathy
- Ask Open Ended Questions
- Affirm positive talk and behavior
- Reflect what you are hearing and seeing
- Have the individual summarize what has been said and their strengths
- Convey that there is no justification or excuse for choices to abuse
- Listen for lethality risks

WORKFLOW

Referral received – Court Ordered,
DSS, Attorney, Self-Referral

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graph TD; A[Referral received – Court Ordered, DSS, Attorney, Self-Referral] --> B[Intake & Initial DV Risk Assessment]; B --> C[Review Findings]; C --> D[Treatment & Risk Management Recommendations]; D --> E[Send Risk Assessment & Monthly Reports to Referral Source];
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The flowchart consists of five dark blue rectangular boxes with white text, arranged in a descending staircase pattern from top-left to bottom-right. Each box is connected to the next by a yellow arrow pointing downwards and to the right. The background features abstract geometric shapes in dark blue and gold on the right and bottom edges.

Intake & Initial DV Risk Assessment

Review Findings

Treatment & Risk Management
Recommendations

Send Risk Assessment & Monthly
Reports to Referral Source

RISK-NEED-RESPONSIVITY MODEL (RNR)

- RNR model offers a structured approach to reducing recidivism by evaluating offenders according to their risk levels, identifying necessary programs or services, and placing them in suitable settings based on their unique, individualized risk factors and treatment needs.
- One size does not fit all
- Something IS NOT Better Than Nothing

- Risk Assessment Must Include:
 - Mental Health Assessment
 - Substance Use Assessment
 - Actuarial Risk Analysis Specific To DV
 - Static versus Dynamic Risk Factors – (SARA – ODARA)
 - Acute Risk Factors
 - Lethality Indicators
 - Risk Management and Treatment Recommendations must respond to the risk factors identified in the domestic violence risk assessment. The failure to address any of the risks identified during the assessment may **increase** the likelihood of re-offense as well as lethality risks.

CLINICAL COMPONENTS OF DV RISK ASSESSMENT

MENTAL HEALTH DISORDERS & DOMESTIC VIOLENCE

Meta-analysis of 207 studies confirming that depression, anxiety, PTSD, antisocial personality disorder, and borderline personality disorder are significant correlates of IPV perpetration

Spencer, C., Mallory, A. B., Cafferky, B. M., Kimmes, J. G., Beck, A. R., & Stith, S. M. (2019). Mental health factors and intimate partner violence perpetration and victimization: A meta-analysis. *Psychology of Violence*.

Comprehensive meta-analysis demonstrating that personality disorders (especially antisocial and borderline) are robustly associated with IPV perpetration.

Collison, K. L., & Lynam, D. R. (2021). Personality disorders as predictors of intimate partner violence: A meta-analysis. *Clinical Psychology Review*.

Risk of subjection to violence and perpetration of violence in persons with psychiatric disorders in Sweden. JAMA Psychiatry.
Nationwide cohort study showing individuals with psychiatric disorders were 3–4 times more likely than their unaffected siblings to perpetrate violence (including partner violence).
Sariaslan, A., et al. (2020).

MENTAL HEALTH DISORDERS & DOMESTIC VIOLENCE

Family History Of Mental Illness

Family History Of Substance Use Disorders

Family History Of DV – Abuse Victimization - Trauma

Personal History Of MH/SUD Treatment

History Of Suicidal Ideations/Homicidal Ideations/Suicide Attempts

History Of Inpatient Psychiatric Hospitalization

Psychotropic Medication – Current/History – Compliance

Current or Most Recent Mental Health Symptoms

Most Prevalent Findings – Depression, Anxiety, Bipolar Disorder, Antisocial Personality Disorder, Narcissistic Personality Disorder, Borderline Personality Disorder

SUBSTANCE USE & DOMESTIC VIOLENCE

Large meta-analysis of 285 studies (nearly 628,000 participants) finding that overall substance use, alcohol use, and drug use are significantly related to IPV perpetration (mean effect sizes $r = .18-.23$).

- Cafferky, B. M., Mendez, M., Anderson, J. R., & Stith, S. M. (2018). Substance use and intimate partner violence: A meta-analytic review. *Psychology of Violence*, 8(1), 110–131.

Meta-analysis of 96 studies (547 effect sizes). Increases in drug use and drug-related problems were significantly associated with increases in aggression between intimate partners (overall $d = .27$). Cocaine showed the strongest relationship to psychological, physical, and sexual aggression ($ds = .39$ to $.62$). Marijuana also had a significant association with partner aggression.

- Moore, T. M., Stuart, G. L., Meehan, J. C., Rhatigan, D. L., Hellmuth, J. C., & Keen, S. M. (2008). Drug abuse and aggression between intimate partners: A meta-analytic review. *Clinical Psychology Review*, 28(2), 247–274.

SUBSTANCE USE & DOMESTIC VIOLENCE

- **Men in batterer intervention programs with substance abuse evidence greater levels of violence recidivism than men with no substance abuse.**
- Stuart, G. L., O'Farrell, T. J., Leonard, K., Moore, T. M., Temple, J. R., Ramsey, S. E., Stout, R. L., Kahler, C. W., Bucossi, M. M., Andersen, S. M., Recupero, P. R., Walsh, Z., Schonbrun, Y. C., Strong, D. R., Rothman, E. F., Rhatigan, D. L., & Monti, P. M. (2009). Examining the interface between substance misuse and intimate partner violence. *Substance Abuse: Research and Treatment*, 3, 25–29.

DVIP'S VS ANGER MANAGEMENT

<u>Dimension</u>	<u>Certified DVIP</u>	<u>Anger Management</u>
Primary Goal	Stop coercive control & partner violence; ensure victim safety	Reduce anger episodes; improve emotional regulation
Target Behavior	Patterned, intentional abuse	General anger, irritability, frustration, road rage
Theoretical Basis	Power & control models; RNR; Trauma, CBT accountability frameworks	Time-out, Breathing Exercises, Conflict Resolution
Assumptions About Violence	Violence is purposeful and strategic	Violence results from unmanaged anger or poor coping
Certification	Required; DV-specific	Not required
Victim Safety Component	Central and mandatory	Not included
Intervention Methods	Accountability, cognitive restructuring, empathy building, belief change	Relaxation, trigger identification, coping skills
Outcome Measures	DV recidivism reduction; increased victim safety	Reduced anger episodes; improved emotional functioning

DVIP'S VS ANGER MANAGEMENT

<u>Dimension</u>	<u>Certified DVIP</u>	<u>Anger Management</u>
Intake, Risk Assessment	Comprehensive Assessment Mandatory	None
Treatment Modality	In Person Group Treatment 18-52 Weeks based on Risk	8-12 Sessions
Program Accountability and Reporting Requirements	Providers report attendance, compliance, and progress	Variable, Less Formalized

CERTIFIED DOMESTIC VIOLENCE INTERVENTION PROGRAMS (DVIPS)



National Trends



Virginia Certification
Standards

FINAL POINTS

- **We are making life and death decisions**
- **Leadership is needed**

Continue on next slide

Final Points Cont'd

- **Courts and professionals can and must lead the way.**

Q&A - Discussion

THANK YOU!
PLEASE CONTACT US IF YOU HAVE
QUESTIONS

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