

TRENDS AND DISPARITIES IN THE LIFE HISTORIES OF WOMEN WHO
HAVE BEEN CONVICTED OF DOMESTIC VIOLENCE AGAINST THEIR MALE
INTIMATE PARTNERS

By

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ABSTRACT

TRENDS AND DISPARITIES IN THE LIFE HISTORIES OF WOMEN WHO HAVE BEEN CONVICTED OF DOMESTIC VIOLENCE AGAINST THEIR MALE INTIMATE PARTNERS

Sarah Rios-Clements

Life histories of women who are or have participated in an intervention at Men/Women Experiencing Non-Abusive Directions (M/WEND), a local private agency serving domestic violence offenders, were analyzed. An analysis of existing data and case files that contain intake interviews documenting the life histories of women batterers as they relate to their own experience with domestic violence. The existing data has been examined for common and unique events and themes related to the participants' life histories. Intake files for women participating in the study were gathered by organization staff at the time of enrollment in a batterer's intervention program (BIP) and documents life histories of program participants related to domestic violence. Existing data has been selected from women in Humboldt and Del Norte Counties who have been convicted of domestic violence as outlined in California Penal Code 243 (e)(1) and have enrolled in the BIP within the last 2 years (2012-2014). This project is aimed at helping to develop effective prevention and intervention programs for local women who have engaged in abuse. Research on the efficacy of current prevention and intervention practices in Humboldt and Del Norte Counties as well as additional, more thorough research on

personal histories of all people who have been convicted of domestic violence is in great need if we are to stop the cycle of intimate partner violence (IPV).

Keywords: Intimate partner violence, domestic violence, women batterers, Humboldt County, Del Norte County, life histories

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It is with great honor and love, I acknowledge my mum. Her passing while creating this project provided me the energy and passion to keep on track. I know her guidance is ever with me even though she not with me physically. With that said, I must acknowledge my family back home for supporting my dream of obtaining a Master's in Social Work by holding things together after mum's passing. My newfound family here in Humboldt County has also fulfilled the role of being my rock and cheering section. Because of them, I was able to buckle down and focus on completing this project and the program.

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Finally, I must include the clients that allowed me into their lives to learn about some of the most intimate and traumatic moments. They accepted me and held nothing back. Their contribution to my practice is invaluable and I hope they know that everything I do in my career is with them in mind. A distinct acknowledgement must be

directed towards the women who consented to allow me to look at their personal life histories. This project is for them and their healing.

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INTRODUCTION

One out of three adult women and one out of four men in the United States have experienced a violent act perpetrated by a current or former partner (APA, 2014). Intimate partner violence (IPV) can be inflicted on men or women, in heterosexual or homosexual relationships, and by current or former partners (CDC, 2013). In addition, IPV costs the United States at least \$8.3 billion in medical treatment, mental health services, and lost work productivity (CDC, 2013). Intimate partner violence causes harm, including death, to our communities.

IPV is contagious. Generations of abusers have been created through the cycle of IPV. Boys are two times more likely to abuse their intimate partners when they grow up in violent homes (APA, 2014). Girls are also affected by IPV. They are at a greater risk of substance abuse, eating disorders, dangerous sexual activity, and suicide (APA, 2014). IPV is priming our future adults to become abusers. In addition, children who grow up in violent homes have delayed cognitive development, problems with emotional regulation, and fewer friends (APA, 2014). Children become more aggressive as this is the behavior modeled for them in their homes (APA, 2014). IPV has long term effects on society as it revives itself with each new generation forced to live in violent homes.

Policies Surrounding Intimate Partner Violence

In 1994, the Violence Against Women Act (VAWA) was passed in order to curtail the damage IPV creates by making violence against an intimate partner a serious

crime. In the past, IPV was categorized as a simple assault (Violence against women act history, 2012). In 2005, VAWA was renewed and provided useful resolutions to improving the response to IPV by the criminal justice system, legal system and communities effected by domestic and sexual violence. It reauthorized critical existing VAWA programs and included the development of new services that respond to changing public needs. It took action towards ending the cycle of violence by intervening early with children experiencing IPV in their homes, young families at risk of IPV, and advocating for social change (Violence against women act history, 2012). VAWA 2005 exemplified our government's fervent dedication to survivors of IPV, sexual assault, dating violence, and stalking. It made room for more programs and services to end domestic and sexual violence through new more comprehensive, cost-effective programs.

In March of 2013, President Barack Obama signed the Violence Against Women Act Reauthorization. This most recent reauthorization maintains and fortifies existing programs and policies for Native American survivors, protecting the housing of survivors, and securing immigration status for non-citizens (Stuart, 2014). Moreover, VAWA 2013 expands its reach to support sexual assault survivors and the LGBTQ community (Stuart, 2014).

Intervention Programs

VAWA was created with the feminist view that domestic violence is predominately perpetrated against heterosexual females by men. While 85% of IPV victims are women, we are left with 225,000 men who are perpetrated against (NCADV, 2007). Causes of domestic violence were attributed to a male's need to dominate over a woman in order to gain power and control (Ross, 2011). If this were true, how would we explain mutual combat between two females or female against male violence? People who are arrested for IPV, our national average shows that 20% are women. Although VAWA has made major strides towards ending the cycle of IPV, its intervention programs lack effective, evidence-based treatment for *both* men and women. Women who abuse are in as much need of programs as men who perpetrate.

Funding for programs that address early interventions or court mandated interventions could be in jeopardy as they have been minimally effective in prevention. (2011) Current standards for intervention programs are based on the Duluth Method in which a Power and Control Wheel is the instrument used to explain the causes of IPV (Kernsmith & Kernsmith, 2009). Studies suggest that, in addition to power and control, other factors contribute to the perpetration of IPV. Linda Mills (2008) points out that shame is a common feeling amongst batterers (p. 633). Shame is a gender neutral emotion; however, it can be manifested in different behaviors. Men are more likely to act in violent fashions when their dignity and pride are at risk. Women tend to internalize their shame and blame themselves when they are embarrassed or disgraced (Mills, 2008).

This could explain the cycle of violence where men who have residual shame from past experiences are easily threatened and use violence against a female partner who then, in turn, internalizes the abuse as her fault allowing the abuse to continue. Shame is a feeling all genders experience, however, each gender expresses it differently. Men are socialized to express shame physically, whereas, women are more likely to blame themselves for the shame.

Ross (2011) explains why the reasons for committing IPV are different among men and women. Men self-report the reason they become violent as the need to retaliate against their partner who has threatened them in some manner. Women disclose that they perpetrate in self-defense. Ross' study, again, proclaims that there are gender differences between men and women who abuse partners. Interestingly, when further research was conducted, both men and women disclosed that another factor is "emotion dysregulation" (p. 712).

This research, along with a multitude of similar studies, provides us with the tools to combat the social ill that is IPV. It is evident that in order to eradicate IPV from our communities we must address gender differences, reasons for perpetrating, and trauma in our intervention programs. Current programs that address the feminist view that IPV is solely based on a male's need to maintain power and control over a female are not productive in the end. The law falls short when it does not include the variety of profiles of IPV perpetrators.

Intergenerational Trauma

The trauma experienced by Indigenous Peoples when European contact was made, left deep scars in Indigenous Communities. The act of violence amongst Indigenous Peoples- by other Indigenous Peoples and non-Indigenous Peoples- has only augmented throughout time. This augmentation is clear when we look at the statistics on domestic violence, addiction, suicide, homicide, etc. that Indigenous Peoples experience (Weaver, 2014).

When children were removed from their homes and placed in U.S. Government run boarding schools, for example, their belonging and responsibility to their communities diminished (Weaver, 2014). No longer were they a part of their families, but now they were products of foreign institutions. Spirituality and culture were forcibly removed from children, expanding the European power and domination over a group of people.

As with IPV, higher rates of mental illness, substance abuse, and suicidality are prevalent in Indigenous Communities (Weaver, 2014). According to Hilary Weaver, violence is a learned behavior. She states that the act of violence is constant once it has been committed (2014). In other words, once violence has been experienced, it is easier to continue on that path rather than learn non-violent behaviors to end the cycle.

Trauma-Informed Care

The latest research on neuropsychology supports the idea that trauma has an impact on the development of the brain; thus, the ability to process thoughts and emotions is hindered (Siegel, 2013). In addition to witnessing physical violence, trauma could also be inflicted on a child by the prolonged and/or abrupt separation from a primary caregiver, usually the birth mother. This separation could be as a result of physical absence or absence by being intoxicated. There is a strong correlation between attachment styles in adults, based on early childhood instability, and intimate partner violence (Lawson, 2010).

Exposure to trauma at an early age affects the hypothalamic-pituitary-adrenal (HPA) axis areas of the brain. Additionally, other areas that can be influenced by early trauma is the cortical and subcortical limbic circuits. The HPA axis and limbic circuits are responsible for processing feelings (Siegel, 2013). People who experience trauma as children tend to be hyper-vigilant and constantly on high alert. This continuous state of uncertainty can cause negative effects on the brain that manifest in anxiety and/or paranoia (Bath, 2008). Again, there is a “strong representation” of people who experience these symptoms within the batterer population (Siegel, 2013).

Trauma-informed care is a framework that addresses the role that trauma has had on a survivor’s behavior. It also dictates that treatment should be provided in a manner that is most effective for the individual client based on her experience with trauma

(Harner & Burgess, 2011), The basic ideas around assisting a client that may have experienced trauma is to understand the traumatic event and how it affects this particular client—to understand the client him/her-self, and to understand services that are available for survivors (Harner & Burgess, 2011). To understand a client is to see them as a person and not their symptoms. The client is not an abuser, they are a person who exhibits negative behaviors caused by thoughts and emotions. Abuse is a behavior manifested from emotions that cannot be regulated in the brain due to the effect of traumatic experiences. Services referred to clients should focus on the client's strengths and encourage accountability, responsibility, and control over one's behavior. It is important to help a batterer acknowledge and own their behaviors while allowing them to address a history of trauma. When trauma is uncovered and mitigated, negative reactionary behaviors can be minimized (Ross, 2011).

Purpose Statement

This project used existing data to describe the backgrounds of women who have been convicted of domestic violence against their male intimate partners. This is to be considered a starting point for further research addressing IPV, trauma, and early interventions and preventions that could benefit women in the Humboldt and Del Norte Counties of Northern California.

Research Questions

The research questions for this project are:

- What are the trends in personal histories of women who have been convicted of domestic violence against their male intimate partners?
- What are the disparities in personal histories of women who have been convicted of domestic violence against their male intimate partners?

Purpose and Rationale

The purpose of this project is to start the process of thinking about the motivations behind committing IPV. Researchers have concluded that perpetration of IPV holds different motivations for each gender. This project is aimed at determining if this conclusion is true for women in Humboldt and Del Norte Counties. Based on the findings, appropriate intervention and prevention techniques can be implemented, helping to address IPV when it occurs. With IPV recidivism rates at 60%, whether or not batterer intervention programs (BIP) were used as the intervention, evaluation of current interventions is greatly needed and an essential component of ending IPV in our communities (Babcock et. al., 2004).

Furthermore, the National Association of Social Workers (NASW) has outlined the ways in which social workers are to operate as agents of change and support those in need. The following is the first paragraph of the NASW's Code of Ethics:

“The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and

living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.” (NASW, 2008)

Examining the histories of those who commit IPV incorporates the aforementioned call to action to help *all people*, including perpetrators, to understand how their environment has affected their personal behaviors.

METHOD

Research Sample

The sample was taken from a private agency, Men and Women Experiencing Non-Abusive Directions (M/WEND), servicing Humboldt and Del Norte County residents in Northern California. The target population was women that are currently attending a batterer intervention program (BIP) or recently graduated from the program. Participants of the program have been convicted of domestic violence and court ordered to attend this program as a stipulation of their probation sentence in lieu of a jail or prison sentence. The violence was committed against former or current male intimate partners. Participation was voluntary and those who agreed to participate signed consent forms allowing access to their intake questionnaires, surveys, and interviews.

M/WEND has a current enrollment of 32 men, broken up into 5 groups, and 14 women in 2 groups. Groups are held one day a week in Del Norte County and 3 days a week in Humboldt County. There are three other BIP's in the area and these programs only serve male batterers. M/WEND is the only program in Humboldt and Del Norte Counties that serve women batterers.

Existing intake questionnaires were used as the source of data collected. These intake questionnaires are completed at registration of the program and completed by the participant individually and/or with the assistance of the therapist. Questions about the participants' demographics, experience with past violence, and details of the incident that

caused them to be referred to the program are addressed on the questionnaire. Incomplete questionnaires were not included in the data collection. Through this project, the backgrounds of participants were analyzed for trends and/or disparities.

Project Limitations

Due to informed consent requirements and a shortage of time, a small population was sampled. Contact with former participants was considered. Attempting to contact former clients would have been difficult as some were homeless and had no way to be reached. In addition, contact would have been difficult and time consuming since some of the information on file was outdated. Furthermore, in an effort to minimize risk to former clients, it was decided not to contact them as this may trigger former participants who may be attempting to move forward from this time in their lives. Contact also may have inadvertently disclosed confidential information to new relationships after completing the program. From this population 6 BIP participants volunteered for this project.

Summary

Intake information completed at the time of enrollment and initial assessment for the BIP has been evaluated for trends and disparities in personal life histories of women who have been convicted of domestic violence against their male intimate partners. All participants selected are currently enrolled in the program or have ended their treatment within the last six months. This will allow for better access to clients to obtain consent.

Case files with incomplete intakes were not included in the data. Participants were or are on probation in Humboldt or Del Norte Counties. Existing case files from the past two years at the start date of this study were considered. Lastly, written approval by an agency administrator was obtained for this project.

RESULTS

All participants identified as female. Of the six participants, three identified as “Native American” or Indigenous. Two of the Indigenous participants were from tribes outside of California. The remaining three participants identified as Caucasian. Three women lived with foster parents before the age of 18, one of whom was adopted at 7 years old. Four participants report that their birth mothers abused drugs. Two women reported receiving counseling in the past; however, it is unknown when this counseling was received. Five participants reported having a mental health diagnosis ranging from depression to “split personality.” One woman reports that this was her second time being arrested for domestic violence. Another participant admitted to being violent with past partners, but that this was her first time being arrested for it.

Three of the six participants reported being sexually abused as children. A fourth participant wrote that she was molested, however, put a line through the written disclosure and wrote “no” next to the question regarding history of childhood abuse. Three women disclosed physical abuse as a part of their childhoods. Conversely, in another section of the questionnaire, four of the participants reported being hit as children, all reported being hit with an object in the buttocks. These objects included belts, spatulas, and wooden spoons. The other two participants reported no physical discipline as children. Two witnessed physical abuse in their home growing up.

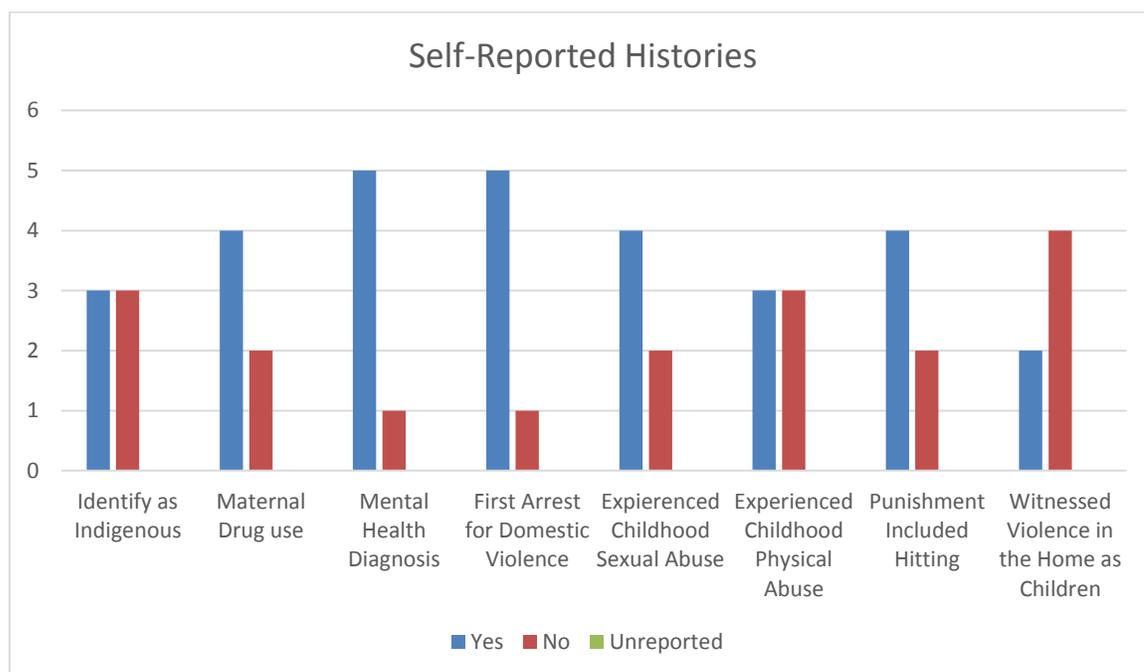


Figure 1. Self-Reported Histories

In terms of current violent experiences, one woman made it clear she was not a violent person. The event that led to her referral to the program was brought on by infidelity. She attempted to retrieve belongings from the home she had once shared with her partner. As she entered the home, she caught her former partner in bed with another woman. She felt disrespected, therefore, and gave herself permission to abuse. This same participant disclosed another incident where she slapped a family member's boyfriend when she felt threatened. Her childhood included an unstable mother and a drug addicted father. She experienced extensive neglect due to these factors. Along the same line, a participant claims, "in a rage" she assaulted her estranged partner's female friend that was in their home. Finally, an additional participant purported the incident that led to her referral was prompted by a reference to her partner's infidelity. In this instance, a friend

brought up her partner's cheating. She attributes her violence to built-up anger and intoxication. All of these participants felt slighted by their partners and used physical violence to express this feeling.

Infidelity or distrust were not the only reasons for violence. A participant explained her motives for abusing her partner as a reaction to him lying about drug use and other smaller issues. She felt he disrespected her, therefore, she "beat him up." She admits to using violence against previous partners. One of the most severe instances was when she found out her partner was abusing her daughter. She claims to have blacked out and upon regaining consciousness, she found herself standing over her partner who had injuries indicative of a physical altercation. Another participant described her violence as a result of stress from a miscarriage. She blamed her partner for the loss. She and her partner were arguing over who was at fault, then an argument ensued where she punched him and he slapped her. These three participants related their use of violence to fear and hurt.

DISCUSSIONS

Summary and Recommendation

All but one participant reported having experienced trauma in their childhood. All but two participants reported being sexually abused as children. The women who allowed me to examine their personal life histories have one thing in common: trauma. The anomaly in this group is actually growing up without violence in their homes and/or perpetrated against them.

Those who reported trauma in their life histories used violence to convey feelings of disrespect, fear and hurt. In line with current neuropsychology, the inability for these women to regulate emotions led to the use of violence. This breakdown of emotional regulation was constructed by trauma experienced as children, and for some, even in to adulthood.

The one participant who disclosed a non-violent history is older than most of the other participants and identifies as is non-Indigenous. It is fitting that all of the participants that identified as Indigenous experienced trauma in their childhoods, given the effects of intergenerational trauma and the amount of trauma Indigenous Peoples have experienced throughout history. We must also look at other factors that may have led this one participant to use of violence against an intimate partner. It is important to remember that she was raised in the 1950's and 60's, an era where family violence was a private

matter. Abuse was not talked about and could mark the family permanently. At a time when word of mouth was the primary source of information, a good reputation was essential. If violence did occur in her home, she may not have been privy to it or may have been taught to keep it a family secret. Aside from this, her source of violence may have come from a need to defend herself. Unlike the other participants, she explained her violence as defending herself from a man who had a history of physically abusing her throughout their 20 year relationship. Although trauma was not in her early life, she endured decades of abuse at the hands of her partner.

As the sample size was small, it is recommended to continue doing research pertaining to personal life histories of women in Humboldt and Del Norte Counties. It is further recommended to include male perpetrators of IPV, as the need to determine gender-specific motivations is great. Until further research is completed, we will not know if gender truly does play a role in perpetration of IPV or if trauma is the overarching reason.

Additionally, follow-up interviews with the participants would have supplemented the results. Since these questionnaires were completed at the first and/or second meetings with the therapist, participants may not have been as forthright with personal information. Now that a therapeutic relationship has been established, more details about personal histories could be forthcoming.

CONCLUSIONS

In this project, I looked at the personal life histories of women who have committed IPV against their male intimate partners. As social workers, our aim is to advance the lives of all people. Perpetrators of IPV, both men and women, deserve that same service guided by the NASW's Code of Ethics. Since the trend among the participants of this project was the exposure to trauma, trauma-informed care should be used while additional analysis of motivations behind IPV are being conducted. More accurate and in depth analysis, projects and studies like this one is in great need. Although research on IPV around the world is abundant, little research about female batterers has been conducted. At this time, there are no concrete measures in place to gauge the efficacy of current interventions, such as BIP's, in Humboldt and Del Norte Counties. Research, policy, and program development is key to ending IPV in Humboldt and Del Norte Counties and, ideally, in all communities.

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Appendix A

M.E.N.D./W.E.N.D.

Men and Women Experiencing Non-abusive Directions
Pasquale Romano, LCSW 17745

Main: 930 3rd Street, Suite 209, Eureka, CA 95501
Phone: 707 441-8630
Fax: 707 441-8682

Satellite: 343 G Street Crescent City, CA 95531

M.E.N.D./W.E.N.D. - Intake Questionnaire

I. DEMOGRAPHICS

Please respond to the following items as completely as possible.

The following questions are about your background only. Your answers are confidential.

1. Name: _____ Date of Birth: _____
2. Ethnic Group: (check where appropriate for you):
 - a. _____ Native American (Tribe/s) _____
 - b. _____ Black (African American)
 - c. _____ Anglo (White) _____ Chicano (Spanish) (Hispanic)
 - d. _____ Hmong _____ Japanese
 - e. _____ Chinese _____ Identify as _____
3. Highest level of school completed: _____ Other training: _____
4. How did you do in school? _____ Poor _____ Average _____ Great!
5. Did you have learning disability? _____ yes _____ no If so, what type? _____
6. Occupation (type of job) _____
 - a. Employed at present: _____ yes _____ no
 - b. How many times have you changed jobs in the last 5 years? _____ times
 - c. How many times have you been unemployed in the last 5 years? _____ times
 - d. Total number of months unemployed _____
 - e. Your (Only) annual income: \$ _____ thousand.
7. Number of children: _____
 - a. Please complete chart

	Name	Age	Sex	Relationship to You	Living with you
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

M.E.N.D./W.E.N.D.

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7. _____

II. RELATIONSHIP ABUSE / VIOLENCE: The following questions are about your partner's (who was involved in the violence) background.

1. Name: _____ Date of Birth: _____
2. Ethnic Group: (check where appropriate for you):
 - a. _____ Native American (Tribe/s) _____
 - b. _____ Black (African American)
 - c. _____ Anglo (White) _____ Chicano (Spanish) (Hispanic)
 - d. _____ Hmong _____ Japanese
 - e. _____ Chinese _____ Identify as _____
3. Highest level of school completed: _____ Other training: _____
4. Occupation (type of job) _____
 - a. Employed at present: _____ yes _____ no
 - b. How many times have you changed jobs in the last 5 years? _____ times
 - c. How many times have you been unemployed in the last 5 years? _____ times
 - d. Total number of months unemployed _____
 - e. Your (Only) annual income: \$ _____ thousand.

The following questions are about the relationship in which the abuse / violence occurred for which you are seeking help.

1. What is the current status of the relationship (living together, married, etc.)
Please define: _____
2. If married, is it your first marriage? _____ yes _____ no
Is this your partner's first marriage? _____ yes _____ no
3. How long did/has this relationship existed _____ years _____ months
If married, how long _____ years _____ months
4. Was there a dating or courtship period? _____ years _____ months _____ No
5. Describe the problems between yourself and your partner.
6. How long have these problems been going on?

M.E.N.D./W.E.N.D.

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7. Describe the first time abuse / violence occurred in this relationship.
 - a. How did the abuse / violence start?
 - b. Why do you think it happened?
 - c. Describe a typical fight / argument.
 - d. Describe the worst fight / argument.
 - e. Describe incidents when weapons were used.
 - f. Status of relationship when the violence / abuse occurred (married, divorced, separated, etc.)
 - g. If the violence occurred after the marriage / break up, how long after? ____ years ____ months
8. Did you ever split up and get back together? ____ yes ____ no
Explain:
9. Did the style of arguing or fighting change over time? ____ yes ____ no
Explain:
10. Did the hitting become a routine part of fighting? ____ yes ____ no
11. Had either of you been drinking and / or high during your fights? ____ yes ____ no
Who? _____
12. Have you ever been violent / controlling with any other partners in the past? ____ yes ____ no

M.E.N.D./W.E.N.D.

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Types of abuse : Physical Verbal Emotional / Mental Financial
 Sexual Property Damage Other (Explain)

Please explain:

13. During recent fights / arguments had you or your partner been drinking / using drugs (including pot)?
 yes no Who? self partner both

14. Have you been involved in any violence / fights with any one other than a partner in the past few years?
 yes no

a. If yes, please explain who it was and the circumstances (why you think it happened).

15. Why did you come to M/WEND? Choice (voluntary) Court ordered

Comments:

16. Do you feel trapped in your relationship? yes no
Explain:

17. What do you think would happen to you if you left the relationship?
Explain:

18. Do you think your partner is deliberately trying to hurt you?
Explain:

19. Do you think your partner is having / had affairs?
Explain:

M.E.N.D./W.E.N.D.

Men and Women Experiencing Non-abusive Directions
Pasquale Romano, LCSW 17745

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20. Have you ever taken your anger out on a pet?
Explain:
21. Have you ever had fantasies (images, dreams, day dreams) that you would kill your partner for hurting you? Please explain:
22. Have you ever forced your partner to do something they didn't want to do? Please explain:
23. Do you have access to any guns and / or weapons? ____ yes ____ no
24. Do your financial problems cause conflicts in your relationship? ____ yes ____ no Please explain:
25. Do you think your partner is at risk of being hurt by you again? Please explain:
26. Have children been present during verbal fights? ____ yes ____ no
27. Have children been present during physical fights? ____ yes ____ no
28. Have children been present during verbally abusive fights? ____ yes ____ no
29. Explain how you discipline your children.

III. CHILDHOOD HISTORY

The following questions are about your childhood history.

1. Where did you live prior to your eighteenth birthday (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Both parents | <input type="checkbox"/> Aunt and/or Uncle |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Brother(s) and / or Sister(s) |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Cousins |
| <input type="checkbox"/> Mother and Step-Father / Partner | <input type="checkbox"/> Father and Step-Mother / Partner |
| <input type="checkbox"/> Grandparent(s) | <input type="checkbox"/> Orphanage or Institution(s) |
| <input type="checkbox"/> Other (Specify) | |

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2. Who did you live with the longest? _____
3. What ages: From _____ to _____ years

The following questions are about your relationship with your parent(s) and / or caregiver(s) when you were growing up. **Please answer as honestly as you can.** Circle the answer that best expresses your thinking. This information is confidential.

1. My parent(s) / caregiver(s) argued.
a. constantly b. often c. seldom d. never
2. My parent(s) / caregiver(s) screamed and yelled.
a. constantly b. often c. seldom d. never
3. My parent(s) / caregiver(s) were able to discuss most problems in a reasonable manner.
a. constantly b. often c. seldom d. never
4. My parent(s) / caregiver(s) were able to discuss important problems with each other.
a. constantly b. often c. seldom d. never
5. My parent(s) / caregiver(s) fought physically.
a. constantly b. often c. seldom d. never
6. My mother/ caregiver(s) gave me reasonable punishments.
a. constantly b. often c. seldom d. never
7. My father / caregiver(s) gave me reasonable punishments.
a. constantly b. often c. seldom d. never
8. To punish me, my mother / caregiver(s) would kick me.
a. constantly b. often c. seldom d. never
9. To punish me, my father / caregiver(s) would kick me.
a. constantly b. often c. seldom d. never
10. Whatever I did it was not good enough for my mother / caregiver(s).
a. constantly b. often c. seldom d. never
11. Whatever I did it was not good enough for my father / caregiver(s).
a. constantly b. often c. seldom d. never
12. My mother / caregiver(s) was / were very predictable.
a. constantly b. often c. seldom d. never

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13. My father / caregiver(s) was / were very predictable.
a. constantly b. often c. seldom d. never

14. My mother / care giver(s) respected me as a family member.
a. constantly b. often c. seldom d. never

15. My father / care giver(s) respected me as a family member.
a. constantly b. often c. seldom d. never

16. I was physically hit and hurt as a child.
a. constantly b. often c. seldom d. never

By my: _____ What age? _____

17. My family members used name calling and yelling to get their way.
a. constantly b. often c. seldom d. never

18. I saw my parents hit each other.
a. constantly b. often c. seldom d. never

19. There was pushing and shoving in our house.
a. constantly b. often c. seldom d. never

20. I was sexually molested an/or abused.
a. constantly b. often c. seldom d. never

By whom _____ What age? _____

21. I witnessed other members of my family in physical fights.
a. constantly b. often c. seldom d. never

22. I have physical fights with people who were **not** family members.
a. constantly b. often c. seldom d. never

23. My mother / caregiver(s) was / were cold and distant.
a. constantly b. often c. seldom d. never

24. My father / caregiver(s) was / were cold and distant.
a. constantly b. often c. seldom d. never

25. My mother / caregiver(s) was / were loving toward me.
a. constantly b. often c. seldom d. never

26. My father / caregiver(s) was / were loving toward me.

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- a. constantly b. often c. seldom d. never
27. I know what my mother / caregiver(s) expected of me.
 a. constantly b. often c. seldom d. never
28. I know what my father / caregiver(s) expected of me.
 a. constantly b. often c. seldom d. never
29. I was punished unfairly by my mother / caregiver(s) for small mistakes.
 a. constantly b. often c. seldom d. never
30. I was punished unfairly by my father / caregiver(s) for small mistakes.
 a. constantly b. often c. seldom d. never
31. I was allowed to ask my mother / caregiver(s) why I was being punished.
 a. constantly b. often c. seldom d. never
32. I was allowed to ask my father / caregiver(s) why I was being punished.
 a. constantly b. often c. seldom d. never
33. I think my mother / caregiver(s) was / were satisfied with my achievements.
 a. constantly b. often c. seldom d. never
34. I think my father / caregiver(s) was / were satisfied with my achievements.
 a. constantly b. often c. seldom d. never
35. My mother was openly affectionate to members of my family.
 a. constantly b. often c. seldom d. never
36. My father was openly affectionate to members of my family.
 a. constantly b. often c. seldom d. never
37. My mother had strict rules
 a. constantly b. often c. seldom d. never
38. My father had strict rules.
 a. constantly b. often c. seldom d. never
39. My mother paid attention to me.
 a. constantly b. often c. seldom d. never
40. My father paid attention to me.
 a. constantly b. often c. seldom d. never

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51. The Rules were:
Very Unfair 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Very Fair
52. The punishment / consequences were:
Very Unclear 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. Very Clear
53. Who was the most responsible for discipline in your family: _____
54. Check the choices that apply to objects used for physical punishment in your family:
_____ None _____ Belt _____ Open hand _____ Fist
_____ Paddle / board _____ Other (specify) _____
55. Check the choices that indicate where you were most often spanked / hit.
_____ Buttocks _____ Head
_____ Arms / hands _____ Face
_____ Legs _____ Other (specify) _____
_____ Back _____ I wasn't hit
56. In the following questions, mark all responses that apply by writing: "M" for Mother, "F" for Father, "B" for Both or "O" for other (caregiver(s), etc.)
- | | |
|-------------------------------------|--|
| _____ Sent me to my room | _____ Locked me in my room |
| _____ Physically punished me | _____ Yelled at me |
| _____ Made me feel guilty | _____ Restricted me from going out |
| _____ Withdrew love from me | _____ Embarrassed me in front of friends |
| _____ Threatened me | _____ Threatened to hurt me with objects |
| _____ Kicked me | _____ Threatened to kill me |
| _____ Criticized me | _____ Blamed me for their problems |
| _____ Set reasonable limits / rules | _____ Discussed limits / rules with me |
| _____ Spanked me with objects | _____ Spanked me with their hand |
57. Please check all the following that apply to the things **you** did in the relationship you were in when you were arrested and / or referred to this program.
- | | |
|--|--|
| _____ Poking | _____ Pushing |
| _____ Grabbing | _____ Pulling hair |
| _____ Restraining with hands | _____ Restraining with objects |
| _____ Pushing to the ground | _____ Pinning to the ground / wall / bed, etc. |
| _____ Scratching / gouging (Name areas of the body) _____ | |
| _____ Kicking (Name areas of the body) _____ | |
| _____ Slapping with open hand (Name areas of the body) _____ | |
| _____ Biting (Name areas of the body) _____ | |
| _____ Choking | _____ Choking to unconsciousness |
| _____ Using a knife, gun or other weapon (Specify) _____ | |
| _____ Other physical violence (Specify) _____ | |

Men and Women Experiencing Non-abusive Directions

First Interview Questionnaire

Therapist: The goal of this interview is to "crack" the denial system. If you were unable to do so, schedule another interview. Remember we don't have to accept clients if they are categorical in denial. Prepare, read the intake questionnaire, the court and police reports, and outreach interview (if done) prior to the session. The objective is to "hook the pain" and get the client on a sober affect level.

Tell me why you think you are here?

What do you think causes you to hit ... your partner?

Describe a **typical** argument/fight. Describe the **worst** argument/fight (include the use of weapons).

Psychological history—suicide attempts hospitalizations.

Past Criminal Record.

Military Background?

Abused as a child?

Religious/Spiritual affiliations?

Peer relationships

Support relationships/systems

History of violence

Describe your partner.

What is your role in your family?

Feelings; trapped, overwhelmed, etc.?

What happened in the violent episode?

What are the present stressors in your life?

Set next appointment to contract/orientate or work on denial. Make sure to assess for lethality and mental health status.

Lethality _____

Mental Health Status _____

Sign: _____ Date: _____