Adolescents Charged with Domestic Battery on a Caregiver: Assessment and Management

The Adolescent Domestic Battery Typology Tool (ADBTT)

Gina M Vincent, PhD, Associate Professor, UMMS
Wendy Nussbaum, LCPC, Executive Director, IL JJ Commission
Erin Espinosa, PhD, Institute for Innovation and Implementation, Univ of Maryland School of Social Work
Models for Change Initiative
John D. and Catherine T. MacArthur Foundation

A juvenile justice systems reform initiative:
- 4 primary states
- 12 network states

Assisted by a “national resource bank” of technical assistance centers
Definition of ADB

Adolescent Domestic Battery (ADB) is a term used to encompass family crisis or violence that results in police contact and possible delinquency system involvement for a young person.
Over the past ten years, over 10% of all juvenile arrests in Illinois were for DB related incidents.

- 65% resulted in no injury
- +34% resulted in only minor injury

**99% minor or no injury**

Yet these youth were overridden into detention at a much higher rate than others with similar crimes and returned to court more often.

National estimates - 7% to 13% of all juvenile arrests are for alleged violence on a parent (Routt & Anderson, 2011).
## Intimate Partner Violence vs. ADB

<table>
<thead>
<tr>
<th>Intimate Partner Violence</th>
<th>Adolescent Domestic Battery (In majority of cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power and Control Dynamic Fixed</td>
<td>Power and Control Dynamic Varies</td>
</tr>
<tr>
<td>Control over Victim</td>
<td>Control over Immediate Environment</td>
</tr>
<tr>
<td>Intent to harm or humiliate</td>
<td>No real intent to harm, but to get own way.</td>
</tr>
<tr>
<td>Violence as Preferred or “Go to” Response</td>
<td>Escalation of Behavior-Violence as Last Resort</td>
</tr>
<tr>
<td>Family’s PRIMARY concern: Safety</td>
<td>Family’s Primary Concern: Establish or re-establish appropriate balance of power and control</td>
</tr>
<tr>
<td>Individual Treatment</td>
<td>For best outcome: family is involved in treatment</td>
</tr>
</tbody>
</table>
### Other Adolescent Battery vs. ADB

<table>
<thead>
<tr>
<th>Other Adolescent Battery</th>
<th>Adolescent Domestic Battery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally does not include repeated incidents between same people.</td>
<td>Generally a pattern of incidents between same people.</td>
</tr>
<tr>
<td><strong>Either no emotional connection or no positive emotional connection</strong></td>
<td><strong>Greater degree of ambivalence. “I love my mom and I know I shouldn’t hit her, but…”</strong></td>
</tr>
<tr>
<td>Ability to separate and avoid other person.</td>
<td>Inability to separate both emotionally and physically.</td>
</tr>
<tr>
<td><strong>Usually clear delineation between victim/perpetrator.</strong></td>
<td><strong>Not always clear delineation between victim/perpetrator.</strong></td>
</tr>
<tr>
<td>In case of fight, both parties charged.</td>
<td>In case of fight, frequently only one party charged.</td>
</tr>
<tr>
<td>Violence reaches a higher threshold in order to arrest.</td>
<td>Blurred lines as to when “battery” occurs. Sometimes a push/shove is battery, sometimes not.</td>
</tr>
<tr>
<td><strong>The JJ system defines battery.</strong></td>
<td><strong>The family defines battery.</strong></td>
</tr>
</tbody>
</table>

* Not including Teen Dating Violence.
What if...?

Not all kids who commit domestic battery are the same?

We could determine that different types of kids and families need different types of responses?

We could address familial risk factors and teach youth and parents/guardians new ways of resolving family conflict?
Gina Vincent, PhD, University of Massachusetts Medical School, Principal Investigator

Nussbaum, Berry, Hartnett, & Vincent (2015) With assistance from Jonathan Clayfield & Ryan Kelly


Use: Focuses on ADB towards a parent, caregiver, or other individual with an established parental role that is presumed to be stable for the foreseeable future
Development of the Assessment Tool
Guiding Principles

- ADB youth are different than adults engaged in intimate partner violence;
- Not all youth who enter the system for ADB are the same;
- ADB is predominantly a family problem rather than a youth-specific problem;
- Youth’s risk of committing ADB is likely to change over time due to developmental factors;
Many of these youth suffer from mental health issues or are entangled in ongoing family cycles of violence and neglect, substance abuse, and criminal involvement;

There are too few alternatives to formal system involvement or secure detention; and

Based on actual risk of harm to others, some of these youth and families do not belong in the “delinquency” system at all.
Goals for the ADBTT

- Develop a common language about ADB.
- Determine which families are truly at risk of harm.
- Predict which youth are mostly to commit future acts of ADB.
- Match system responses to youth’s risk and keep youth who don’t belong in the system out of the system.
- Match treatment responses to ADB typologies.
Multiple Steps of Development

- Initial description of the typologies based on years of clinical experience (Wendy Nussbaum)

- Pilot data collection – file review in Illinois (N = 89), refinement of assessment items and the typologies

- Multi-site validation study of the ADBTT (funded by the MacArthur foundation):
  - Sites = 5 courts in 4 states, different entry points, assessments in field
  - Inter-rater reliability of items
  - Factor analysis & correlates (traumatic experiences, mental health & child welfare history)
  - Predictive validity for future arrests, particularly for ADB
Sample and Typologies

Largest sample of youth charged with ADB on a parent to date - N = 373

- Age ranged 9 to 18 years
- Relatively high % of girls = 41%
- Majority were White = 69%
- Mother victim = 72%
- 95.9% minor to no injury

Prior System Involvement
- Child welfare = at least 26.5%
- Police contact = 73.5%
- Mental health system = at least 65%
Defensive 13.7%
Isolated 26.3%
Family Chaos 17.8%
Escalating 42.2%

Typology Differences

- Highest rate of parent(s) w/alcohol or drug abuse
- Lowest rates of prior involvement with MH system or police
  - High rate of prior MH (64%) or diagnosis (54%)
  - Lowest rate maltreatment
Typology Differences

- Youth victimization
- Prior MH Tx (72%)
- Police contact (77%)
- Highest rates of runaway, hurting others out of home, prop damage

More likely female
No other differences

- Escalating (42.2%)
- Isolated (26.3%)
- Defensive (13.7%)
- Family Chaos (17.8%)
Recidivism: Average 10.5 mth (range 5 to 15.5 mths)

- ADB = 31%
  - Any = 54%

Escalating 42.2%

Family Chaos 17.8%

Defensive 13.7%

Isolated 26.3%

ADB = 14%
  - Any = 20%

ADB = 17%
  - Any = 31%

The ADBTT was better able to predict youth most likely to commit future acts of ADB than general risk assessment tools.
<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>Parental Authority</th>
<th>Predictability of Event</th>
<th>Triggers to Violence</th>
<th>Behavioral Intent</th>
<th>Youth Attitude Toward Violence</th>
<th>Youth Attitude Toward Change</th>
<th>Parent’s Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOPE OF ADB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENTAL AUTHORITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREDICTABILITY OF EVENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRIGGERS TO VIOLENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEHAVIORAL INTENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH ATTITUDE TOWARD VIOLENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH ATTITUDE TOWARD CHANGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PARENT’S CONCERN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Purpose: To determine the characteristics of the existing level of parental authority between parent and youth.

• Who wears the pants in the family?
• Who makes the decisions?
• What happens when expectations are not met?

*Look at patterns of interactions between the parent and youth, not just the current incident of aggression.
Defensive: Parent demonstrates developmentally unreasonable level of authority. (Authoritarian)

Definition: Parental authority is rigid and unchanging over time. The Parent maintains unreasonable control by making majority of household decisions while ignoring the input of others. LOPSIDED – PARENT IN CONTROL; YOUTH HAS NO CONTROL
**Isolated Incident:** Parent demonstrates developmentally REASONABLE level of authority. (Authoritative)

**Definition:** Gradual reduction of parental authority as youth demonstrates the ability to make appropriate decisions for himself. Parent has final say about decisions effecting the family but allows youth to have input and encourages autonomy.
Family Chaos: Parental authority is inconsistent or unclear.

Definition: Parental authority is inconsistent or non-existent. At times parent appears to be in control, other times youth is in control and sometimes no one is in control. Parent has low or unclear standards for youth’s behavior and maturity and makes sporadic or inconsistent attempts to discipline, enforce rules or set limits. Youth may be given opportunities to give input, resulting in frequent arguments.
**Definition:** Parental authority is usurped as youth exhibits a range of behaviors and attitudes designed to create a non-developmental and ultimately permanent shift in control from parent to youth. Once the shift of control is complete, the youth does not recognize any authority in the home except for himself. The youth makes all of his decisions for himself with no regard for his parent’s feelings or input. Parental attempts to influence the youth will decrease and eventually stop because of fear of repercussions.

**Escalating:** Parental authority is shifting or has shifted to youth.
Rate “Parental Authority” on a scale of zero to four. Enter score in the box.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Parental authority is not shifting or has not shifted to youth</td>
</tr>
<tr>
<td>1</td>
<td>Parental authority is becoming ineffective and control is shifting to youth</td>
</tr>
<tr>
<td>2</td>
<td>Youth demonstrates unreasonable level of control/decision-making over parent; parent has no influence over youth.</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>


Implementing the Assessment Tool
Implementation Considerations: Policy Development

- Where should it be implemented and how will it be used?
- What are the legal considerations?
- What are the resources needed and costs (e.g., interviewer training)?
- Who should conduct the assessment?
- Who should be assessed?
- Data collection and evaluation
Assessment to Response Continuum

ADBTT + MH Screen

Safety Screen & Plan

System Response

Treatment Response
Determine the Response: Policy Development
3 Important Steps

1) **Safety Screen**: Immediate screen of the facts surrounding a crisis situation involving a youth

2) **Safety Plan**: Efforts to reunify the youth with his/her family *in the safest way possible*

3) **Case Planning**: Formal vs informal processing? Referral and treatment planning - follow-up services for the youth and family? System of care considerations.
<table>
<thead>
<tr>
<th>Probation/Court Services response</th>
<th>Defensive</th>
<th>Isolated Incident</th>
<th>Family Chaos</th>
<th>Escalating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Generated Solution (close case)</td>
<td>May be appropriate; if DCFS is investigating or if family is receiving services elsewhere</td>
<td>Appropriate for first time offenders; based on parent's resources and request as well as youth attitude</td>
<td>Not appropriate</td>
<td>Not appropriate</td>
</tr>
<tr>
<td>Mediation</td>
<td>Not appropriate</td>
<td>Appropriate</td>
<td>Appropriate if only other offenses are minor</td>
<td>Not appropriate</td>
</tr>
<tr>
<td>Informal Supervision (Diversion)</td>
<td>May be appropriate; if DCFS is investigating or if family is receiving services elsewhere</td>
<td>Appropriate, with or without requiring programmatic response.</td>
<td>Appropriate only if requiring programmatic response</td>
<td>Appropriate only if requiring programmatic response</td>
</tr>
<tr>
<td>Continuance under Supervision</td>
<td>May be appropriate if it is the only way to get the family services</td>
<td>Appropriate, with or without requiring programmatic response.</td>
<td>Appropriate only if requiring programmatic response</td>
<td>Appropriate only if requiring programmatic response</td>
</tr>
<tr>
<td>Formal Supervision (Probation)</td>
<td>Not appropriate</td>
<td>Not appropriate, unless all attempts at diversion have failed</td>
<td>Appropriate if attempts at diversion have failed or if intensity of incident warrants it. Should include programmatic response.</td>
<td>Appropriate if attempts at diversion have failed or if intensity of incident warrants it. Should include programmatic response.</td>
</tr>
<tr>
<td>Residential Placement</td>
<td>Not appropriate</td>
<td>Not appropriate</td>
<td>Not appropriate</td>
<td>Only in extreme cases</td>
</tr>
<tr>
<td>Referral for Treatment</td>
<td>If case reaches Probation and Court Services, a referral for assessment for treatment is appropriate</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Considerations based on Typologies

- Does the family have the resources/ability to resolve the problem on their own?
- Does the response balance community/family safety with the youth’s needs? Is it the least restrictive?
- Does the system response mix risk levels?
- Is the response a more intensive level than would normally be implemented? (Net-widening)
- What does the family want to see happen?
Non-specific treatment or ADB-specific treatment needed?

<table>
<thead>
<tr>
<th>ADB Specific Treatment</th>
<th>Defensive</th>
<th>Isolated Incident</th>
<th>Family Chaos</th>
<th>Escalating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety Planning</td>
<td>Recommended, including planning around parent violence</td>
<td>Recommended, may include “behavior contract”</td>
<td>Recommended; may include “behavior contract”; may need to include planning around parent behavior</td>
<td>Recommended, may want to safety plan with parent alone.</td>
</tr>
<tr>
<td>Domestic Violence Education (4 hour educational program)</td>
<td>Recommended on case by case basis and only if it has a parent component</td>
<td>Recommended on case by case basis</td>
<td>Recommended if it has a parent component</td>
<td>Recommended for early incidents</td>
</tr>
<tr>
<td>Step Up (21 week group therapy curriculum with parent component)</td>
<td>Not recommended unless it is the only treatment option available</td>
<td>Due to length of program, not recommended unless parents are requesting additional support.</td>
<td>Highly recommended; emphasize accountability</td>
<td>Recommended; emphasize safety planning; needs to include youth accountability to the system (monitoring)</td>
</tr>
<tr>
<td>Traditional Adult DV education</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Not recommended</td>
<td>Recommended only for escalating youth with very high risk scores</td>
</tr>
</tbody>
</table>

Non-specific treatment
- Are there mental health concerns? If yes, indicates need for a coordinated network of community-services and supports
Considerations based on Typologies

- Should family attend treatment together or separately? Is it safe?
- Do the parents have the ability to get the youth to treatment?
- Is the treatment plan realistic? What are the obstacles?
- How invested is the family? How likely are they to follow the plan?
- What is the parent’s attitude toward change?
- Who might sabotage the plan?
- Are there special needs that should be considered?
- What does the family want in terms of treatment?
SUMMARY

- Use of an assessment specific to ADB can add value to a JJ system approach geared towards youth charged with ADB.

- Youth charged with ADB are different and require tailored system and treatment responses.

- Despite the differences across types, most of these youth have multi-system involvement – meaning there were other opportunities for intervention prior to JJ involvement.

- Need for a SOC approach – educate other providers about the typologies, align language, and work together to develop the treatment response matrix.