

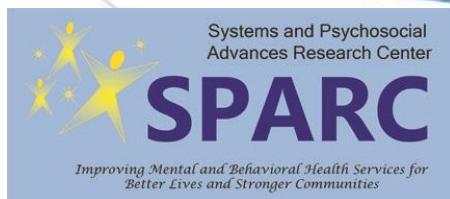
# Adolescents Charged with Domestic Battery on a Caregiver: Assessment and Management

## The Adolescent Domestic Battery Typology Tool (ADBTT)

Gina M Vincent, PhD, Associate Professor, UMMS

Wendy Nussbaum, LCPC, Executive Director, IL JJ  
Commission

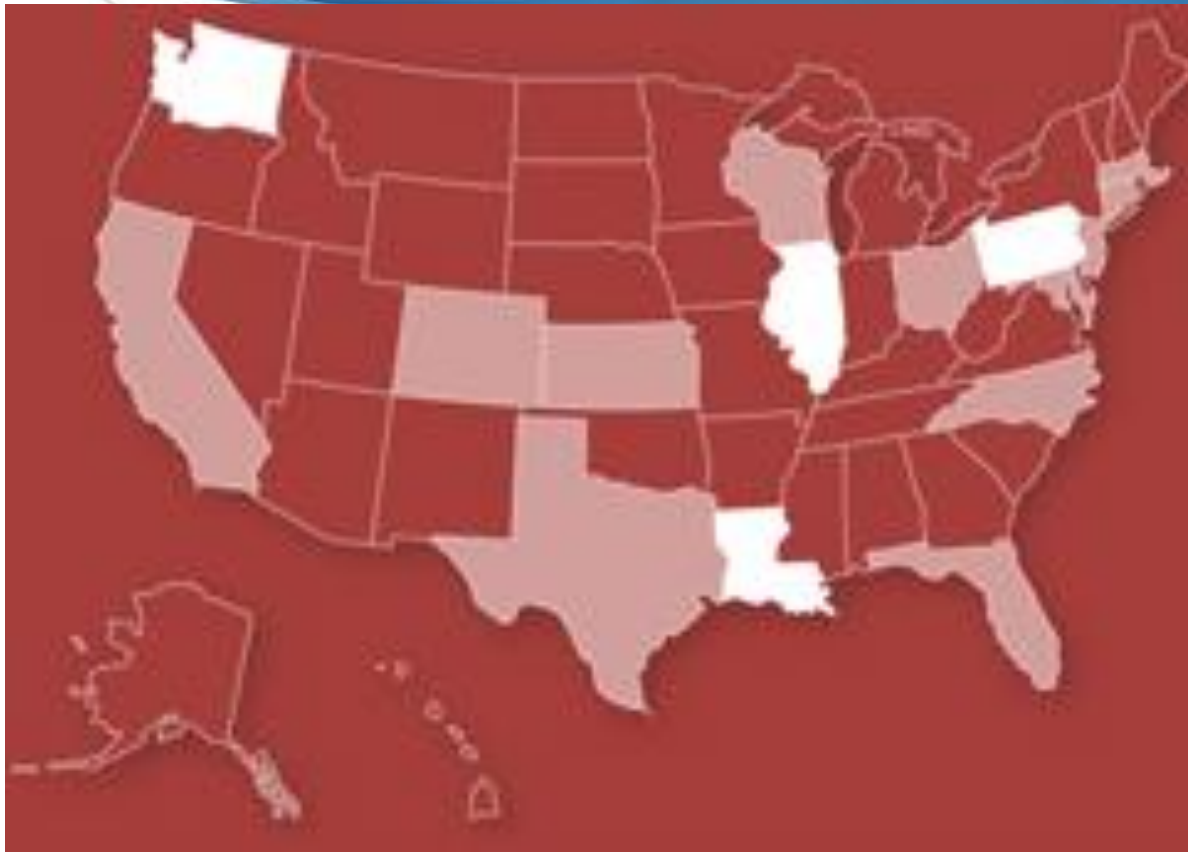
Erin Espinosa, PhD, Institute for Innovation and  
Implementation, Univ of Maryland School of Social Work



MacArthur Foundation

# 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.

# The scope of the problem

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

## Intimate Partner Violence

## Adolescent Domestic Battery (In majority of cases)

Power and Control Dynamic Fixed

Power and Control Dynamic Varies

Control over Victim

Control over Immediate Environment

Intent to harm or humiliate

No real intent to harm, but to get own way.

Violence as Preferred or “Go to” Response

Escalation of Behavior-Violence as Last Resort

Family’s PRIMARY concern: Safety

Family’s Primary Concern: Establish or re-establish appropriate balance of power and control

Individual Treatment

For best outcome: family is involved in treatment

# Other Adolescent Battery vs. ADB

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

\* 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

Available on-line at:

[http://www.nysap.us/MfC%20AD  
BTT%20Manual.pdf](http://www.nysap.us/MfC%20ADBTT%20Manual.pdf)

**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

## Adolescent Domestic Battery Typology Tool Manual

Wendy Nussbaum, LCPC

Stuart M. Berry, MSW, LISW

Shannon Hartnett, M.A.

Gina Vincent, Ph.D

**Models for Change**  
Systems Reform in Juvenile Justice



# 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;

# Guiding Principles (continued)

- 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

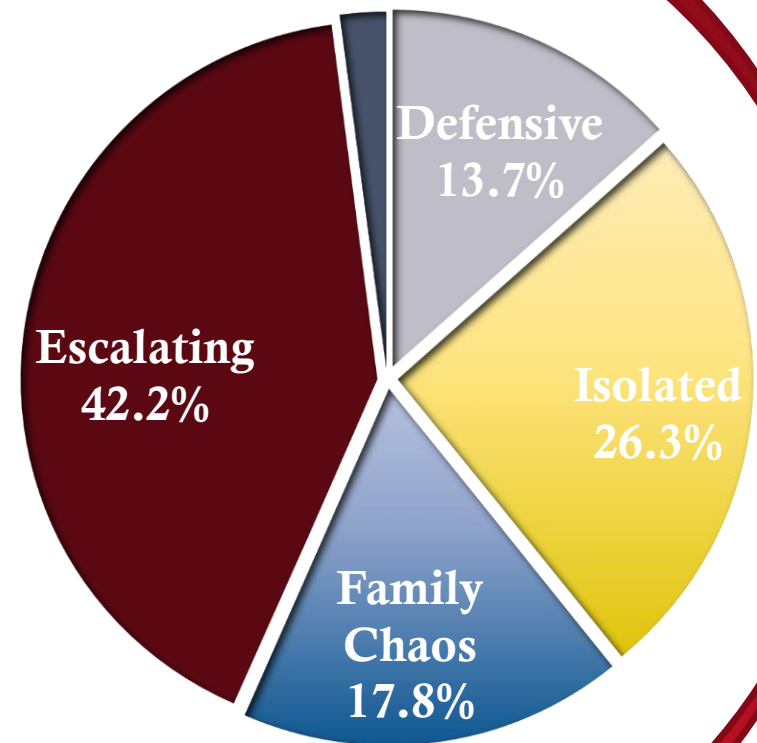
# Sample and Typologies

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

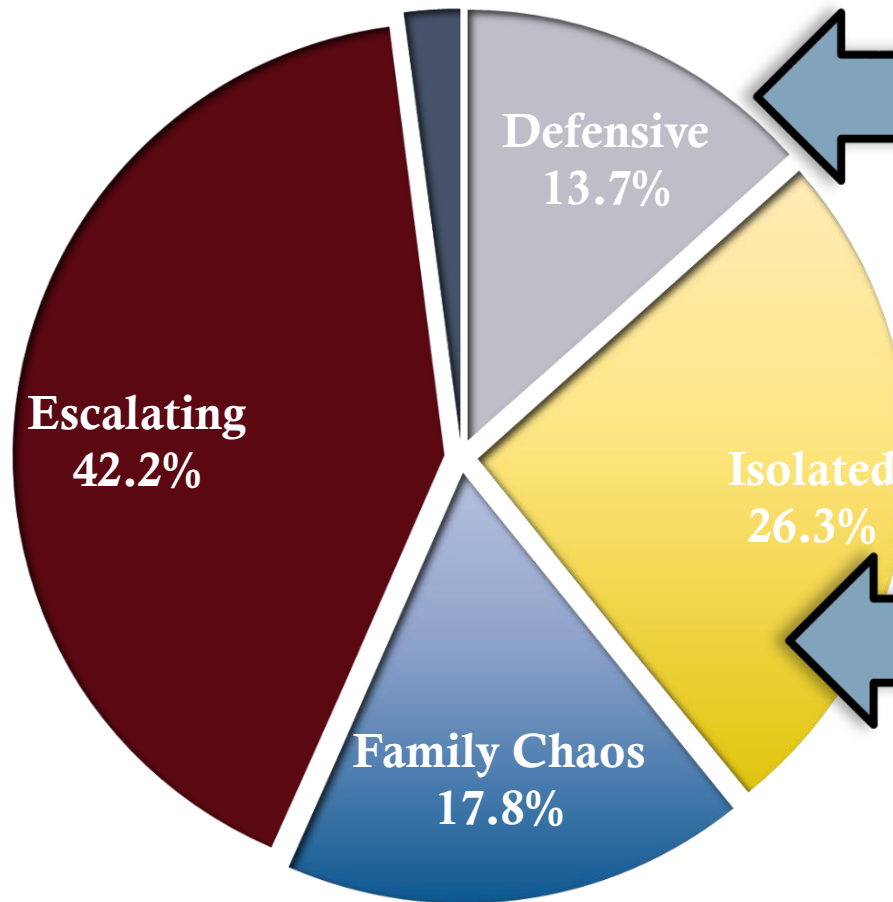
- Age ranged 9 to 18 years
- Relatively high % of girls = 41%
- Majority were White = 69%
- Mother victim = 72%
- **95.9% minor to no injury**

## Prior System Involvement

- Child welfare = at least 26.5%
- Police contact = 73.5%
- Mental health system = at least 65%



# 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

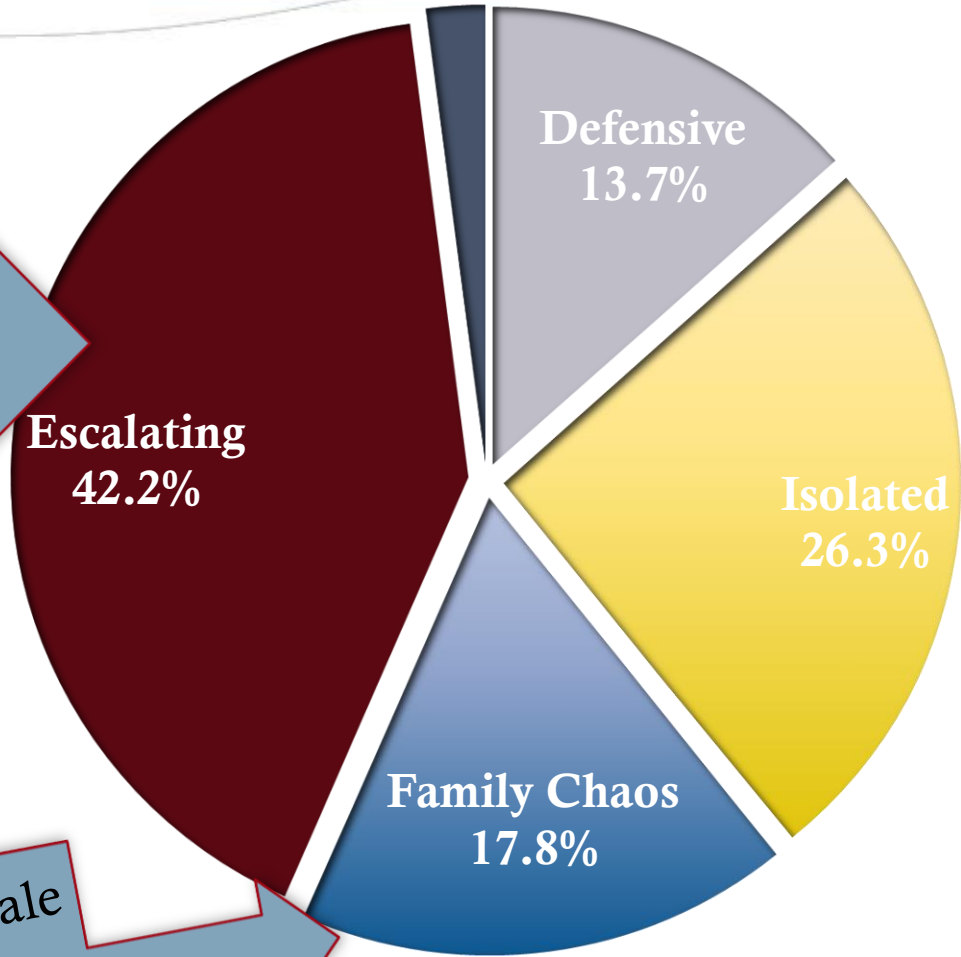
**Escalating**  
42.2%

**Defensive**  
13.7%

**Isolated**  
26.3%

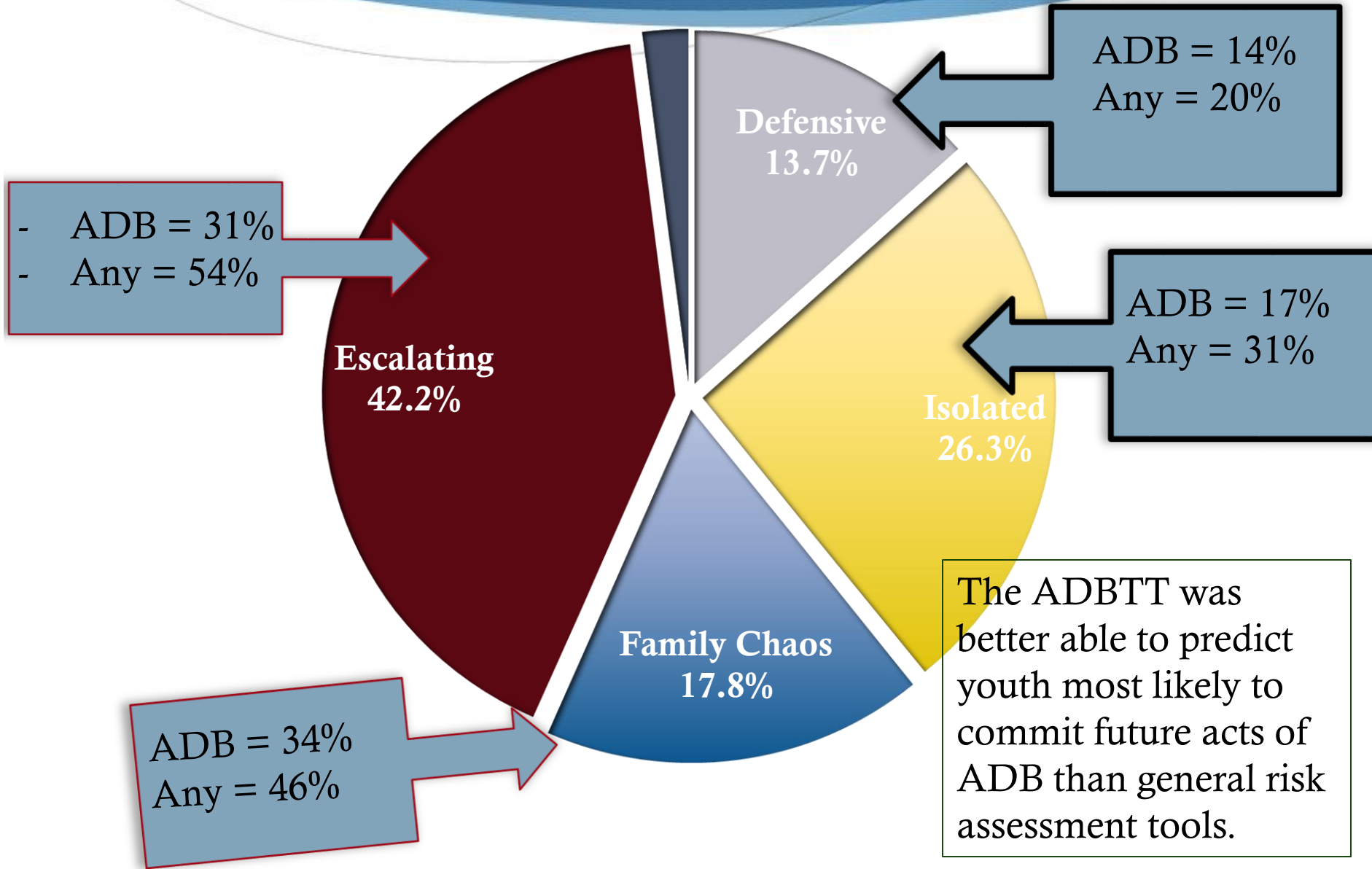
**Family Chaos**  
17.8%

More likely female  
No other differences





# Recidivism: Average 10.5 mth (range 5 to 15.5 mths)



# DOMAINS

SCOPE OF ADB

PARENTAL AUTHORITY

PREDICTABILITY OF EVENT

TRIGGERS TO VIOLENCE

BEHAVIORAL INTENT

YOUTH ATTITUDE TOWARD  
VIOLENCE

YOUTH ATTITUDE TOWARD  
CHANGE

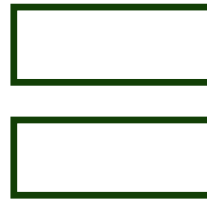
PARENT'S CONCERN

Defensive

Isolated  
Incident

Family  
Chaos

Escalating



# Example

## Domain 2:

### Parent Authority

*Purpose:* To determine the characteristics of the existing level of parental authority between parent and youth.

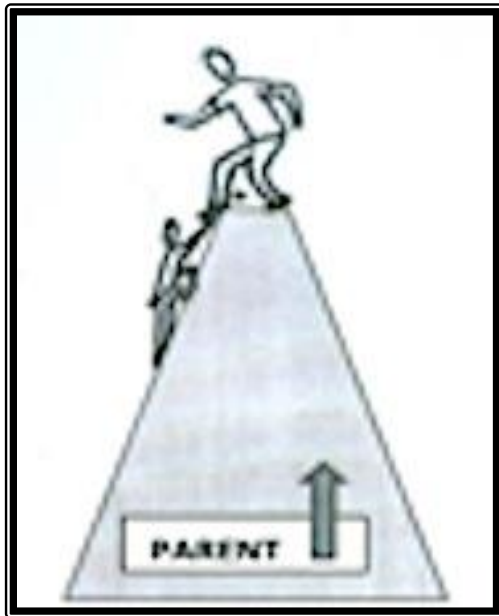
- Who wears the pants in the family?
- Who makes the decisions?
- What happens when expectations are not met?

look for  
patterns

*\*Look at patterns of interactions between the parent and youth, not just the current incident of aggression.*

# Parent Authority

**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

look for  
patterns

# Parent Authority

**Isolated Incident:** Parent demonstrates developmentally **REASONABLE** level of authority. (Authoritative)

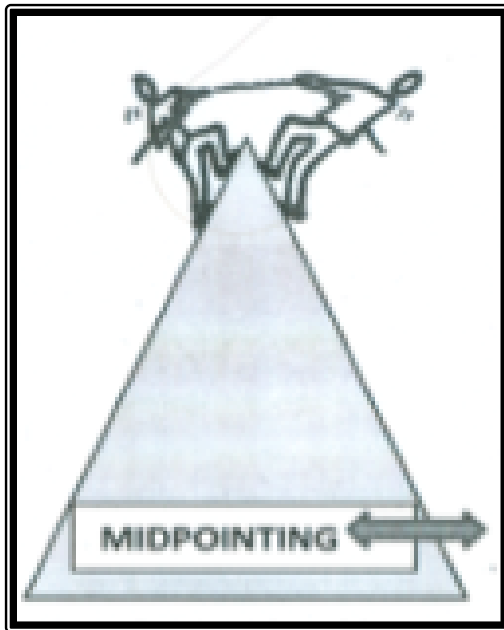


*Definition:* Gradual reduction of parental authority as youth demonstrates the ability to make appropriate decisions for himself. Parent has final say about decisions effecting the family but allows youth to have input and encourages autonomy.

look for  
patterns

# Parent Authority

**Family Chaos:** Parental authority is inconsistent or unclear.

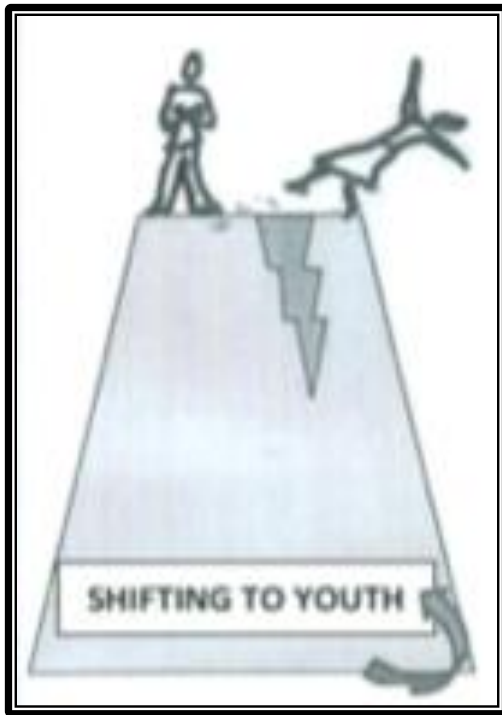


*Definition:* Parental authority is inconsistent or non-existent. At times parent appears to be in control, other times youth is in control and sometimes no one is in control. Parent has low or unclear standards for youth's behavior and maturity and makes sporadic or inconsistent attempts to discipline, enforce rules or set limits. Youth may be given opportunities to give input, resulting in frequent arguments.

look for  
patterns

# Parent Authority

**Escalating:** Parental authority is shifting or has shifted to youth.



look for  
patterns

*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

# Severity Score

**Rate “Parental Authority” on a scale of zero to four.  
Enter score in the box.**

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



# 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.

# System Response

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

# 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?

# Treatment Response

Non-specific treatment or ADB-specific treatment needed?

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

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