

**New Jersey Task Force on Child Abuse and Neglect
Protection Committee
Donna Younkin, Acting Chair
Liza Kirschenbaum, Esq, Vice-Chair
March 16, 2015
1:00 P.M.
PerformCare – Room 113A**

Minutes

In Attendance:

Anderson, Greta, Director	DCF - IAIU
Applegate, Joyce	Catholic Charities
Augustini, Lorraine	OPD-OLG
Beadle, Rhona	New Jersey Children's Alliance Chapter
Behan, Doug	Rutgers
Caraker, Eileen	Gloucester County Forensic Nurse Coordinator
Daniels, Theresa	DCF-DOW
DeWitt-Parker, Christene	NJ Department of Education
Esmerado, John, Assistant Prosecutor	Union County Child Advocacy Center
Finkel, Martin, D.O.	Rowan University-School of Osteopathic Medicine
Kirschenbaum, Liza M., Associate Director	CASA of New Jersey
Krieger, Alexis	FBI
Lischick, Cynthia	NJ National Guard
Lynch, Pat	
Muñoz, Kelya	FBI
Page, Clinton	DCF-Office of Legal Affairs
Petrillo, Stephanie	AOC
Pincavage, Donna	Barnabas Health
Sanchez, Luisa, Chief	U.S. Army
Sandler, Kelly	Essex County Prosecutors
Snyder, Sylvia	
Spinney, Judy	Therapist
Tatunchak, Ulana	DCF-DOW
Thomas, Charmaine	DCF FCP/DOW
Wilkerson, Lorene	NJCPAC

Staff:

Ifeanyi Pole	DCF-NJTFCAN
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INTRODUCTION AND WELCOME

Introductions were made.

REVIEW AND APPROVE JANUARY MINUTES

The January 2015 Minutes were approved with noted edits.

BATTERERS' ACCOUNTABILITY

Presentation - Cynthia Lischick, PhD, LPC, DVS

Dr. Lischick disseminated two hand-outs to the attendees: a copy of slides for her PowerPoint presentation and a letter from Judge Grant on the Protocol for Monitoring and Enforcing Domestic Violence Defendants' Compliance with Orders to

Attend Counseling and/or Batterers' Intervention Programs. Some key points from her presentation include the following:

Mental Health and Substance Abuse (2012 NJ State Police Crime Statistics)

- No unitary set of psychological traits or diagnoses that would be assigned universally to physically violent men.
- Most batterers' do not suffer with a major mental illness; one that is not discernable on psychological tests.
- Substance abuse presents a unique and separate problem, which also increases risks:
 - Alcohol and/or drugs were involved in 27% or approximately 1/3 of the reported offenses.
 - Alcohol alone accounted for 24% of the total reported domestic violence cases.
- Mental health and substance abuse are issues, but they are two different and separate issues that are not necessarily involved in "batterer accountability".

Measuring Recidivism through NJ Crime Statistics (2012 NJ State Police Crime Statistics)

- Of the 11, 494 domestic violence complaints, 56% had a prior court order issued against the offender:
 - Approximately 22% of these batterers' had domestic violence restraining orders
 - Approximately 58 % of these batterers' had restraining order arrests only.
 - Batterers are getting arrested purely on the violation of the restraining order.
 - 42% of these batterers not only had a restraining order, but they also had a new offense.

Batterer's are often emboldened while Under the Court's Watch

- Domestic violence perpetrators, to some degree are serial criminals that are highly likely to reoffend while under the court's watch. They perpetrate crimes while under the justice system's supervision, for example:
 - Out on bail
 - On probation
 - On work release
 - Pending sentence
 - Under supervised pre-trial release
 - Under court protection programs

CAVEAT

- The typical abuser is not represented in published statistics because the majority of the domestic violence victims do not usually call police.
- Statistics do not capture the majority of abusers, especially the low level acts of abuse that do not rise to the level of a crime.
- When looking at crime stats and batterers intervention programs, it is important to think about the data that is counted. Sometimes statistics do not capture the severity of the crime reported if the batterers plea down to a lesser charge.

Defining Batterer Accountability

- Holding a batterer accountable for their powers of coercion and control actions should be the responsibility of the social system and not be the burden of the victim.

How Batterers can be held accountable...

- Police - Now has mandatory arrests for domestic violence
- Police - Use confiscation of weapons
 - 2/3 of severe domestic violence crimes involve a handgun
- Civil Remedies - TRO and FRO and a curtailed drop policy
- Civil Remedies - FRO- Visitation Risk Assessment / Use of Parenting Time (Child Visitation) Centers
 - There could be a lot more training around these centers.
- Child Protection - DCP&P Interventions for Batterer
 - This case practice protocol that is part of Rutgers child welfare initiative training

- Dr. Lischick informed the Committee that she attended one of DCF's Batterers Intervention classes and thought it was great, but has concerns about its implementation.
- Municipal Prosecutors: Sentence Reduction to Misdemeanor w/ Pretrial Intervention- Batterer Intervention Programming and (plus substance abuse treatment, if necessary) and (plus mental health treatment, if necessary)
- Judiciary: Court Ordered Probation/Monitoring (can be thru BIP). Dr. Lischick referenced the letter she handed to the attendees from Judge Grant on the Protocol for Monitoring and Enforcing Domestic Violence Defendants' Compliance with Orders to Attend Counseling and/or Batterers' Intervention Programs.
- Judiciary Court Ordered Meaningful Sanctions for Non-Compliance (Fines, Jail, Repeat the BIP).
- Criminal Prosecutors: Pro-prosecution (balancing the State's responsibility for prosecuting crimes (evidence based prosecution) while simultaneously weighing the guidance from the victim and the impact of that prosecution on the victim
 - Dr. Lischick informed the Committee that evidenced-based persecution involves the victim not having to testify.
- Judiciary: Sentencing
 - Many domestic violence crimes are low level crimes and there might not a high level of sentencing that could be attached; it may depend on how many charges are brought against the perpetrator.

Batterers Accountability & the Criminal Justice System: Using Batterer Intervention Programming (BIP)

- BIPs were originally developed to provide prosecutors and judges a place to put adjudicated batterers
- BIPs allowed the court to avoid utilizing their traditional correctional resources of probation and jail
- BIPs were not meant to be rehabilitative
- BIPs are an appropriate punitive sanction that criminal courts can impose in cases unable to elicit a jail sentence
 - The above examples are the ways in which these BIPs were utilized.
 - The BIPs were meant as an intervention and not a treatment program.

Dr. Lischick expressed to the Committee that domestic violence is a civil rights issue.

Ensuring Accountability: BIP True Randomized Experiments on Batterer Recidivism

- Discussed the Ontario, Canada study
- Discussed the San Diego, California study

Measuring Recidivism thru BIP

- Discussed the Brooklyn, New York study
- Discussed the Broward County, Florida study

Meta-analysis

- Effects of BIPs are negligible
- Effects are strengthened when using official reports than when using victim reports
- Court Monitoring component, in and of itself appears to have an effect; the longer the better
- Thus, BIP utility needs to be articulated as a service to assist the court with monitoring as it contributes to recidivism reduction, not offender rehabilitation

At this point in the presentation, an inquiry was made about the inclusion of more recent literature on this topic; it was noted that the findings cited in Dr. Lischick's BIP PowerPoint slides are twelve years old. Dr. Lischick stated that she is presenting the most recent data.

- BIPs have long said they were not meant to be rehabilitative.
- BIPs were created as "intervention" programs and not "treatment" programs because domestic violence is a crime and not a mental illness.
- More recently domestic violence has been considered coercive control involving a pattern of behavior.

Identifying and Differentiating 2 types of Violence means Separate Interventions

- Episodic Assault is present as a separate etiology from...
- Battering/Coercive Control involves a pattern of behavior which is positioned in three different but connected ecological levels:
 - Individual Level
 - Relationship Level
 - Society Level

Battering/Coercive Control is

- NOT A MENTAL ILLNESS although one may be present
- NOT 'LOSING CONTROL OF ANGER' although the lack of impulse control
- NOT CAUSED BY SUBSTANCE ABUSE
- Can be rise to the level of a crime

Behavioral Distinctions That Often Aren't Made: 3 Types of Domestic Violence

- Common Couple Violence
- Episodic Assault (40%)
- Coercive Control (50-60%)
 - The calculus of harm of the range of injury of minor to severe

Coercive Control (CC) Theory Concepts

- Separation Violence = Increased Danger
- Batterer's Coercive Control Pattern includes risk variables for adult & child victim harm at multiple levels
- Entrapment –Psychological, Economic/Resource, Institutional
- Battered Mother's Dilemma
- Tangential Spouse

Batterers are more likely to increase violence during separation from domestic violence victims.

Treatment Model Based upon the Cognitive Behavioral Theory

- BIP treatment model is based upon the Cognitive Behavioral Theory (CBT).
- BIP addresses thoughts and beliefs about how the world works.

Triaging: Batterer Intervention vs. Episodic Assault

Effective Triage = Appropriate Intervention Match

- Battering/Coercive Control - Duluth Model (BIP) (26 weeks-1.5 hours/week) Psycho-educational Groups addressing Power & Control, changing dysfunctional cognitions, Choice Theory-being accountable for behavioral choices WITH A COORDINATED COMMUNITY RESPONSE + MEANINGFUL SANCTIONS FOR NONCOMPLIANCE
- Episodic Assault(16 weeks) – Combination CBT, DBT & Anger Management/Emotional Intelligence Skill Building
- Common Couple Violence(16-24 weeks)- Couples Counseling, Constructive Conflict Resolution Skill-Building and Anger Management/Emotional Intelligence Skill Building
 - These curriculums do not address parenting and children.

Identify Solutions through a Coordinated Community Response (CCR)

- In order to be effective, BIPs have long since been structured to rely upon a CCR.
- CCR is the only way to ensure Batterers accountability and promote victim safety.

The Committee discussed that there is an underlying bias to think of domestic violence as a couple's situation and discussed how there has been a culture change to engage the batterer when children are involved. The Committee discussed assessing the effectiveness of the BIPs in which families are being referred. The focus of the evaluation would be on how we can do better and/or what we may need to change. CP&P is making efforts to have case practice focused on asking specific questions when interviewing batterers and addressing their behaviors and their impact on the children. The Committee discussed the importance of speaking with the children to learn their level of exposure by the batterer.

NJ Division on Women

Presentation –

Charmaine Thomas, Assistant Commissioner, Family and Community Partnerships, Division on Women

Theresa Daniels, Program Specialist 3, Office of Domestic Violence Services

Charmaine informed the Committee that the Division on Women' (DOW) Office of Domestic Violence Services (ODVS) has four BIPs as part of a pilot program that are currently operating in Atlantic County, Middlesex County, Morris County and Sussex County. The NJ Department of Children and Families (DCF) has collaborated with the domestic violence provider agencies and their goal is to reduce and eliminate the safety and risk and concern posed by the batterers. The four DV agencies execute this goal by assessing and engaging fathers into a higher standard of responsible fathering; this effective case practice method can accomplish this goal. The three components of DCF-DOW's BIPs include: Program; Evaluation and Training. DCF has also provides BIP training to the Child Protection and Permanency (CP&P) staff so that they can have a greater understanding of the BIP process and engage the fathers. This is new for the CP&P staff where in the past the focus of training was on the mothers and children, however, the many of these mothers often return to their abusers and/or have contact with them regarding their parental role.

Charmaine shared with the attendees that research indicates the BIPs, integrated as part of a community response, helps to eliminate intimate partner violence by proceeding on both a community and individual levels. The programs are funded to provide opportunities for assessment, engagement, violence prevention skills-training, education, accountability, treatment and relapse-prevention for male perpetrators of domestic violence. These BIPs include a fatherhood component for a safe engagement of fathers. Three of the four BIPs have a Peace A Learned Solution (PALS) component. PALS is therapeutic program provides counseling and creative arts therapy for children who have witnessed domestic violence. The programs' referrals are coming from CP&P.

Theresa informed the Committee that the fatherhood component DCF-DOW's BIPs is based on the, "Safe and Together" model by David Mandel; his staff has trained DCF-DOW's DV providers on this model. CP&P's BIP training is also based on the Safe and Together model and its curriculum was written by David Mandel and Associates in Connecticut. Three of the four BIPs are 26 weeks and the fourth is 13 weeks. DCF-DOW's BIPs are in their second year and there is an evaluation process through a partnership with Rutgers University. This evaluation includes an assessment of the DV agencies' clients and the roll-out of the program which includes a pre and post test components as they move forward; the DV agencies provide demographic information on the clients. The CP&P staff that are being trained in BIP are only in the four pilot counties; these staff receive a pre-test before they do the training and post-test after they receive the training as part of Rutgers BIPs evaluation.

The Committee inquired how many batterers are currently being served by DCF-DOW's BIPs. The Committee also asked how issues of confidentiality are being addressed regarding things that are revealed in the BIPs (i.e. information about the batterer's fathering issues). The Committee was informed by DOW that within their BIPs, the DV provider notifies the victim that the batterer has entered the program. DOW will email the Committee shortly with information pertaining to their DCF-DOW BIP inquiries.

HUMAN TRAFFICKING UPDATE

Presentation - Liza M. Kirschenbaum, Esq.

Introduction

Liza informed the Committee that the Human Trafficking (HT) Workgroup has been working drafting guidelines on cases of sex and labor trafficked youth. Initially, the Workgroup worked on drafting a Statewide Human Trafficking Guidelines document; however, it quickly became apparent that each county operates with different types of service providers.

Discussion of County Guidelines

The County Human Trafficking Guidelines project was launched from a conference call with Susan Goldfarb, Executive Director of the Children's Advocacy Center in Boston, Massachusetts last summer. Susan does human trafficking work in Suffolk County in Massachusetts and she and her team have successfully figured out how to get trafficked youth the services that they need and working with prosecutors on these cases. The Workgroup concluded that the best way to execute these guidelines effectively would be at the county level. The Workgroup drafted a County Based Human Trafficking Guidelines document with input from the Workgroup members. The Guidelines outline recommendations on: who should be involved in a county based human trafficking task force; what are the overarching goals of the group; what are some of the specific focus areas. The goal of the Guidelines document is that it is broad enough to apply in all 21 counties, but specific enough that the counties had substantive guidance.

The Committee discussed DOW's recommendation on the bottom of page three of the document that indicates a, "specific type of therapy not be mandated as the particular type of intervention needed will depend on what best fits the client/survivor." The Committee recommended changing this language to read, "*Trauma Informed Mental Health Professional such as those trained to provide Trauma Focused Cognitive Behavioral Therapy (TFCBT) and other evidenced-based modalities as identified by the California Evidenced-Based Clearinghouse for Child Welfare www.cebc4cw.org/.*"

The Committee also discussed amending the drafted HT County Guidelines document by adding a separate section on data collection in addition to the data collection bullets noted on pages two and four of the document.

The Committee voted and approved recommendation of the drafted Human Trafficking County Guidelines pending the discussed edits.

Next steps

Liza informed the Committee that the Workgroup will convene via conference call to discuss the Committee's recommended edits, amend the drafted Guidelines and present it to the Task Force for review and approval.

HOUSEKEEPING

Review of 2015 Goals

- **Complete the child physical/sexual abuse data project**
Update - John Esmerado, Assistant Prosecutor

John informed the Committee that Amanda O'Reilly, Director of DCF's Office of Research, Evaluation and Reporting (RER), and her team is providing technical assistance with the child physical/sexual abuse data project by assembling existing DCF data from 2009-2012 and confirming the accuracy of the previously supplied DCF data. RER is scheduled to complete this work by the end of this March. John hopes to have the 2009-2012 data to present at the Committee's May meeting. John informed the Committee that one of the significant finding from this data is that we are not seeing a decline in sexual physical abuse.

John stated that he would like to assess “child on child” abuse in his data and is seeking a suggestion on how this type of abuse should be coded in the child welfare system.

Clinton Page informed the Committee that the issue of proving neglect of a child is that you need someone in the caretaker capacity. The challenge with the child-on-child cases is that there is no one in the caretaking capacity; therefore you can never prove abuse and neglect. For this reason, DCF codes some investigations CPS (Child Protective Services) and some CWS (Child Welfare Services). Regarding the data question, Clinton will inquire about obtaining data on DCF’s child-on-child referrals and cases are opened under the CPS and CWS coding.

- **Decision on Batterers’ Accountability project**

Liza informed the Committee that they will further discuss Dr. Lischick’s presentation in the context of the Committee’s Batterers’ Accountability project at the May meeting.

- **Recommend County Human Trafficking Guidelines**

The Committee voted and approved recommendation of the drafted Human Trafficking County Guidelines pending the discussed edits.

- **Understanding The Role of Forensic Nurses – HOLD**

This goal will be discussed by the Committee at a future meeting.

Announcements

- April 1, 2015 – CARES 2015 Annual Symposium at DCF’s Professional Center in New Brunswick, NJ. For more information, visit www.caresinstitute.org
- April 28, 2015 – The 2nd Child Advocacy Center National Summit on Child Abuse & Neglect in the State of New Jersey at the New Jersey Performing Arts Center (NJPAC). For more information, visit <http://www.wynonashousesummit.com/>
- May 1, 2015 – Childhood Obesity and Bullying: Health Professions Working Together to Address Weight Bias conference at Rutgers University at Busch Campus Center in Piscataway, NJ. For more info, visit <http://ssw-web.rutgers.edu/ssw/ce/index.php?m=catalog&cid=1473>
- May 7, 2015 – MDT coordinators conference, “Cultural Competence in Interviewing and Treating Child Abuse Victims” in Eatontown, NJ from 8 am-4 pm. For more information, contact Nydia Monagas at newjerseyca@verizon.net or your local MDT Coordinator (MDT Coordinators’ contact information is listed on the New Jersey Children’s Alliance web site, www.njcainc.org).

Confirm remaining 2015 Committee meeting dates, times and locations:

The Committee rescheduled the date of their May 2015 meeting and confirmed that their remaining 2015 meetings will be held from 1 pm - 3 pm at PerformCare in Robbinsville as follows:

- May 13th
- July 15th
- September 16th
- November 18th

Next Meeting Date – May 13, 2015 [PerformCare in Robbinsville]