

PRACTITIONER PERSPECTIVES:

**Batterer Program Leaders on Personal Motivation,
Program Approach, Evidence-based Practice,
and Intervention Development**

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REASONS FOR OPPOSITIONS

- EVIDENCE BASED PRACTICE: Experimental evaluations as “gold standard”
- NEGLECTED ALTERNATIVE RESEARCH: Based on sophisticated statistical modelling
- ABSENCE OF PRACTITIONER VOICE: Wisdom, experience, and observations of program leaders.

PRACTITIONER INTERVIEWEES

1. THE DULUTH MODEL

Michael Paymar, Domestic Abuse Intervention Program, MN

John Beams, Center for Non-Violence, IN

Graham Barnes, Battered Women's Justice Project, MN

2. INDIVIDUALIZED PROBLEM-SOLVING

David Adams, Emerge, MA

David Garvin, Alternatives to Domestic Aggression, MI

Ted German, Emerge, MA

3. CLINICAL INTEGRATION

Paul Bukovec, Menergy, PA

Gary Gibbens, YWCA of Calgary, Canada

Chris Huffine, Allies in Change, OR

4. ACTIVIST ORIENTED

Dick Bathrick, Men Stopping Violence, GA

Ulester Douglas, Men Stopping Violence, GA

Phyllis Frank, Volunteer Counseling Services, NY

Hamish Sinclair, Manalive, CA

5. WOMEN LEADERS

Toby Myers, Pivot, TX

Alyce LaViolette, Alternatives to Violence, CA

Sara Elinoff Acker, Men Overcoming Violence, MA

Lisa Nitsch, House of Ruth, MD

6. OTHER APPROACHES

Dave Mathews, Domestic Abuse Project, MN

Tim Kelly, Changing Ways, London, Canada

David Russell, Second Step, PA

Steven Pepping, Peaceful Solutions, WA

7. BEYOND ABUSIVE MEN

Lisa Young Larance, RENEW, MI

Juila Perilla, Caminar Latino, GA

Craig Norberg, Jane Doe Inc., MA

Semi-Structured Interview

- interviewee's motivation and continuance
- program approach and change
- special issues in the field (i.e., psychopathology, women's violence, risk assessment)
- response to "evidence-based practice" research and demands
- recommendations for improving batterer programs in general.

Overall Impressions

- Self-awareness and self-examination of the interviewees rather than dogmatic.
- The program approaches much more sophisticated and complex than the overgeneralizations of batterer intervention.
- Striking commonalities across the programs despite the variations in emphasis and autonomy.
- View that “evidence-based practice” claims narrowly conceived.

How and why did you begin
working with men who batter

What has sustained you in this
difficult work over the years?

How would you describe your approach?

What are the main features of your program?

How has your approach changed or evolved since you began in this field?

How is it different from the “mainstream” of approaches?

Common Program Features

- Gender-based, feminist, and/or male-role analysis of violence against women
- Informed by victim experiences and/or advocates input
- Safety of women and children as the primary concern
- Attention to imbalances of power, control, and entitlement
- Recognition that men are impacted and impaired emotionally
- Respect, empathy, caring, compassion, and support for men to engage and help them
- A balancing of challenge and support for men helps bring change
- An emphasis on discussions and dialogue amidst curriculum exercises and education

- Internships, or on-the-job training, as essential over merely training and manuals
- Self-examination and self-awareness valued over graduate degrees and credentials
- Commitment to social justice and social change through either community education or community organizing
- Assessment of compounding psychological or alcohol problems
- Essential role of accountability through court oversight and law enforcement response
- Batterer program as part of a coordinated community response that extends beyond criminal justice system
- Other Features: Peer-led groups, bringing friends to group, invite probation and women's services to observe groups, long-term groups, exercises such as: role-playing, log-books, history time-lines, self-care; staged programming, pre-group session, special "high risk" offender group

What are your main
recommendations to Researchers?

How might they better represent the
outcomes and effectiveness of your
program?

Research Recommendations

- Directly observe programs and their group process to understand what is actually being evaluated
- Develop more nuanced and complex outcome measures to capture the array and progression of the change process
- Conduct more qualitative studies of women's experience over time noting changes in their well-being and agency, as well as safety
- Develop case studies of men in programs identifying their change process and what “works” for them
- Study successful programs and the program components associated with change

- Address the program context and its influence on outcomes for the individual program participants and the community at large
- Examine the impact of violence toward women in the community at large and efforts to change community norms
- Consider practitioner input and experience in interpreting results, as well as formulating projects
- Establish collaborative and mutual researcher-practitioner partnerships (with genuine give-and-take), and use practitioner-initiated and action research designs
- Involve community representatives and organizations in interpreting, discussing, and implementing research findings

What do you consider to be the
main issues facing batterer
programming?

What is your response to:

a) The claim of psychopathology as the fundamental cause?

b) The claim that “women are as violent as men”

c) What should be done with “high risk” and treatment-resistant men?

d) What should be done about the cultural diversity and class differences in groups?

What recommendations do you have for batterer programs overall?

What needs to be done to improve the impact and effectiveness of your work?

Practice Recommendations

- National meetings or association to share information and concerns
- More discussion and dialogue to support and learn from each other
- Ongoing practice-driven research for feedback and documentation of program accomplishments
- Communication of current clinical developments and research, such as motivational interviewing and trauma-informed treatments
- Use more case management and staff supervision to improve quality of service

- Expansion of financial and funding for programs
- Develop new younger staff and put them in positions of authority
- More on prevention through community education and organizing
- Build alliances with other progressive movements and organizations to leverage broader change
- Speak out more widely “what we stand for, what we do, and why we do it”