Welcome!

THE COMPLEXITY OF CHANGE

Inspiring Transformational Change in Our Participants, Programs, Selves, and Communities

BISC-MI 27th Annual Conference

November 7, 8, 9, 2023

Plenary #2

<u>The Challenges for Facilitators Working with Men Who Cause Harm: Lessons Learned from Over a Decade of Research with Battering Intervention Programs</u>

Description: This session will broadly explore some of the difficulties and barriers to working with men who cause harm in their relationships. It will also present some ‘elements of good practice' for engaging BIP clients in behavioral change. It will conclude by identifying gaps in the current research of BIP processes and suggest pathways for improving our understanding of what 'works’.

Faculty: Penelope Morrison

CE Codes for Sign In and Sign Out

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Conference Faculty

Penelope Morrison

Penelope Morrison, Ph.D.
Dr. Morrison holds a Ph.D. in Medical Anthropology and a Master's Degree in Public Health from the University of Pittsburgh. Prior to arriving at Penn State New Kensington, she served as a co-investigator and senior research associate at Magee-Women's Research Institute where she developed interdisciplinary collaborations with investigators at RAND, Veterans Affairs Center for Health Equity Research and Promotion and the University of Pittsburgh.

Full bio at conference website

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Challenges of working with men who cause harm:

Lessons learned from over a decade of research with battering intervention programs

PennState
New Kensington

Penelope K. Morrison, PhD, MPH
Associate Professor of Biobehavioral Health

Introduction

- Some background on me…

Challenges…

- Does intervention work? And how do we know?
  - Empirical data driven perspective
  - Still so many unanswered questions in research

- This is the million-dollar question!

Denial, minimization, justification, and blame as barriers

- 1st step – recognize behavior before it can be changed
  - Programs emphasize accountability
- Denial, minimization, justification, and blame (DMJB) are common
  - Attrition and recidivism rates

To get the men to be accountable is the biggest challenge. When you go around the groups, the resistance, the 'I didn't do nothing,' 'She did this or she did that'... the excuses. Getting them to that point where they can understand that this is wrong, that is a challenge.

(Morrison, Hawker, Cluss, et al., 2021)

DMJB as barriers

- Clients also view denial as a barrier to learning in BIPs

One negative was that you see people lying to themselves. I think on a broad scale it's denial, for whatever reason, they don't want to deal with whatever is going on.

It gets old. I was resistant the first week, but it is like, can we all move on from the "woe is me" and learn something. We trying to move forward and when you see guys that are still in denial and blaming everybody else, you don't really want to hear it anymore.

(Morrison, George, Cluss et al., 2019)

Barriers to reducing resistance

- DMJB functions in several ways

- Smith, Teicher, & Wilde (2023); DMJB narrative synthesis
  - <u>Facilitate DMJB</u>
    - Gender norms
    - Societal perception of violence as normal
    - Perceptions of events
    - Lack of awareness that individuals have regarding abuse

  - DMJB as self-protection and instrumental

[illegible] blaming, the "she hit me first." The whole denial system is a barrier. The belief they don't need the BIP. (Morrison, Hawker, Cluss, et al., 2021)

[illegible] violence against women. [illegible]

[illegible] help. (Morrison, Hawker, Cluss, et al., 2021)

Men's perspectives on accountability

- Men's perspectives on what intervention approaches are needed with young boys/men (Morrison, Miller, Burke, et al., 2017)
  - Contributes to IPV

Society has kind of made it seem that the man has to be this and that. It's too easy to get caught in those male patterns of dominance. I think would be helpful to address that.

I think unfortunately [society] tells young men that they are the dominant one and they have a right to be violent, they have a right to treat women however they want. You need to tell them that they don't have a right to do that. I think that is the type of message I would try to get through.

Accountability

- Continue to challenge gender roles and norms about violence against women.

- TDV prevention programs that utilize gender transformative methods show good results (Miller and colleagues).
  - Manhood 2.0
  - Coaching Boys into Men

  - Early dating interventions however often do not reach at-risk young boys and men.

Accountability

- Great support in the literature from *qualitative* studies that one thing men take away from BIPs is accountability (Boira et al., 2013; Gondolf & Hanneken, 1987; Holtrop et al., 2017; Kelly & Westmarland, 2015; McGinn, McColgan, & Taylor, 2020; Parra-Cardona et al., 2013; Rosenberg, 2003; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006).

I learned that you cannot blame your spouse or girlfriend for the situation. You cannot blame it on them and say it was their fault that I hit you. You made me do this. That's a lie. I had said that before. You brought this on yourself. You shouldn't have made me mad, which is a lie. That's what I really learned. Like you got to take responsibility for your actions.

(Morrison, George, Cluss, et al., 2019)

It is always easier to critique things. If you point something out to somebody else, it is because you notice it now. But now that you notice it, you have to be aware of it in your own life. It makes me feel good about group because their input. That's what I really learned. Like you got to take action in return, I hold them accountable too.

(Morrison, Burke, Cluss, et al., 2018)

Accountability

- Male IPV Perpetrators' Self-Reports of Accountability: A Content Analysis of Exit Letters Written by Clients Who Completed a Batterer Intervention Program Between 1990 and 2015
- 3 questions regarding accountability:
  - What was the role I played in what brought me to [program]?
  - What do I hold myself responsible for?
  - Who or what was hurt by my actions?

(Morrison, Stewart, Cenci, and Chang, 2021)

Accountability

- Most identified abusive behavior as the role they played
  - 51% physical abuse
  - 19.4% emotional/verbal abuse

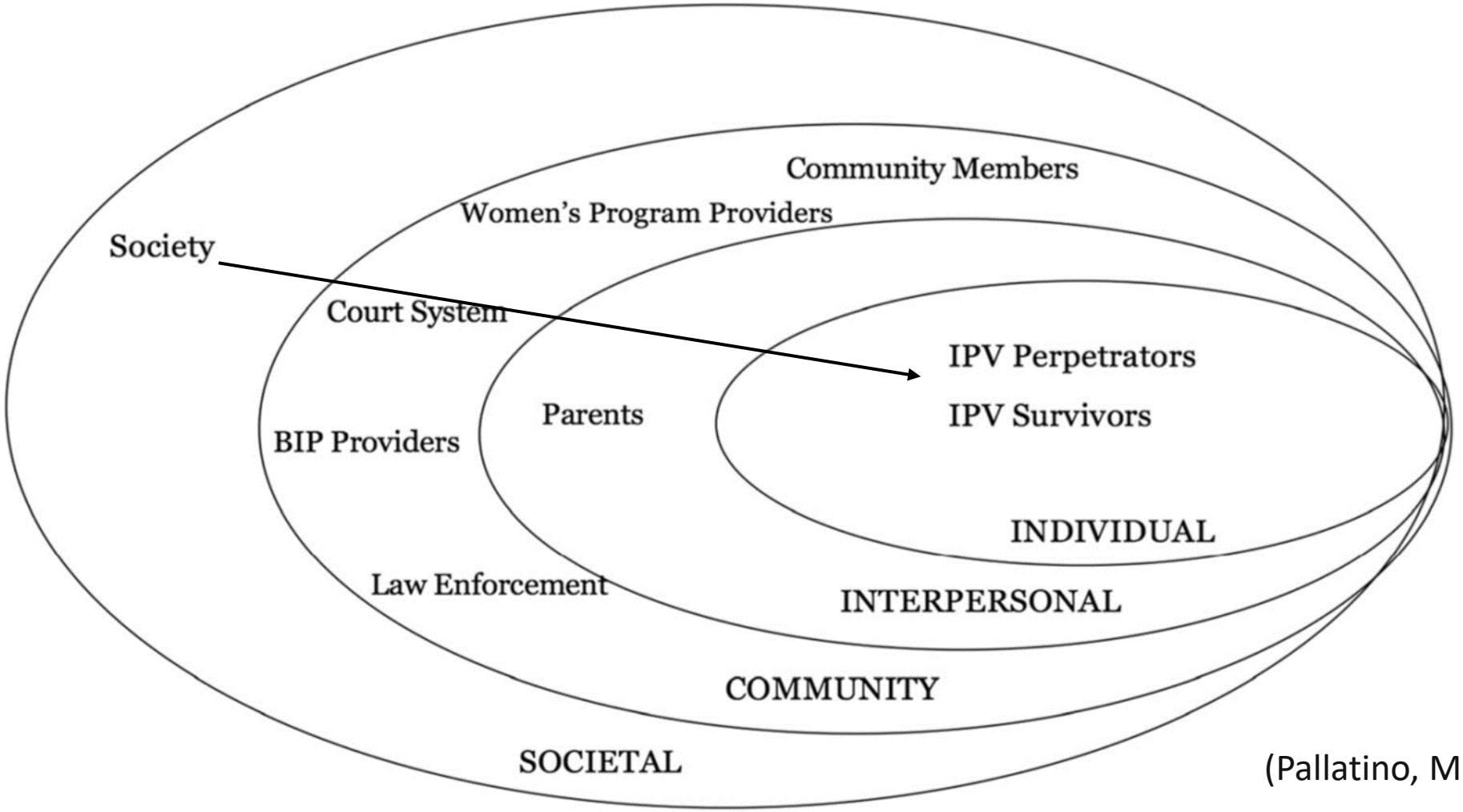
- Took responsibility for a wide variety of actions and behaviors
  - Physical, verbal, emotional abuse
  - Causing pain, suffering

- Partners (57%) and children (42.8%) as hurt by their actions

Accountability

- Unclear if increased accountability OR simply describing what occurred between themselves & their partners
  - Understand immediate proximate consequences & long-term, distal, and/or larger social implications of abuse?
- May individually interpret accountability in multiple ways
  - Need to admit behavior vs. actual behavioral change?
  - How do BIP clients define accountability?
- More measures of accountability (as opposed to DMJB)
- Increase accountability? (Therapeutic alliance)

Accountability



- Accountability is on everyone

(Pallatino, Morrison, Miller, et al. 2019)

Mental health

- Research has found associations between abusive behaviors and mental health issues including:
  - Anxiety
  - Depression
  - PTSD
  - Personality disorders

I do have anxiety. What that looks like you have these racing thoughts all the time that never really go away.

I have been going through ups and downs, mentally, emotionally. So, I decided to see a therapist. He told me that I had depression.

(Morrison, Sutton, & Chang, forthcoming)

Substance use

- Research has also found associations between abusive behaviors and substance abuse or other addiction behaviors:
  - Alcohol
  - Stimulants (e.g., cocaine, methamphetamines)
  - Marijuana (mixed)
  - Gambling

My thing has been drinking. I started drinking in college and I was drinking like alcoholically…

I mean I will self-medicate, I will smoke weed and I will, I drink a lot. And I'm actually kind of struggling with that sometimes too…

(Morrison, Sutton, & Chang, forthcoming)

Co-occurring MH/SUD as barriers

- MH and SUD are barriers to engaging clients in the BIP process.

Sometimes you probably suspect that they are using drugs or have a mental health issue, but they're not diagnosed and that can be difficult to engage them in group.

- Also, barriers to accountability.

They minimize their behavior. He was drunk, and he doesn't know how that happened…

(Morrison, Hawker, Cluss, et al., 2021)

Co-occurring MH/SUD and attrition

- Mental health issues and substance abuse are associated with attrition from BIPS

- DHS service involvement and BIP completion (Morrison, Jones, Miller, et al., 2019)
  - BIP non-completion was associated with overall higher rates of involvement in behavioral health service as a type (alcohol and drug and mental health services combined).

Co-occurring MH/SUD and recidivism

- Mental health issues and substance abuse are ALSO associated with recidivism

- DHS service involvement and recidivism (Morrison, Jones, Miller, et al., 2021)
  - Recidivism was higher among individuals w/any DHS service involvement (compared to those w/no service involvement)
  - By service type: 3rd highest, individuals involved in behavioral health (MH and SUD) (among completers and non-completers)

- Men with MH/SUD problems may have more complex needs with regards to violence cessation

Unknowns about MH/SUD

- Assessment is important but the extent to which…
  - BIPs address substance use within the context of their programming varies (Cannon et al., 2016; Timko et al., 2012)
    - ½ required clients to be assessed for SUD, 60% followed up on SUD referrals.
  - BIPs address other MH issues (e.g., depression, PTSD, etc.) unclear
  - Other services (DHS) assess for IPV behaviors also unclear
  - Men engage in help-seeking behaviors for MH/SUD and IPV also unclear
- Concurrent treatment of MH/SUD may improve outcomes for BIPs
  - Promising results alcohol treatment concordant w/BIP
  - Need more research in this area
    - Other SUDs
    - Concordant vs. consecutive

Unknowns about MH/SUD

- What do we know about men seeking help for these issues?
- What do we know about how these issues complicate BIP involvement?

- Study on help-seeking among men who engage in abuse (Morrison et al., forthcoming)
  - Report high levels of self-reported help-seeking for MH and SUD
  - When asked about IPV? “Didn’t need it”
  - Difficulty engaging in BIP

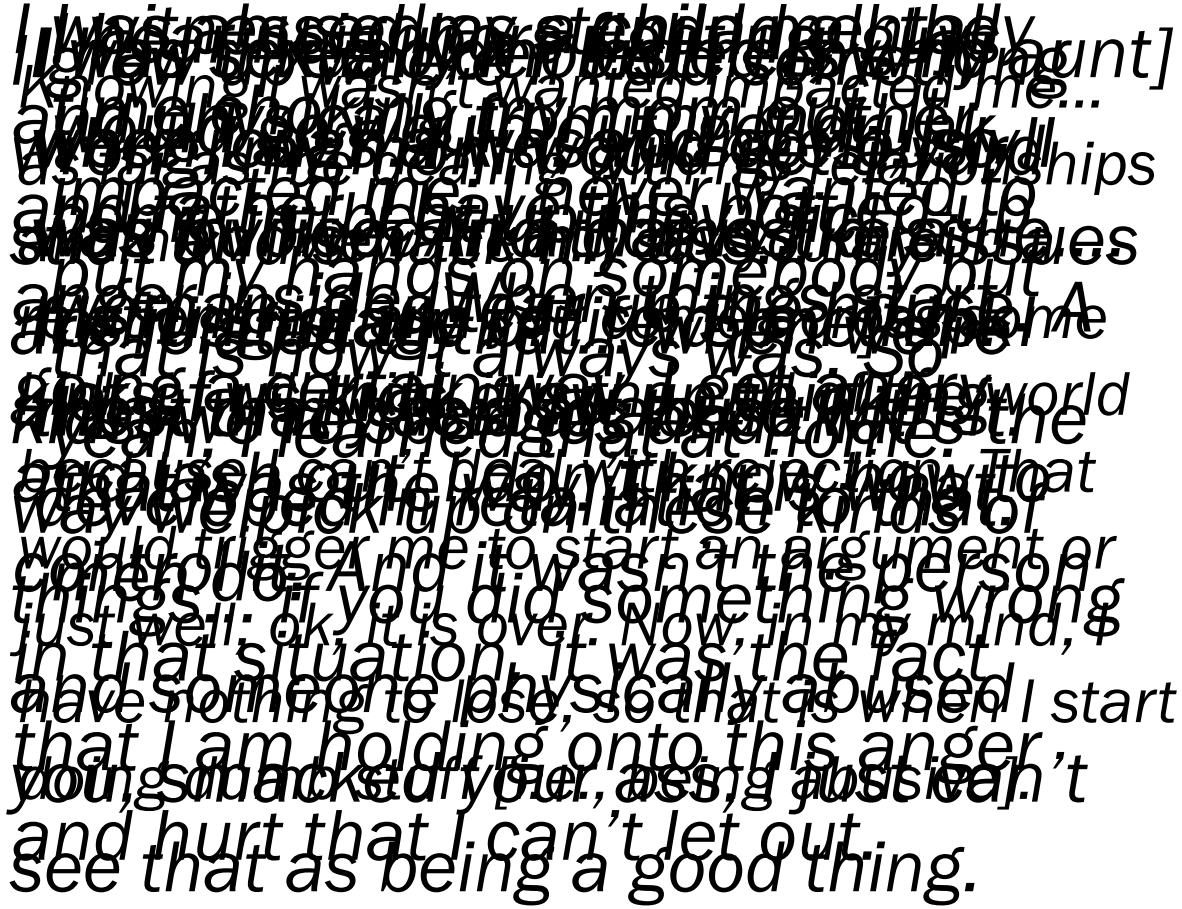
Exposure to violence/abuse during childhood

- Research has found associations between abusive behaviors and exposure to violence/abuse during childhood and adolescence:
  - Aggressive behaviors (e.g., being bullied or bullying)
  - General delinquency
  - Familial violence, neglect, or abuse in the home
  - Exposure to neighborhood/community crime

- Individuals exposed to violence as children/adolescents are at an increased risk for engaging in abusive behaviors later in life.

Unaddressed childhood trauma

- BIP clients' perspectives on factors that contributed to their abusive behaviors (Morrison, Warling, Fleming, & Chang, 2022)
  - Overwhelmingly reported that as children/adolescents:
    - Witnessed abuse in the home and community
    - Victim of abuse (including sexual abuse, corporal punishment, bullying)
    - Neglect/abandonment



Childhood history as a barrier

- Can also be a barrier to engaging clients in the BIP process.
  - (And accountability)

One challenge is that is what dad did… If they don't work on that [trauma], and work on themselves, they really don't get it. It is not an excuse. He is still accountable for what he does, but it is a challenge.

They think yelling at you is not abusing you. They really don't get it. You're trying to undo what they experienced in their home.

(Morrison, Hawker, Cluss, et al., 2021)

Childhood history and recidivism

- Exposure to violence/abuse as a child is associated with recidivism
  - Attrition?

- DHS service involvement and recidivism (Morrison, Jones, Miller, et al., 2021)
  - 1/5 involved in juvenile justice and CYF as children
    - Had a greater representation proportionately in terms of recidivism

  - When looking at the entire sample and across all conviction types, recidivism occurred primarily among individuals with a history of involvement in CYF as a child and juvenile justice

Need to address trauma

- Intergenerational transmission of violence plays a role in IPV
  - Still most services for individuals who engage in abusive behaviors do not consider childhood trauma in their programming

- Employ trauma informed approaches when need be (Voith et al., 2020)
  - Creech et al., 2017; Zarling et al., 2019

- The role that early involvement in socio-judicial systems plays among individuals who engage in IPV behaviors
  - Specifically, as a risk factor for recidivism, both for IPV and other types of crimes

- Screening?

Early prevention

- Early prevention measures that target at-risk youth – before dating begins
  - Most TDV interventions target broad populations of youth
  - Few designed with at-risk youth (i.e., child victims/witnesses) in mind (e.g., Foshee et al., 2015)

I would say you got to start out young, you got to teach them from second grade, teach them that violence against women, there's nothing good can come for it.

You need to get them at an earlier age. They should teach it in school. Like downgrade the [program] and teach it in school, what signs to look for and what not to do…

(Morrison, Miller, Burke, et al. 2017)

Facilitation

- Facilitation
  - Who?
    - Credentials
  - What?
    - Training
  - Retention
    - Turn over

- Lack of funding for facilitators may undermine efficacy

I think that there's a shortage of people willing to work with the men. I think for a lot of the people it's a job. So [we need] people that care enough to learn what they need to learn to work with particular people.

(Morrison, Hawker, Miller, et al., 2019)

Facilitation

- Debates in the literature about “confrontational style of Duluth” vs. other approaches (e.g., MI)

- Therapeutic alliance
  - Empathy/respect/rapport
  - Goal setting/MI

- Reducing resistance (improving engagement/accountability)
- Pro-therapeutic behaviors

Men's perspectives on facilitators

- Genuine/Caring
- Nonjudgmental/safe environment
- Challenge in respectful way
- Knowledge of IPV
- Provide info & tools for change

- Clients do not use program tools if they do not "buy in" (Chovanec, 2012; Roy et al., 2019; Silvergleid & Mankowski, 2006),

When you come in you are all tight about your situation. You don't want nobody knowing what you did. But the atmosphere is so nice, and she really wants to hear what you have to say. She makes you feel comfortable to where you are like "Alright, this is what really happened," and be open about it. She makes you feel comfortable talking about it.

(Morrison, Cluss, Hawker, et al., 2019)

Operational challenges

- Studies of facilitation are limited
  - Professional abilities seem to play a role in the development of therapeutic bond between clients and facilitators (Boira et al., 2013)
  - Provider treatment specialization in this field continues to remain outside the domain of any particular health care degree or professional discipline
    - Professional degree does not guarantee that facilitators are equipped with the kinds of skills needed in order to successfully address abusive behaviors
  - A combination of expertise and education, and interpersonal characteristics (i.e., skills that are often not easily “trained”)?
  - Approaches used in programs (surveys of, as well as correlational studies)?

Funding for programs

- Limited research here – we need more!!!

- Very little knowledge about the state of BIP funding and how it impacts:
  - Program efficacy
  - Training and retention of facilitators
  - Ability of programs to adhere to standards

Funding – what do we know?

- Rely on client fees for majority (75%+) or all their funding
- Clients are low SES and/or difficulties collecting fees
- Limited state/federal funding
- Housed in other agencies (funding is spread thin/conflict of interest)
- Ideological issues that may undermine funding for BIPs

(Cannon, Corvo, Buttell, & Hamel, 2021)

The classes have to be paid for. Sometimes even the lowest level of payment is too much for some. And there's not funding for it.

[illegible]

(Morrison, Hawker, Miller, et al., 2019)

Efficacy – a question of models?

- Better sense of what approaches may work best
  - No definitive evidence that one "model" (i.e., Duluth, CBT, etc.) is "THE" model
  - 1/3 use Duluth, CBT, or "other" (i.e., combination of approaches, ACT, trauma-informed, etc.) (Hamel, Cannon, Buttell, & Ferreira, 2020)
  - Providers committed to Duluth, willing to combine elements from different models (Gondolf, 2012)

- Processes of BIPs (Morrison, Goodkind, Holland, et al., 2021)
  - Processes of programs were similar (i.e., ways clients and facilitators interacted) across program model types and held similarities with mutual-aid groups
  - May operate "on the ground" in similar ways, despite theoretical differences
  - Need more observational studies!

Efficacy – recidivism as an outcome

- Efficacy in programs
  - Early studies show little to no impact
  - Some later studies show modest results

- Recidivism as an outcome measure
  - Rely on quasi-experimental studies (ethics of RCTs)
  - Recidivism data is not uniform
    - Charges vary from county to county, state to state
    - No arrest record
    - DV often unclear (depending on state)

- Expand our definition of success for programs

Qualitative studies of men'

- Accountability for abusive beha
- Greater understanding of abuse
- Empathy & a recognition of the imp
- Methods of de-escalation & anger management (outs)
- Communication and other interpersonal skills
- Learn from other clients
- Receiving support and critical feedback from the group
- Feel less alone/less stigmatized

> Listening to the guys tell their stories, I'm not the only one. There are other people with the same problems. I didn't feel so bad. I mean I do not feel good about it, but to learn that other people have the same problems, it made it easier for me to talk about.
> (Morrison, George, Cluss, et al., 2019)

(Chovanec, 2012; Gray et al., 2016; Holtrop et al., 2017; Kelly & Westmarland, 2015; Lindsay et al., 2006; Morrison et al., 2018; Morrison et al., 2019; Parra-Cardona et al., 2013; Rosenberg, 2003; Scott & Wolfe, 2000; Silvergleid & Mankowski, 2006; Smith, 2011; Wistow et al., 2017)

Expanding our definition of success?

- Suggests that learning and growth within BIPs may be more incremental than what has traditionally been captured by efficacy studies.
  - Recidivism studies continue to be necessary

- Is there a way to expand outcome measures?
- Expand how we define “success” for programs?
- How do we measure some of these other “outcomes” objectively?
  - Multiple measures

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