Intervention for People Who Cause Harm in Intimate Relationships in Historical Context

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Sheldon D. Rose Collegiate Professor of Social Work
Goals and Terminology

• Situate current issues in historical context

• Terms
  • *Perpetrators /Offenders/Assailants*—tied to criminal legal system labels
  • *Batterers/Men who Batter*—explicit tie to the battered women’s movement and attempt to use person-centered language
  • *People who cause harm*—inclusive of the range of harmful behaviors that may be used in intimate relationships, inclusive of harm that occurs beyond heterosexual relationships.
Historical Context

- Emergence of battered women’s movement
- First BIPs - late 70s
  - Profeminist
  - Tightly linked to BWM
  - Pre-dated close collaboration with criminal-legal system
- Police response studies
  - Dove-tailed with advocacy
  - Dramatic increase in carceral response to IPV
- Expansion of BIPs
  - Dependence on criminal-legal system for mandated clients
  - Rarely publicly funded
  - Reluctance to compete with survivor services
  - Tight link to carceral responses and resulting disparities
SO WHAT IS MY ROLE AS A MAN IN FEMINISM?

SIMPLY PUT, YOUR ROLE IS TO LISTEN TO WOMEN'S CONCERNS, CHALLENGE YOUR MALE PRIVILEGE, AND HOLD OTHER MEN ACCOUNTABLE.
Power and Control Wheel/Equality Wheel

**Power and Control**
- **Using Coercion and Threats**
  - Making and/or carrying out threats to do something to hurt her
  - Threatening to leave her, to commit suicide, to report her to welfare
  - Making her drop charges
  - Making her do illegal things
- **Using Economic Abuse**
  - Preventing her from getting or keeping a job
  - Making her ask for money
  - Giving her an allowance
  - Taking her money
  - Not letting her know about or have access to family income
- **Using Emotional Abuse**
  - Putting her down
  - Making her feel bad about herself
  - Calling her names
  - Making her think she’s crazy
  - Playing mind games
  - Humiliating her
  - Making her feel guilty
- **Using Male Privilege**
  - Treating her like a servant
  - Making all the big decisions
  - Acting like the “master of the castle”
  - Being the one to define men’s and women’s roles
- **Using Isolation**
  - Controlling what she does, who she sees and talks to, what she reads, where she goes
  - Limiting her outside involvement
  - Using jealousy to justify actions
- **Using Children**
  - Making her feel guilty about the children
  - Using the children to relay messages
  - Using violation to harass her
  - Threating to take the children away
- **Minimizing, Denying, and Blaming**
  - Making light of the abuse and not taking her concerns about it seriously
  - Saying the abuse didn’t happen
  - Shifting responsibility for abusive behavior
  - Saying she caused it

**Equality**
- **Negotiation and Fairness**
  - Seeking mutually satisfying resolutions to conflict
  - Accepting change
  - Being willing to compromise
- **Economic Partnership**
  - Making money decisions together
  - Making sure both partners benefit from financial arrangements
- **Shared Responsibility**
  - Mutually agreeing on a fair distribution of work
  - Making family decisions together
- **Responsible Parenting**
  - Sharing parental responsibilities
  - Being a positive non-violent role model for the children
- **Honesty and Accountability**
  - Accepting responsibility for self
  - Acknowledging past use of violence
  - Admitting being wrong
  - Communicating openly and truthfully

**Nonviolence**
- **Respect**
  - Listening to her non-judgmentally
  - Being emotionally affirming and understanding
  - Valuing opinions
- **Trust and Support**
  - Supporting her goals in life
  - Respecting her right to her own feelings, friends, activities and opinions
Characterizing Battering Intervention Programming

- Duluth model and other profeminist approaches
- Clinical/accountability dimensions
- State standards
- Group/individual/couple controversies
State of the Evidence

- Support for modest effect size
- Pushback on dominant models
  - Purported evidence that Duluth model ineffective
  - Insufficient evidence to conclude
  - Insufficient evidence for any alternatives
Expansion outside of the criminal-legal system

• Pushback on carceral responses
• Efforts in systems outside of the criminal legal system
  • Programs for fathers
  • Voluntary programs
  • Health care and substance abuse treatment settings
• Global movement to engage men and boys in gender-based violence
  • Well-developed prevention efforts outside of US
  • Explicit collaboration with other social justice movements
Involving men in committed, responsible, empathetic fatherhood greatly reduces violence against children and women.

Darío Ibarra Casals, Uruguay

#16Days @MenCareGlobal
Trauma-Informed Intervention for Black & Latino Men = Oppression-Sensitivity

Maxine Davis, MSW, MBA, PhD
UT-Arlington | Assistant Professor

www.drmaxinedavis.com  Twitter: @DrMaxineDavis
Quick Snapshot

• PhD in Social Work from Washington University in St. Louis in 2018.
• Examines intersections of religious-faith & IPV/A usage
• Published in several academic journals
  • The Journal of Black Sexuality & Relationships; Social Work & Christianity; Trauma, Violence, & Abuse; The American Journal of Men's Health; Nature (Human Behavior).
• Most projects are purposefully developed in close partnership with community (e.g. CBPR; Community engaged research approach)
• 2021 Award Recipient: Project Grant for Researchers from The Louisville Institute to continue evaluating a unique men’s group in Chicago.
Perspectives on people, prevention, and intervention

• Humanistic; People are multifaceted
• Layered understanding of what contributes to IPV perpetration
• Intimate terrorism and situational violence are different
• Carceral approach not “the” answer
These statements are NOT true

**Myth #1**
Black men are inherently violent

**Myth #2**
All IPV/A is the same

**Myth #3**
Arresting and convicting people of DV will end all IPV/A perpetration
Black feminist thought | Critical race theory | Intersectionality


*Black feminist thought, CRT, Intersectionality added by Dr. Davis | Inspired by work of Kimberly Crenshaw; bell hooks; Patricia Hill Collins*
What is needed to advance prevention & intervention?

• One size doesn’t fit all. Uniqueness of people requires tailored approaches

• Reimagining what, where and how (e.g. Hip-hop/Rap; Churches/Parishes; Healthcare settings)

• Implementing truly trauma-informed services (e.g. Strength at Home via Veteran Affairs; The Men’s Group in Chicago)
Evidence-based, trauma-informed group treatment ....

- Developed specifically to address Veterans/service members who use violence and aggression in intimate relationships

- 12-week therapeutic group intervention with follow-up

- Use of Motivational Interviewing to enhance change process

The Men’s Group at HOPE Family Services

Evidence-based, trauma-informed group treatment ....

- Developed specifically to serve Spanish speaking men in Chicago; Originally parish-based ministry

- No predetermined “end” of intervention | Peer social support outside of group sessions

- Voluntary participation


Permission for use of SAH slide obtained from Dr. Casey Taft
Working across disciplines

EARLY DETECTION/BRIEF SCREENING: PRACTICAL YET SOUND MEASUREMENT

APPROPRIATE REFERRAL

CULTURAL RELEVANCE

www.drmaxinedavis.com | Twitter: @DrMaxineDavis
Healthcare identification and response to IPV and people who harm

Vijay Singh MD MPH MS FAAFP vijaysin@umich.edu
Clinical Assistant Professor, Departments of Internal Medicine, Family Medicine
Adjunct Clinical Assistant Professor, Department of Emergency Medicine
University of Michigan Medical School
Background

• Family medicine physician-researcher-educator

• Patient care at UMHS

• IPV Research >20 publications, funded by WHO, AAFP, STFM, IRWG

• Taught IPV screening to >2500 medical students, resident physicians, healthcare providers in US and internationally
Perspective on prevention and intervention on IPV and people who cause harm

• IPV prevention
  • Primary/prevent occurrence (healthy relationships education)
  • Secondary/prevent reoccurrence (healthcare identification/partnerships)
  • Tertiary/prevent death (criminal justice, advocacy services)

• Male physical IPV causing harm only (3%), both causing harm and being harmed (16%), being harmed (10%)

• 9/10 men believe healthcare providers should ask male patients about IPV causing harm or being harmed

Perspective on prevention and intervention on IPV and people who cause harm

• Healthcare questions exist to identify male IPV causing harm (PERPS), being harmed (HITS)

• Response to male IPV based primarily on expert opinion
  • causing harm (assess ready to change, use motivational interviewing, BIP refer)
  • being harmed (refer to advocacy services)

• IPV expert as needed to determine what services patient needs

Ernst et al Academic EM 2012; Davis Medina Trauma V Abuse 2019; Mills et al J EM 2006; Tarzia et al Trauma V Abuse 2017; Penti et al JABFM 2017 2018; Kimberg J General IM 2008
What do we need to advance prevention and intervention on IPV and people who cause harm

• Response outside criminal justice/BIP (SafERteens/motivational interviewing), think of as secondary prevention

• Translate and implement healthcare-based IPV identification and response programs for people who cause harm

• Develop IPV experts to determine what services are needed if men disclose both causing harm and being harmed

Walton et al JAMA 2010; Ngo et al Pediatrics 2018; Penti et al JABFM 2018; Kimberg J General IM 2008
How might disciplines work together to address IPV and people who cause harm

• Interdisciplinary/Inter-professional healthcare response to IPV

• Steps to help clinical site implement IPV screening for causing harm
  • Identify key decision makers, resources for effective screening
  • Determine encounters when screening should occur
  • Describe actions needed to complete screening
  • Develop effective IPV screening procedure at clinical site

Singh Ngo, Healthcare IPV training https://injurycenter.umich.edu/training/ipv-dv/; Singh Ngo, SAVIR 2021
How might disciplines work together to address IPV and people who cause harm

• Identification
  • Patients read questions (patient portal before visit)
  • Medical assistant, nurse, providers (physician, physician assistant, nurse practitioner) ask questions during encounter

• Response: provider (MD/PA/NP) initiates discussion, refers to health system social worker, psychologist, psychiatrist, or community BIP
  • Warm referral

Interventions in Clinical Settings: Compassion when it is most difficult

Dr. Quyen Ngo, PhD, LP
Executive Director
Butler Center for Research

Hazelden Betty Ford Foundation
• Dr. Ngo received her dual PhD in Women’s Studies and Clinical Psychology from the University of Michigan in 2011.

• As the Executive Director of the Butler Center for Research at the Hazelden Betty Ford Foundation, Dr. Ngo is dedicated to bridging research to practice and practice to research at the largest substance abuse treatment facility in the nation.

• She continues her work in advancing the field of addiction and recovery research and her commitment to providing trauma-responsive care and addressing health disparities and disparities in access to care.
Situating my knowledge and approach…

Compassion
The Ahimsa Project: Intervention Overview

• Emerging adults (18-25 years of age)

• 8-week remote individual intervention

• Indicated for substance use and intimate partner violence aggression

• Contemplative Motivational Interviewing and Cognitive Behavioral Therapy (Contemplative MI-CBT) framework
What is Contemplative MI-CBT

- **Extrinsic/Intrinsic Motivation**
- **Motivational Interviewing (MI)**
- **Cognitive Behavioral Therapy (CBT)**
- **Contemplative Practice (Mindfulness)**
Preliminary Work: Sample Descriptives

• n=981
• 57% male
• Mean age 21.5 (2.3)
• 57% African American; 6% Hispanic
• 22% live with partner
• 67% receive public assistance
# Multivariate Findings

<table>
<thead>
<tr>
<th>VARIABLES (comparison group)</th>
<th>Sexual Coercion AOR (95% CI)</th>
<th>Physical Aggression AOR (95% CI)</th>
<th>Injury Perpetration AOR (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.94 (0.85-1.05)</td>
<td>0.95 (0.88-1.01)</td>
<td><strong>0.89 (0.82-0.97)</strong></td>
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<tr>
<td>Gender (Male)</td>
<td>1.39 (0.85-2.29)</td>
<td><strong>1.75 (1.27-2.38)</strong></td>
<td><strong>0.65 (0.45-0.96)</strong></td>
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<tr>
<td>Race (Caucasian)</td>
<td>1.75 (0.99-3.08)</td>
<td><strong>2.44 (1.69-3.57)</strong></td>
<td>1.49 (0.99-2.25)</td>
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<tr>
<td>Public Assistance</td>
<td>2.18 (1.20-3.96)**</td>
<td>1.32 (0.94-1.84)</td>
<td><strong>1.56 (1.05-2.31)</strong></td>
</tr>
<tr>
<td>Live with Partner</td>
<td>1.40 (0.79-2.49)</td>
<td>1.44 (0.99-2.10)</td>
<td>1.19 (0.77-1.85)</td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>1.33 (1.08-1.64)**</td>
<td><strong>1.34 (1.16-1.55)</strong></td>
<td>1.01 (0.85-1.21)</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
<td><strong>1.14 (1.05-1.24)</strong></td>
<td><strong>1.17 (1.10-1.24)</strong></td>
<td><strong>1.10 (1.03-1.18)</strong></td>
</tr>
<tr>
<td>Mindfulness</td>
<td><strong>0.90 (0.84-0.97)</strong></td>
<td><strong>0.93 (0.88-0.97)</strong></td>
<td><strong>0.91 (0.86-0.96)</strong></td>
</tr>
<tr>
<td>Model Fit Statistics</td>
<td>Model Fit $\chi^2$ (8) = 15.38 p = 0.0521</td>
<td>Model Fit $\chi^2$ (8) = 4.62 p = 0.7972</td>
<td>Model Fit $\chi^2$ (8) = 4.2940 p = 0.8297</td>
</tr>
</tbody>
</table>
Barriers to Care

- Transportation
- Childcare
- Lack of effective programs/sensitive therapists
- Difficulty trusting
Alcohol Motives

• Drink alcohol to calm themselves so they don’t escalate an argument

• Drinking alcohol escalates the arguments

• Drink to calm down after a fight

• Fights over going out with friends to drink
Violence Motives

- Jealousy
- Rumors
- Not enough time spent
- Child rearing issues
- Gets to a “breaking point”/”loses it”
Next Steps

• Pilot and adaptation to youth/emerging adults in SUD treatment

• Expand and collaborate with external partners

• Add in group component
Acknowledgements

• MVP team

• The University of Michigan Injury Center, an Injury Control Research Center funded by the Centers for Disease Control and Prevention (R49CE002099)

• The National Institute on Alcohol Abuse and Alcoholism (K23AA022641)

• The National Center for Advancing Translational Sciences of the National Institutes of Health (2UL1TR000433)
WOMEN’S USE OF FORCE: BEYOND THE VICTIM-PERPETRATOR BINARY

Lisa Young Larance, MSW, LCSW, LMSW
University of Michigan
• Social Work Practitioner-Scholar

• Created and managed one of the first programs in the U.S. for women who use force

• Publications include community- and prison-based intervention curricula and peer reviewed articles.

• Consult domestically and internationally, including the United States Air Force and an NGO collaboration in Victoria, Australia
Women who have had contact with court or agency-ordered antiviolence intervention due to their use of force or alleged use of force.
Challenge the victim-perpetrator binary across settings:

- Prevention
- Legal
- Child protection
- Intervention
Innovate upon grass-roots approaches to community building.

Learn from people who experience the systems about what works and doesn’t work.
SELECTED PUBLICATIONS:


Lisa Young Larance, MSW, LCSW, LMSW

lylaranc@umich.edu
Jim McEvilly, LMSW

- **Background**
  - Social Worker
  - Community Practitioner
  - Co-Founder: The Michigan Men Program at U-M
  - Implemented and Expanded Gender-based Violence Intervention Programming at U-M

- **Areas of Practice**
  - Gender-based Violence Intervention & Advocacy
  - Engaging Individuals Who Have Perpetrated Harm
  - Expanding Responses to Gender-Based Violence (ex. Restorative Justice)
  - Masculinity-focused Program Development
  - Primary Violence Prevention
  - Wellness Focused Sexual Education
  - Intersection of Radicalization & Violence Perpetration

E: j.mcevilly.lmsw@gmail.com
Assessing & Engaging Online Radicalization as a Factor of IPV Prevention & Intervention

Graphic Source: The Washington Post
Extremist Movements/Communities

- Anti-Semitic Movements
- Misogynists/Male Supremacists
- Fascist/Far Right
- White Supremacists/White Nationalists
Examples of Online Access Points

**Extremist/Extremist Leaning Communities**
- Gab
- Parler
- 8chan
- Daily Stormer
- Stormfront

**Mainstream Communities**
- YouTube
- Facebook
- Twitter
- Instagram
- Reddit
- 4chan
- Instagram
Violence & Radicalization Today

- White nationalist groups have increased 55% since 2016\textsuperscript{3}

- Anti-LGBTQ groups increased by 43% in 2019\textsuperscript{3}

- Defining characteristics of the new fascist/far right movements\textsuperscript{4}
  - Cismen
  - Millennials

- YouTube usage
  - 72% of male internet users access youtube\textsuperscript{5}
  - 77% of individuals aged 15-35 use Youtube\textsuperscript{6}
Common Risk Factors for Intimate Partner Violence (IPV) Perpetration

**Individual Factors**
- Low Self-Esteem
- Young Age
- History of Aggressive Behavior
- Anger & hostility
- Unemployment
- Antisocial personality traits
- Emotional Dependance
- Hostility towards women
- Attitudes accepting IPV

**Relationship Factors**
- Relational Conflict
- Jealousy
- Dominance & Control
- Economic Stress
- Association with Antisocial & Aggressive Peers
- Social Isolation
- Witnessing IPV as a Child
- History of Experiencing Physical Discipline

**Community/Societal Factors**
- Low Social Capital
- Poor community support & cohesion
- Weak Community Sanctions Against IPV
- High Density of Places that Sell Alcohol
- Restrictive Gender Norms/Gender Inequality
- Cultural Norms Supporting Aggression
- Societal Income Inequality
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Opportunities in Practice

**Assessment**
- Online Diet
- Identifying Overlapping Communities
- Level of Involvement/Engagement
- Continued Monitoring

**Engagement**
- Increasing Practitioner Awareness
- Develop Online Literacy
- Connect to Alternative Communities/Original Communities
- Identify and Engage Need

**Prevention**
- Relational and Community Violence
- Expanding Potential Collaborators
- Expansion of Framing of IPV
Reference List


3.) Wilson, J. (2020). *White nationalist hate groups have grown 55% in the Trump era, report finds*. Retrieved from White nationalist hate groups have grown 55% in Trump era, report finds | The far right | The Guardian

4.) Cooney, R. (2018) *White, male, and millennial: Hate groups tap bro culture to recruit members*. Retrieved from White, male and millennial: Hate groups tap bro culture to recruit members – Center for Public Integrity
