

NTV Notes' Research Corner

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Research Corner - February 2011

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This is the second of our regular columns featuring recent journal articles, books and other publications relevant to work engaging male users of family violence. The previous column focused on some recent U.S. articles summarising research into the effectiveness of men's behaviour change programs (or "batterer intervention programs" as they are termed there) and exploring some current innovations attempting to enhance the effectiveness of this work.

In this column we focus on three further articles from the U.S. As mentioned in the previous column, any Australian family violence worker can obtain PDFs of the articles featured here – or indeed any article relevant to family violence – from the Australian Domestic and Family Violence Clearinghouse. Just email clearinghouse@unsw.edu.au with the references of the articles you'd like to obtain (these are listed at the end of this column), and they will email the articles to you. They are very happy to do this, as part of their mission is to support workers throughout Australia through providing access to relevant literature.

In the first article discussed here, Murphy and Ting (2010) reviewed research studies relevant to the question of whether interventions designed to address an offender's substance abuse problems have a positive impact in reducing their use of intimate partner violence. The authors found that substance abuse treatment resulted, on average, in notable decreases in the use of physical assault post-treatment, and that these reductions were generally maintained for at least two years. Reductions in verbal/psychological aggression as a result of substance abuse treatment were even larger, and were described by the authors to fall "within the moderate to large range of effect size magnitude".

The authors also found that those who had positive substance abuse treatment outcomes were considerably less likely to assault their partners than those who had less successful treatment outcomes. They concluded by suggesting that while substance abuse treatment is of course not a sufficient intervention for men who use family violence, the available research evidence provides strong support for it to be part of the mix of interventions.

The next study focuses on the application of the stages-of-change model and offenders' readiness to engage in treatment. Hellman et al (2010) administered a self-report questionnaire measuring readiness to take action to stop one's use of violence, anger/hostility, manipulative parenting and self-esteem to 109 men participating in a 52-week batterer intervention program. Although the study was correlational and the authors presented their conclusions tentatively, some interesting findings were revealed as demonstrated in the following two passages from the article (both taken from pages 436):

"Taken as a whole, these findings present some interesting speculative suggestions for clinical practice and future research. For example, interventions that emphasize moving from precontemplation to contemplation of change will most likely contribute to eventual action. For example, interventions such as motivational interviewing aim to explore, elucidate, and support clients' motivation for change (Miller and Rollnick 2002). Batterers in treatment programs likely know they have done something harmful, but may believe it was an isolated incident and will not happen again. They may not give deep contemplation to their actions

and the need to make changes in their behaviors (e.g., drinking, verbal aggression), attitudes (e.g., viewing women as inferior), and thinking patterns (e.g., feeling threatened by disagreement, making faulty assumptions about a partner's motives). Interventions that facilitate deeper contemplation of the various aspects of a batterer's actions such as in mindfulness, rather than considering only surface issues, may prove to be more successful."

"A unique and important finding in this study was the significant relationship between manipulative parenting and readiness to change. ... Parenting behaviors, including the undermining and manipulation of the battered parent, must be considered within the context of positive change. Batterers may attempt to undermine or manipulate the abused parent to build sympathy and support from their children. That is, if the batterer can make himself appear to be the better parent, the children may be less supportive of the abused partner. Treatment programs may want to consider focusing on batterer's parenting style. Perhaps helping batterers recognize manipulative parenting strategies and their harmful effects will encourage self-reflection, contemplation, and subsequent behavioral change."

Finally, Jewell & Wormith (2010) conducted a meta-analysis of 30 studies providing data on variables associated with dropping out of a program prior to its completion. There were a number of notable findings from the review:

- The strongest predictors of treatment completion were that men who were older, employed and court-mandated were most likely to complete a program.
- Men who were more educated, married or Caucasian were somewhat more likely to complete a program.
- Those with a pre-existing criminal history or had substance abuse problems were more likely to drop out, as were those who belonged to minority groups.

The authors concluded that (pp 1107-1108):

"The findings that individuals who are older, are employed, are married, earn higher incomes, and are first-time domestic violence offenders are more likely to remain in treatment may reflect that these individuals have more stable lifestyles, are more socially integrated, and consequently have more to lose (both economically and socially) by not completing treatment compared to those who have more unstable lifestyles (Babcock & Steiner, 1999). Thus, lifestyle instability ... has implications for how treatment providers can tailor interventions to increase the likelihood that offenders who are unemployed, are unmarried, and have greater criminal histories remain in treatment (Cadsky et al., 1996). For instance, program providers may make treatment more flexible for clients at risk for dropping out because of their unstable lifestyles, provide extra services to these individuals, or make more of an effort to contact clients who fail to attend a group session to encourage them to remain with the program (Cadsky et al., 1996; Chang & Saunders, 2002)."

And furthermore (p 2011):

"With respect to clinical policy, the results underscore the importance of using demographic, violence-related, and intrapersonal client characteristics to determine which individuals may be at risk for attrition from domestic violence treatment programs. On identifying individuals who are at risk for dropping out, it may be possible to minimize their attrition by providing them with additional supports to enhance their ability to attend group sessions and to understand the content of the programming. Therapists might also consider "pretreatment sessions" with identified offenders using motivational interviewing techniques to prepare the clients for the formal programming to follow (Miller & Rollnick, 2002)."

References:

Hellman C, Johnson CV & Dobson T (2010). Taking action to stop violence: A study on readiness to change among male batterers. *Journal of Family Violence, 25(4)*, 431-438.

Jewell LM & Wormith JS (2010). Variables associated With attrition from domestic violence treatment programs targeting male batterers: A Meta-Analysis. *Criminal Justice and Behavior, 37(10)*, 1086-1113.

Murphy CM & Ting L (2010). The effects of treatment for substance use problems on intimate partner violence: A review of empirical data. *Aggression and Violent Behaviour, 15(5)*, 325-333.

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