Intimate Partner Violence: Can Abusers Really Change?

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HIV/STD/TB
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Intimate Partner Violence: Can Abusers Really Change?

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OBJECTIVES

History of the Intimate Partner Violence Movement and Batterer Intervention Programs (BIPs)
Why do People Batter?
Batterer Intervention Programs (BIPs)
Philosophies and Controversy in BIPs
So, what works?
Medical Interventions
The Challenge for Communities
History of the IPV Movement and Batterer Intervention Programs

• 1960’s: Shelters for IPV victims started.
  • NY determines beatings are grounds for divorce, but the victim must prove that a sufficient amount of beatings has taken place. Cases are transferred from criminal court to civil court. Few punishments.

• 1970s: First Batterers Intervention Project Created – Emerge in Boston (1977). Started by men asked by women working with women victims to address the male part of the issue. Other programs started; RAVEN in St. Louis, Manalive in CA, Amend in Denver, etc. Several of these programs were started by men.
  • Laws protecting victims were limited and seldom enforced
  • In Chicago, women who leave their abuser are denied welfare due to husband’s salary
  • In Pennsylvania, a law is still on the books that no husband shall beat his wife after 10 at night or on Sundays.
  • Some action is being taken in the courts and communities

• 1980s: Domestic Abuse Intervention Project (DAIP) begins in Duluth, MN.
  • States now have DV coalitions
  • Victims of Crime Act includes DV
  • Over 1200 shelters

• 1990s:
  • Stalking is recognized as a crime
  • For the first time, judges must consider IPV when deciding on issues of custody and visitation with children
  • Surgeon General ranks abuse by men toward female partners to be the leading cause of injury to women ages 15-44.
  • Violence Against Women’s Act becomes a federal law (ended in 2012)

*Almost all work surrounded cisgender men and cisgender women violence.
Why Do People Batter?

• Why do people batter?
  • Individual pathology (mental illness, substance abuse)
  • Psychosocial factors. (Dysfunction family, poverty)
  • Learned behavior through social influence (rigid gender roles, entitlement to power and control of the relationship). Unlike some other schools, battering is thought to be purposeful – not a result of a loss of temper, not being able to control emotions. (Duluth Model)

• IPV and Gender.
  • Disparities in homicides: 1 in 2 female murder victims and 1 in 13 male murder victims are killed by intimate partners
  • Disparities in IPV: 1 in 4 women and 1 in 10 men will experience contact sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime.
  • Disparities in sexual violence in IPV relationships: Nearly 1 in 5 women and 1 in 12 men have experienced contact sexual violence by an intimate partner in their lifetime.
Batterer Intervention Programs

• Why work with abusers in the first place?
  • If these patterns are learned, they can be corrected.
  • There is no hope of prevention if we do not treat
  • Those who are fathers will have influence over their children. And many of the men very much
    want to be good dads.
  • Working with them can increase safety for the children

• Over 1500 BIPs in the country. States have required certifications.
• Not uniform.
• Most subscribe to the DAIP philosophy of what battering is.
• Prevention Services
  • Coaching Boys into Men
  • Community Curriculums
Domestic Abuse Intervention Program (DAIP) Duluth Model (1980)

- Research-based. Developed their BIP by asking survivors.
- Power and Control Wheel. It’s not a cycle of violence.
- Recognized the need for courts, law enforcement, social services, to be involved and to share a similar philosophy – Coordinated Community Response; Safety Audits
- No taking resources from victims – holding people accountable.
- Battering vs. Other types of violence (Anti-social; Situational; Pathological; Reactive)
THE COMMENTS SECTION

The Duluth Model is completely anti men. Stop perpetuating the false statement than men are behind domestic violence.

The Duluth Model lies and minimizes domestic violence by not having neutral pronouns. Granted, many, many women are and have been victims of DV, esp male-on-female. But I refuse to use or espouse the usage of these victims to play the “who had it worse” game to make one case seem less serious, better, less real or sincere. Nope, DV is DV. Anyone can be a perpetrator; anyone can be a victim. I concur with gauging DV stats for education, community safety, justice, rehabilitation and ensuring the needs of the victims are fulfilled. But beyond that, these are real people, not pawns to be used to win a debate (to be right) or to garner more sympathy/attention!

what do you say to a women with 2 black eyes? nothing her husband already told her twice hahahaha!

(I am not the kind of guy who hits my wife for no good reason.)

My dad was a DV counselor when I was a kid. Then he came home and beat us viciously.

I still want to do away with the creeps, but that is my issue

As much as we would like to see those who’ve wronged us be punished, all it does is perpetuate the cycle of violence. Because of programs like these, my children now have a father they can look up to and count on because he has the ability to care for himself and his relationships in a healthy way.
Philosophies and Controversies of BIPs

Data varies. Some show program efficacy, some do not.

BIPs have sited the fact they are usually way underfunded – unfair criticism.

Again, different philosophies: Lenore Walker, Ph.D. theories of the cycle of violence and battered women’s syndrome.
So, what works?

1. Partnering with other individuals and organizations to enhance accountability and offer a range of services
2. Working closely with court and probation to monitor court-ordered referrals to BIPs
3. Creating a solid program infrastructure, which includes having ongoing training and supervision of staff and implementing policies that are consistent with best practices
4. Developing coordinated community responses that go beyond legal sanctions
5. Shaping interventions and programs based on input from adult survivors and children
6. Using risk assessment and risk management to provide more effective interventions for individual men who batter
7. Engaging men early in their role as parents and partners

* Post-prison re-entry, job-training, SUD and MH treatment
* Consideration must be made regarding race, socioeconomic status.
Medical Interventions


• The Sexual Assault Evidence Kit (SAEK) may vary by state.

• Having an agreement with a local advocacy organization to send someone to support the victim during the exam is a good idea.

• Get training in trauma-informed care. You have the opportunity to set the stage for how this person feels about their situation. Remember the messaging we give victims.

• Good documentation on what they say happened. Careful with judgements.

• We can help people would do a lot better with their survivorship.
Challenge to Communities

• When you can, advocate with legislators to approve funding for treatment.
• Support your local IPV project. Participate in events. Advocate that both victim services and services for the abusive party are funded.
• SART
• See what your role can be as part of a Coordinated Community Response.
Let’s Rehash

• History of IPV Movement
• Discussed the leading theories about IPV. What it is and why/how to treat it.
• We discussed the criticisms of these models
• We discussed the medical community’s role in treating aspects of IPV
• We discussed community involvement and advocacy
QUESTIONS?

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Resources

- https://www.youtube.com/watch?v=4iN4pQQIsBE&t=1432s Men creating peace
- https://www.youtube.com/watch?v=tX2FzSs-a0o&t=1967s DAIP
- https://www.theduluthmodel.org/what-is-the-duluth-model/research-duluth-model-domestic-violence/
Thank You to Our Speaker!
◦ Dr. Clifford Mauriello

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Next Lunch and Learn: October 28th at 12pm CT
◦ Tuberculosis and Diabetes