

Investigating Cumulative and Complex Trauma with Men in BIPs

Executive Summary

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Rationale for the Study

- Batter Intervention Programs (BIPs) represent an important evolution in the field of violence against women, yet challenges in attrition and recidivism remain important limitations to effectively address violence against women in the United States.
- The current study aimed to explore the life experiences of men in the Domestic Intervention Education and Training (DIET) program, the largest batterer intervention program serving Cuyahoga county.
 - Based on strong empirical evidence linking Adverse Childhood Experiences (ACEs) and intimate partner violence (IPV) perpetration and victimization, we examined if and how ACEs presented with men.
 - Following theoretical and empirical research, we also examined factors that may relate to underlying trauma and possible strengths with men that could suggest areas of program focus, development, or enhancement.

Sample Characteristics

- Men who consented to the study ($n = 67$) were on average 35 years old, African American (76%), never married, achieved a high school diploma or GED (49%), were employed at least part time (87%), and earned less than \$20k in the last 12 months (72%).

Study Highlights

IPV PERPETRATION & VICTIMIZATION (PAST YEAR)

Psychological aggression was most commonly committed (with 32 acts of perpetration and 38 acts of victimization on average). Men reported far more physical violence victimization (21 acts) than perpetration (6 acts). Acts of sexual coercion victimization and perpetration occurred an average of 5.5 to 6 times in the last year. Finally, men reported perpetrating and being victims of injury an average of 4 times.

ADVERSE CHILDHOOD EXPERIENCES (0- 18 YEARS OLD)

More than half of the men ($n = 34$) reported 4+ ACEs.

ADVERSE CHILDHOOD EXPERIENCES IN ADULTHOOD

More 50% of men were involved in severe physical altercations (e.g., group fight, stabbing, shooting), unrelated to IPV, in the past year.

Of those who were incarcerated ($n = 46$), nearly half ($n = 22$) experienced solitary confinement.

TRAUMA SYMPTOMS (PAST MONTH)

28% of men ($n = 19$) met criteria for PTSD.

More than 60% of men ($n = 56$) reported clinical levels of alterations in regulation of affect or impulses.

46% of the respondents ($n = 28$) reported clinical levels of alterations in relations with others.

The two domains that were most influential for men's IPV severity were

- Attention or consciousness
- Self-perception

STUDY HIGHLIGHTS CONT.

PHYSICAL, MENTAL, AND RELATIONAL HEALTH

22% of men met criteria for clinical depression.

Physical and mental health status reported by men were worse than the self-reported health status of the general population.

Nearly one-third ($n = 20$) of the respondents might be socially isolated.

Greater social support was associated with decreased psychological aggression, depression, and trauma symptoms.

SUBSTANCE USE

Nearly half of men who responded to alcohol related questions ($n = 13$) had a pattern of clinically problematic alcohol use in the past year.

More than 70% of men ($n = 45$) used at least one type of drug in his lifetime. One-third of the respondents ($n = 22$) used at least one type of drug in the 30 days prior to the survey.

ATTITUDES AND BELIEFS

Social desirability was not significantly related to men's report of IPV.

Men who scored high in social desirability were more likely to score higher in mindfulness self-efficacy and perceived physical health, and less likely to report ACEs, depression, and PTSD symptoms.

Men's restricted emotionality and conflicts between work and family were significantly related to depression and trauma symptomology.

MINDFULNESS SELF-EFFICACY

Those who scored high on ACEs also generally showed lower levels of mindfulness self-efficacy.

Those who reported higher gender role conflict, particularly those who reported issues with expressing emotions, generally showed lower levels of mindfulness self-efficacy.

Men's higher mindfulness scores were significantly associated with lower rates of IPV perpetration (physical and psychological) and less severe acts of IPV perpetration (psychological).

DISCUSSION

Given the prevalence of high ACE scores (4+) and their association with severe IPV perpetration and victimization, adopting trauma-informed practices is warranted.

Clinical levels of PTSD and complex trauma symptoms are significantly associated with men's severe IPV perpetration and victimization, suggesting a need for screening, referral services, and stepped models of care.

Incorporating mindfulness into BIPs is a low-cost option that may address problematic symptoms detracting from domestic violence intervention programming.

