The service needs of women mandated to a domestic violence treatment program

Jonathan McGregor, M.Sc. (RMFT)

Manager Adult Clinical Services



Acknowledgements

Sarah Fotheringham

Research Coordinator

Janie Christensen

Former Manager, Adult Clinical Services YWCA of Calgary, Sheriff King Home

Leslie Tutty, Ph.D.

University of Calgary Social Work



Objectives

- Identify the population of women that the Women's Adult DV Program comprises
- Understand the choice to focus DV counseling on a psycho-ed basis instead of on trauma
- Understand the voice of women mandated to DV counselling by CFS
- Explore policy implications of the findings



Overview

- Relevance of the research
- The transition from a Trauma-based program to a psycho-ed program
- Qualitative research of mandated women's voices
- New direction of women's DV counseling at YWCA



Introduction: History

- The YWCA Sheriff King Home Women's Program:
 - Began group in 1993
 - Response to the men's group counseling program
 - Philosophy
 - Structure: 2-phase, 24 week pgm,then 18-wk pgm ('99), 14-wk pgm ('08)



Introduction: Research Relevance

- With ubiquitous evidence that exposure to DV affects children, countries (Can, US, UK) incorporated child protection policy (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007)
 - CFS mandates women to attend DV counselling when their child was exposed
 - Many of these clients may not yet see the need to understand abuse or resolve trauma
- What impact does mandating women to group have?



The Trauma Emphasis

- Implemented in approx. 2002
- Trauma's affects the brain, & PTSD
- Trauma Interventions
 - Understand abuse: Power & Control (Duluth)
 - Focus on self (esteem/care, relaxation, safety, self-regulation, recovering Self, empowerment)
 - Understanding shame, trauma, healing, change

Numbers

- From 2002-2004:
 - 906 clients 435 completed phase I
 - 52% drop-out
 - 906 clients 221 completed both phase I & II
 - 76% drop-out
 - Trauma Scores (IES: clinical elevation = 25-40)
 - Pre: M= 15i & 17a
 Low levels of trauma
 - Post: M= 11i & 14a sig @ p < .001



 The women seeking our treatment program were not identifying as traumatized

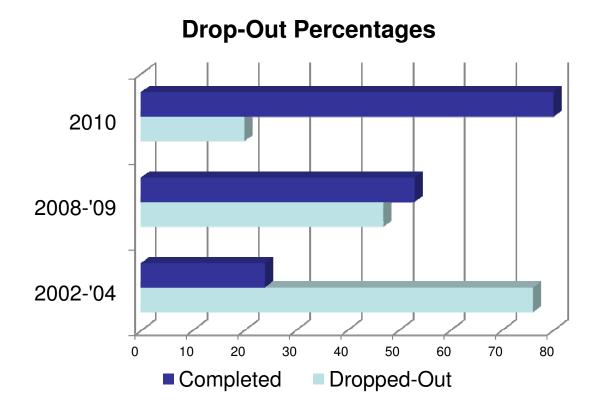


- Many are being "recommended" or mandated by CFS
 - CFS mandate: understand abuse and its effects; child & personal safety

Changing Population: Growing Proportion of CFS Referrals

	Self %	CFS %
2004	77	11
2008	40	50
2010	32	55

Completion Numbers





Program Restructuring: Transition out of Trauma-Focus

- Population a mix of abused women and women in "domestic abuse relationships"
- Trauma-focus optimal for a subset of clients
 - not all clients were ready to do this in a group format
- The work remains Trauma-Informed
 - Understanding/identifying abuse
 - Understanding the impact & effects
 - Keeping self and children safe from exposure
 - Substance Abuse
 - Self-esteem, self-care, self-regulation (thinking, emotions, behavior)



Research: Methodology

- Participants
 - 8 women, mandated by CFS to DV counseling
 - 5 women's children apprehended
 - Children aged 3 mo 13 yr
- Semi-structured interview guide
- Qualitative analysis:
 - Constant Comparative Method (Coleman & Unrau, '05)



Research: Findings

- Women experienced both physical and emotional abuse
 - Children exposed to the abuse
- Some women described abusing their partners (some self-defense, some "mean" and vengeful acts)
- Most women described the program positively



Research: Findings

- "He told me...he was gonna hang me. He was gonna hang the kids and then hang him and me."
- "Telling me I'm crazy, that I need help, checking my text messages."
- "He grabbed me by the neck; he kept on punching me... the face, my neck, and my shoulder."
- "I was afraid he was going to kill me."
- "[My daughter] was in my arms."
- "I just don't want [my son] to remember it."
- "While he was on top of me, I pinched underneath his arm to get him off."
- "There were some physical things that I did to him to protect myself."
- "I was very aggressive in the way I communiated; I've done some work on it."
- "You have to understand your own behaviors before you can understand somebody else's."
- "It made me understand that there was abuse back in my childhood."



Implications

- Reactions to CFS involvement:
 - Depressed, upset, couldn't sleep, scared, angry
- Positive response to program:
 - "I found it helpful to have women who related to me."

The question is: how can we best uphold the learning/therapeutic criteria laid out by the referring agent, while honoring victim vulnerability?



Implications

- Avenues for improvement:
 - Preparatory Sessions
 - A group for CFS mandated women
 - Substance abuse & DV program
 - "It escalates when you drink and then you blow up and start fighting"
 - Policies regarding Partner's attendance
 - Both parents need to be consistently mandated, as on going contact is common



References

- Tutty, L.M., Bidgood, B.A., & Rothery, M.A. (1993). Support groups for battered women: Research on their efficacy. *Journal of Family Violence*, 8(4), 325-343.
- Coleman, H. & Unrau, Y.A. (2005). Analyzing qualitative data. In R.M. Grinnell & Y.A. Unrau (Eds.), *Social work research and evaluation: Quantitative and Qualitative Approaches* (7th ed.) (pp.403-420). New York, NY: Oxford University Press.
- Nixon, K., Tutty, L., Weaver-Dunlop, G., & Walsh, C. (2007). Do good intentions beget good policy? A review of child protection plicies to address intimate partner violence. *Children and Youth Services Review*, *29*, 1469-1486.



For a copy of the paper or presentation, Email: jmcgregor@ywcaofcalgary.com

