A RURAL, COMMUNITY ACTION MODEL FOR THE TREATMENT OF ABUSIVE MEN

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ABSTRACT

Considerable controversy surrounds treatment programs for abusive men. Numerous different models of intervention have been proposed and there is little agreement about which approach, if any, is most effective in preventing further abuse. Despite the diversity of programs, the structure of the programs is typically derived from clinical or educational models of service delivery. These models imply certain roles and responsibilities for both those giving and those receiving treatment. The New Leaf program described in this paper presents a different model of service delivery. Rather than adopting structures from traditional mental health or educational perspectives, the New Leaf program bases its structure on those of alternative service organizations, as exemplified by some peace movement and feminist organizations. This community action approach includes providing group treatment to abusive men, but also includes a wide range of activities outside the usual professional roles of therapist or teacher, such as community development, crisis intervention, home visits, and instrumental help to the men and their partners. The strengths and weaknesses of the various models of service delivery are discussed.

Violence against women by their intimate partners is increasingly regarded as a serious social problem. Victimization surveys in both the United States and Canada have found that 10% to 15% of women report being assaulted by their intimate partners each year (Kennedy & Dutton, 1989; Smith, 1987; Straus & Gelles, 1986; Straus, Gelles, & Steinmetz, 1980), and one study found the rate to be as high as 24% (Brinkerhoff & Lupri, 1988). Approximately 25% of women report having been physically assaulted by their partners at least once during their life (Straus et al., 1980; "The Violence," 1993).

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MALE BATTERER TREATMENT PROGRAMS

One response to the high rates of woman abuse has been to establish treatment programs for male batterers. Although not without controversy, there is some evidence that such programs can help reduce the likelihood of further abuse. Uncontrolled follow-up studies have generally found that male batterers are less abusive following treatment than before treatment (Tolman & Bennett, 1990). Without comparison groups, however, it is difficult to know what factors are responsible for the improvement. For example, the rates of abuse could decline due to services incidentally provided to the partners, to criminal justice system interventions, or to natural fluctuations in abusive behaviour. If men enter treatment immediately following the overt violence phase of an abuse cycle, for instance, these men could appear non-abusive even if their potential for abuse remained unchanged. Studies with comparison groups, however, have also suggested cautious optimism. Harrell (1991) found treatment to have no effect, but the studies of both Dutton (1986) and Palmer, Brown, and Barrera (1992) found positive treatment effects.

The research literature is sufficiently sparse, however, that controversies concerning optimal treatment models cannot be resolved by reference to existing studies. Decisions concerning preferred treatment models have to be based on extrapolations from preferred etiological theories, theories that are themselves open to considerable debate. Given the uncertainties in the research literature, it is not surprising to find disagreements concerning both the desired content and, to a lesser extent, the desired structure of the treatment programs for male batterers.

By content, we are referring to the topics discussed in the programs, the skills and attitudes taught, and the messages communicated to the program participants about the causes of abuse. Structure, on the other hand, concerns when and where the program is to be delivered and who can provide or benefit from the service. Although there are natural affinities between some program contents and some program structures, similar content can fit into different structures. The purpose of this article is to describe the New Leaf program, an innovative treatment program for male batterers. The content of the New Leaf program resembles other programs based on feminist principles; its structure, however, has unique features that are likely to enhance its effectiveness in working with this difficult population. In order to appreciate the unique features of the New Leaf program, the following section first highlights some issues concerning the treatment of male batterers and then discusses male batterer treatment in the broader context of offender rehabilitation.

The content of male batterer treatment programs can include topics such as personal stress, couple interactions, maladaptive learning, childhood traumas, anger management, sexist attitudes, and the personal and social functions served by men using violence to control women (Adams, 1988; Hamberger & Hastings, 1993). Although most programs are hybrids that cover a range of topics, there is ongoing debate concerning the most appropriate program content (Gondolf & Russell, 1986; Tolman & Saunders, 1988). Much of this debate has focused around the extent to which male battering should be considered a mental health or a political problem (Dankwort, 1993).

Discussions of treatment structure for male batterer programs have tended to focus on whether men should be treated individually, with their partners, or in groups (Eisikovits & Edelson, 1989; Hamberger & Hastings, 1993). For the large contingent of treatment programs which have adopted group treatment, secondary issues concern the length of treatment (Edleson & Syers, 1991) and the degree to which the groups should be structured or unstructured (Jennings, 1987).

Male batterer treatment programs are also operated within a variety of settings. Most of the programs operate either as autonomous agencies or as part of larger social service organizations (e.g., a community mental health service). Some programs, like the men's education group associated with the Domestic Abuse Project (Brygger & Edleson, 1987), are embedded in community intervention projects, whose aim is to educate, coordinate, lobby and monitor the responses of various community agencies concerned with domestic abuse. Despite the variance in settings, most programs tend to be based on a limited set of assumptions about the appropriate roles of the leaders and the participants. These assumptions tend to be drawn from clinical and educational models of service delivery. The program's service delivery model is not necessarily linked to any specific content, although the educational model tends to be over represented by programs which explicitly identify themselves as feminist (e.g., Pence & Maymar, 1993).

Both the clinical and educational models dictate specific roles for the service providers and for the abusive men. The service provider in the clinical model typically has professional training in a recognized social service discipline (e.g., psychology, social work) and, consequently, adopts the role consistent with that profession. Clinicians provide assessment and treatment services, keep clinical records, maintain confidentiality within the limits of the law, and rarely interact with their clients outside of the therapy sessions. Their clients, on the other hand, are expected to have the capacity to benefit from treatment. This capacity varies according to the specific treatment model but generally involves some level of motivation to treatment and the stability to face emotionally difficult material without decompensating or becoming overtly violent in the session. The client's role in a typical men's group would be to self-disclose (particularly feelings), develop insight, and contribute to the group process through support and confrontation of other group members.

Rather than the therapist-client roles of the clinical model, the roles in the educational model are those of teacher and student. The good leader would have a solid appreciation of the issues concerning male violence against women, and be able to effectively communicate with the men in the group. The educational group leader would be expected to develop curricula, present the materials, review assignments and evaluate student progress. The students, for their part, typically need to be literate (to complete homework assignments) and to be at least minimally cooperative. Good students would link the general issues presented in the educational materials (readings, films, discussions) to their own situation through actively engaging in the assignments provided. By understanding the materials presented, the group members would be able to construct and enact plans that counter their own abusiveness and the abusiveness of other men.

There are obvious strengths and limits to both the clinical and educational models. Although somewhat different for both models, each makes certain de-

mands that restrict who can give and who can receive services. Both models presuppose a moderate level of motivation. Typically, there is little emphasis on recruiting men into treatment since these interventions are assumed to be ineffective with highly uncooperative men. A period of non-attendance typically results in no further treatment, even though treatment drop-outs are a particularly high-risk group (Hamberger & Hastings, 1988). In some programs, a man is suspended from treatment should he be rearrested for violence. Crisis intervention functions are typically assumed by the police. Neither the educational nor clinical models were designed to target services to high-risk men in high-risk situations.

The clinical and educational models apply not only to male batterer treatment, but to many other types of social services (e.g., mental health, literacy). Within these other service areas, however, there has been some efforts to develop "alternative service organizations" (ASOs). ASOs were initially designed to address problems and clients who were not well served by mainstream services (Gordon, 1982; Powell, 1986). Examples of ASOs include free clinics, crisis hotlines, mobile testing for sexually transmitted diseases, peer counselling programs, and shelters for abused women. A distinguishing feature of ASOs is their concern for making the services accessible to their clients; consequently, services are provided with a minimum of waiting or bureaucratic restrictions.

ASOs are typically created and staffed by nonprofessionals committed to specific issues. Professionals may be involved, but usually in a consultative role. ASOs often conceive of the specific problem as part of wider social issues, and, as such, strive toward social change in tandem with providing assistance to individual clients. The staff of ASOs often put in exceptional effort with little or no remuneration. Consequently, they often succeed in providing a quality service for a low cost. ASOs also continually face the challenges of maintaining morale and organizational direction given chronic underfunding and the inherent difficulty of formalizing an "alternative" service (Johnson, 1981; Powell, 1986).

Although ASOs have been developed for a wide range of services (including services for abused women), there have been few attempts to introduce alternative service organizations for abusive men. A rare example of an ASO for abusive men is the Calgary Men's Crisis Service that provides immediate counselling to abusive men prior to entering mainstream programs (Dankwort, 1994). Another example of an ASO is the New Leaf program discussed in this article. An appreciation of the innovative features of the New Leaf program is aided by a brief review of the research on the treatment of general criminal offenders.

MALE BATTERER PROGRAMS AND CORRECTIONAL REHABILITATION

The discussion of male batterer treatment models has been deeply influenced by feminist analysis (Adams, 1988) and has rarely referenced the research on rehabilitation of other types of offenders (e.g., thieves, drunk drivers). Like the male batterer treatment research, the correctional rehabilitation literature (Andrews et al., 1990; Gendreau & Ross, 1987; Lipsey, 1992) also focuses on treating men who have broken the law and are motivated to attend treatment by external factors (e.g., courts, desire to appease friends and family). The lack of attention to the ex-

tensive research on the treatment of general criminals is perhaps attributable to the identification of male battering as normative (not norm violating) by feminist theory, and by many researchers and clinicians believing Martinson's (1974) assessment that "nothing works" in corrections.

A recent review of the correctional rehabilitation literature by Andrews et al. (1990), however, suggests that appropriate treatment can reduce criminal recidivism, and provides guidelines as to appropriate treatment models. In particular, they found that the most effective programs were those that targeted criminogenic factors (e.g., attitudes supportive of crime, criminal peer group). Programs targeting general mental health issues (e.g., self-esteem, general social skill deficits, loneliness) were largely ineffective. A study by Wormith (1984) has even suggested that increasing offenders' self-esteem without addressing identification with other criminals can increase criminal recidivism. Another finding of Andrews et al.'s (1990) review was that treatment was most likely to be effective when applied to medium- to higher-risk offenders. Treatment provided to low-risk criminal offenders rarely reduced recidivism.

Despite substantial theoretical differences, Andrews et al.'s (1990) review of the correctional rehabilitation literature shares with feminist analysis the view that treatment should focus directly on the abusive behaviour. They also share assumptions that offending is supported by personal attitudes and by peer groups, although the specific attitudes and groups vary. The literature on male batterer treatment, however, has not attempted to examine whether treatment interacts with the batterers' recidivism risk. Most discussions of male batterer treatment assume that the men are relatively homogeneous in terms of recidivism risk, namely, that all batterers are expected to resume abusive behaviours without the necessary interventions.

NEW LEAF PROGRAM

New Leaf's focus on high-risk clients would be seen as a significant strength from the offender rehabilitation perspective. Its capacity to address high-risk offenders in dangerous situations is rooted in the program's unusual structure. Rather than adopting structures from mental health or educational perspectives, the New Leaf program is based on a community action model, as exemplified by some peace movement and feminist organizations. This approach includes providing group treatment to abusive men, but also includes a wide range of activities outside the usual professional roles of therapist or teacher.

The New Leaf program developed in response to a request from a women's shelter serving a large, rural region of northern Nova Scotia (Tearman House, Pictou County). The shelter workers felt that many of the women's partners needed help, but they did not think it was their role to provide such services. Instead, the task of intervening with the abusive men was taken up by men from the community who were concerned about violence against women. There has been a couple of changes in leadership since its inception, although one of the original founders (R.W.) has provided continuity to the program. The new group leaders share with the original founders a personal commitment to the cause, experience in community action organizations, and little or no formal social service training. Former

batterers are not encouraged to become official group leaders, although they are told that the possibility exists should they demonstrate a constructive, non-abusive lifestyle for at least five years. Former batterers do act as unofficial leaders, however, and often return to groups in order to help other men.

The program operated for seven years without funding, staffed only by volunteers. As with other alternative service organizations (Johnson, 1981), the men in the New Leaf program were cautious about receiving government funding, since it could decrease their sense of ownership of the process. The province, who now funds two full-time positions, also had some difficulty financing the program since the leaders did not fit into any existing job descriptions for government employees. The current form of the program is supervised by a community board that includes representatives from the women's shelter, various social service agencies, and, recently, a former abuser.

The core of the program is a two-hour, weekly group meeting of eight to 12 men. These groups are open-ended and unstructured. New members directly join groups with experienced members. On average, the men attend the groups for five to six months, although attendance is rarely continuous and seldom is there a clear break that "ends" treatment. After the men have attended for several months and are engaged in the change process, the men are encouraged to attend the groups whenever they feel a need for help, or when they feel like helping the other men. Each group typically contains a few veteran members.

The program philosophy and content is explicitly feminist, in the sense that male violence against women is identified as a means of control supported by a patriarchal society. Examples of specific topics include definitions of abuse, cycle of violence, sex-role stereotyping, jealousy and anger, and media presentations of violence and violence against women. Topics are spontaneously set either by the group leaders or by the men. Most of the discussions concern alternate ways of handling recent abusive situations. The effect of childhood traumas may be incidentally discussed, but the focus is on the development of the mature characteristics of responsibility, delay of gratification, and care for others.

The two leaders of each group are firmly in control of the sessions. Any evidence of abusive attitudes or behaviour rapidly becomes the focus of the group. One leader will often work with one man, while the other leader looks for reactions in the other group members. The leaders' style is both highly caring and highly confrontational. A leader can become visibly angry at a group member, yet continue to communicate a sense that he values, respects, and genuinely likes that man. The leaders at times become so confrontational that a participant withdraws or becomes verbally aggressive, but the leaders typically follow-up with warmth and support to bring the man back into the group process.

The capacity to constructively confront the men is rooted in the relationship started in their first meeting. Men enter the program either "voluntarily" or through court order. The men are assumed to be reluctant to attend treatment, so the leaders make active efforts to engage them. After receiving a referral for a probation client, for example, the leaders contact the man by letter indicating the time of his first appointment. If the man does not attend, they phone the man to set a new appointment. This process is continued several times (the number based on the

types of excuses given). If after persistent efforts the man fails to attend, the probation officer is then contacted, and the man then often chooses to attend rather than face new charges.

The intake interview is crucial for engaging the men in the group process. During the initial contact, the abuser is asked to tell his story, but the primary function of the interview is to instruct the man about the group, and increase his motivation to attend. The leaders address motivation by identifying the logical consequences of continuing violence, pointing to the abuser's own suffering, and to the suffering of those he cares about. For particularly resistant clients, the threat of jail will also be raised as the logical consequence of a failure to change. The leaders do not raise hopes about the men's chances of reuniting with their partners, and they discourage men from perceiving treatment in this way.

The intake assessment is a dynamic interaction in which the client and the leaders learn about each other, and the leaders work to *obtain permission* to become involved in the man's life. Although all the men sign "consent to treatment" forms, the leaders are aware that the signatures mean little if some level of genuine trust is not established and maintained. Carefully negotiating consent to treatment is crucial since the interventions can be demanding, involving painful self-reflection, confrontation, and direct intervention by the leaders in the client's daily life. The consent to treatment is never permanent or absolute. To the extent that the leaders are able to hold their clients' trust, the leaders are able to increase their demands for change.

Almost all of the men who attend the initial interview join the program (to date, only one man has been rejected by the program itself). The high attendance rate is remarkable considering that most programs have stringent selection criteria and drop-out rates averaging 40% (Pirog-Good & Stets, 1986). The program involves not only the weekly group, but other types of interventions, as requested by the men, their partners, or as deemed necessary by the group leaders. One of the group leaders is continuously available to respond to calls from the men or their partners. The leaders provide on-site crisis intervention, visit men in jail and at work, and even make unannounced house calls when they suspect the woman may be in danger. The home visits, in themselves, are not perceived as unusual in this rural community where friends and neighbours routinely arrive unannounced.

New Leaf has established a protocol with the police to assist them with potentially explosive situations. Before the program staff enter a high-risk situation, they call the police and describe the situation. The police are not asked to do anything at that time other than to note the information. Should they call back, however, the police are to respond without needing the situation to be explained to them. Fortunately, the protocol is rarely required, and only once have the police been called back for assistance.

The group leaders routinely contact the partners of the abusive men (with the women's consent). A monthly group meeting for the women is also provided, led by the New Leaf staff and a representative of the women's shelter. These meetings and visits are intended to link the women to existing resources, to provide instrumental assistance (e.g., accompanying a woman to court to get a restraining order), and to monitor the progress of the men in group. For example, if a man stops

attending the group without having made significant progress, the leaders will visit the man's partner. If the woman reports continuing problems or appears fearful, the leaders will seek out the man to prod him back into the group. In addition to New Leaf's contacts with the partners, a protocol has also been developed with the women's shelter to provide outreach to the partners of the men in the New Leaf Program.

The group leaders interact with the men outside of formal group times to provide instrumental assistance and to engage in recreational activities. It is not unusual for the leaders to drive men to the group sessions, or to help a man pack his things and leave an abusive relationship. For the last couple of years, the leaders and the men have organized canoe trips together. This time outside of sessions has the effect of building rapport, and it provides an opportunity for focused individual treatment (particularly during times of crisis).

It is not unusual for the group leaders to intervene with the men in the community. In one case, a woman phoned New Leaf because she was afraid of her husband, Jack, who was currently out shopping. New Leaf responded by intercepting Jack at the grocery store to discuss the situation. In another instance, New Leaf went to a woman's house because she was being abused by her teenaged son. The visit provided an opportunity to meet with the son who was otherwise unwilling to talk to a counsellor.

The following made-up examples demonstrate New Leaf's style of intervention. Mark, currently in jail for assaulting his common-law partner, Rita, is referred to New Leaf by his parole officer. Since Mark is described as a high-risk case, Bob (one of the leaders) visits Mark in jail. Bob then visits Rita. Rita is afraid of Mark and afraid of what he might do if she does not take him back. After several hours together, Bob convinces Rita to let him drive her to the women's shelter. Mark lives by himself at Rita's place when he gets out of jail. Bob has told Mark that he should leave, but Mark is convinced he can make things work with Rita. When Mark attends his first group meeting he is surprised to see several acquaintances in the group. (This often happens given the small-town rural setting.) Mark says nothing in the group, but listens intently as the men discuss a situation similar to Mark's. The group leaders have deliberately steered the conversation to this situation for Mark's benefit. Bob offers to drive Mark home. During the drive, they discuss Mark's situation, and Mark agrees to leave Rita's place. Bob arranges to meet him the next day to help him move.

In the next example, Bob (one of the group leaders) notices Fred (a long-term client) hitch-hiking in the opposite direction toward Pictou. Knowing that the only reason Fred would be going to Pictou would be to see Linda, his ex-partner, Bob turns the car around. Fred gets in and after a brief conversation, says that Linda wants him to return a few things. When reminded that he had agreed to stay away, Fred assures Bob that Linda is expecting him and that everything will be okay. Fred then gets out of the car and continues hitch-hiking. Bob phones Linda. As expected, she is unaware that Fred is coming. She starts to panic. Bob then phones the local police. When Fred arrives, Linda and the children have already left the house. Later, Bob tells Fred about phoning Linda. Fred acknowledges the need to improve his behaviour and makes no further attempt to contact her.

The final example concerns a man being abusive toward his elderly mother. New Leaf receives a call from the hospital concerning Richard. Richard was depressed after recently being evicted by his partner for assaulting her. The hospital considers Richard to be high risk but not certifiable. Richard turned out to be a previous client of New Leaf. The two leaders reach Richard at his mother's house. They offer support to his mother and discuss practical details with Richard (access to children, options for mental health counselling). They take Richard to lunch. Next, the discussion continues around the kitchen table with Richard, his mother, and the New Leaf leaders. Richard becomes frustrated and pounds the table with his fists. His mother is scared. The leaders direct Richard to pay attention to the effects of his behaviour rather than on what other people are doing to him. Over the next couple of weeks, New Leaf makes regular contact with Richard and his mother to monitor the situation. The tension in the house gradually decreases and Richard remains living with his mother.

The above examples demonstrate several features of the New Leaf program that are rarely seen in programs based on educational or clinical models. The leaders take an active role in engaging the men in treatment, and are not constrained by traditional definitions of appropriate professional roles. (The leaders do not view themselves as professionals.) The leaders aim to respond to the immediate needs of high-risk situations, and intervene outside of the traditional counselling settings. Some of New Leaf's functions are seen in some other community intervention projects (CIPs), such as the Domestic Abuse Project (Brygger & Edleson, 1987). Typically, however, there is a significant separation between the services for the men and CIP functions (e.g., improving agency responses, crisis intervention, jail visits, monitoring partners' safety and satisfaction with the men's treatment). The separation of these functions has its benefits and may even be preferable in some settings. The integration of these functions, however, is a promising service delivery model that deserves further examination, particularly in rural settings.

The obvious strength of the New Leaf model is its capacity to intervene with high-risk individuals. Many men who would not attend or be rejected from other programs can be drawn in to the change process through the active recruitment efforts of the New Leaf program. It is difficult to tell, however, the extent to which the program can be implemented in other settings. The program makes considerable demands on the group leaders. The leaders not only need to have expertise in woman abuse, but a strong personal commitment to the issue. Without that personal commitment, it is unlikely that the leaders would actively seek out high-risk situations and provide the informal assistance that currently distinguishes the program. It is also unclear the extent to which such a program is dependent on the stable, rural community in which it is based.

Although the program is valued by the local women's shelter, police, and correctional services, there is, as yet, no systematic evidence concerning its effectiveness in reducing abuse. The program, however, is one of five sites participating in a multi-site study of male batterer treatment that is currently being conducted by the Ministry of the Solicitor General of Canada. Although the results of that study are not yet available, preliminary information suggests that the men entering the New Leaf have lower incomes and education (most cannot read well

enough to complete the study's questionnaires), greater criminal histories, and more substance abuse problems than the men in the other programs. Should the New Leaf model prove effective with this population, it would be a significant contribution since men with these characteristics are the least likely to benefit from the other, common treatment models.

RÉSUMÉ

Des débats importants entourent les programmes de traitement destinés aux hommes abuseurs. De nombreux modèles différents d'intervention ont été proposés et on s'entend peu sur l'approche, s'il y en avait une, qui serait la plus efficace dans la prévention d'abus futurs. Malgré leur diversité apparente, la structure des programmes correspond typiquement aux modèles cliniques ou éducationnels de prestation de service. Ces modèles impliquent des rôles et des responsabilités différents pour ceux qui procurent le traitement et ceux qui le reçoivent. Le programme «New Leaf» décrit dans le présent article offre un modèle différent de prestation de service. Plutôt que d'adopter les structures découlant des perspectives traditionnelles en santé mentale ou en éducation, le programme «New Leaf» fonde sa structure sur celle d'une organisation alternative de service, à la manière de certains mouvements pacifistes ou d'organisations féministes. Cette approche communautaire de l'action inclut un traitement de groupe pour les hommes abuseurs, mais elle comprend également un éventail large d'activité qui dépassent les rôles professionnels habituels du thérapeute ou de l'éducateur, comme le développement communautaire, l'intervention de crise, les visites à domicile, et un soutien instrumental aux hommes et à leurs partenaires. Sont aussi examinées les forces et les faiblesses des divers modèles de prestation de services.

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