

Reduced Violence After Relating Without Violence (RWV)

**Therapy Groups for Emotional &
Relational Change in Domestically
Violent Incarcerated Men**

Dr. Ralph Bierman, Psychologist, 2006[©]

There's a Lot at Stake Here

“Domestic violence inflicts immense damage to society in terms of physical and psychological injury to victims, deaths, health care costs, prenatal damage to infants, and physical and psychological damage to children exposed to violence in their homes.”

-US Department of Justice

Statistics 1

- , “Nearly 5.3 million intimate partner victimizations occur each year among U.S. women ages 18 and older. This violence results in nearly 2 million injuries and nearly 1,300 deaths (CDC, 2003).”

Statistics 2

- “experts tend to agree that there are between one and four million men who assault, batter, and/or sexually assault their partners each year. ... husbands, ex-husbands, or boyfriends kill some 1,200 women each year (Gelles, 1998 in U.S. Department of Justice, 1998).’

Statistics 3

- “Every twelve seconds, twenty-four hours a day, every day of the year, a woman is punched, kicked, slapped, or worse.” The author goes on to note that every decade more women die as a result of domestic violence than the total number of Americans who died in the Vietnam War, and two thousand American children are beaten and starved to death every year. (Solomon in Cohen and Hossein, eds., 1999)

Outline of This Presentation

- Participant selection & characteristics
- Theory re emotional processes fueling domestic violence
- The RWV integrative treatment program
- Evaluating changes in emotional processes & in abusive behavior
 - Pre-Post
 - 3 Year Follow up Recidivism



II: PARTICIPANT SELECTION

- ✓ Institutional Screening
- ✓ Group Process Screening
- ✓ Participant Characteristics

Phase 1 of Candidate Selection is by Institutional Screening of Treatability

After several months in OCI's milieu treatment, (see <http://www.hometown.aol.com/ocibrampton/info.html>)

- ❑ Incarcerates interested in RWV complete application forms to meet criteria of acknowledging violent behavior and taking responsibility
- ❑ Residential unit staff recommend selected applicants:
 - perceived as ready to look at themselves
 - not psychopaths
 - functionally literate
- ❑ Chiefs of Psychology and of Social Work select 12-14 men for Orientation to RWV

Phase 2 of Candidate Selection is by Group Process Screening

- **Introducing each other** by expressing
 - “How violence has been destroying my life and the lives of those I love” (Can they own responsibility?)
 - “What I want to get out of RWV”
- **Receiving information** about RWV content, methods & time requirements; Discussing fears, concerns, misgivings: *trust* issues come out front
- **Sampler Session:** Deciding whether to participate after sampling cognitive & experiential processes

The participants in OCI's RWV groups

- The men
 - mean age: 30 years
 - length of stay at O.C.I. before beginning RWV: mean of 4.6 months
 - histories of physical, sexual or psychological assault
 - usually 12-14 men start each group, 2 drop out
- The leaders: RB co-leading with a woman
- 34 groups conducted since 1988

III: WHAT'S GONE WRONG?

Effects of Abusive Power Relationships

- Man-Woman
- Parent-Child
- At macro cultural level & at micro family and individual level



The Men's Emotional Damage

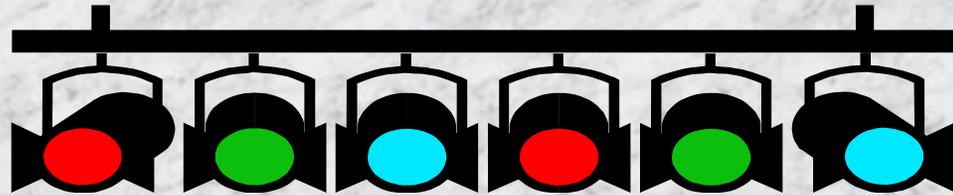
1: Theory re Shame-Rage Cycle

- **Painful boyhood memories breeding shame:**
 - **Traumatic experiences: abuse / neglect / life threatening events**
 - **Contempt, humiliations, especially by fathers**
 - **Parental failures of empathic attunement**
- **Destructive defenses for shame**
 - **Avoidance: substance abuse; hedonism; dissociation**
 - **Anger-Out: Rage at others who trigger shame experience**
- **Shame-Rage Linkage**
 - **Shame: fearful anticipation of others' contempt**
 - **So aversive that it is masked by rage. Rage = response to perceived attack on self Vs. anger = response to frustration**

The Men's Emotional Damage

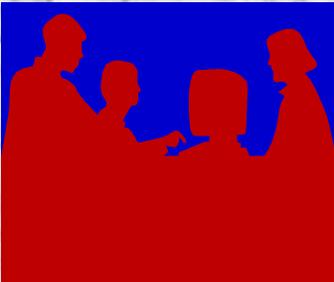
2: Posttraumatic Stress Disorder

- **Re-experiencing:** sudden, vivid memories with painful emotions, flashbacks
- **Avoidance:** avoiding situations associated with the trauma; emotionally numb, disconnected from life
- **Hyperarousal:** irritable; angry, poor sleep, poor concentrating
- **Impaired day to day functioning**



IV: What Happens In RWV?

- ▼ Program Structure
- ▼ Therapy Outline
- ▼ Emotional Change Processes
- ▼ Relationship Change Processes



RWV Program Structure

- Time: weekly for 13 weeks
 - 3.5 hours in group
 - 1.5 hours individual
 - 1 hour homework dyad + readings & videos

● Major Modules	<u>week</u>
● Orientation, Sampling & Contracting	1-2
● Therapy for Emotional Change:	2-7
● Therapy for Relationship Change	8-12
● Closing & Sharing Assessed Changes	13-14

RWV Therapy Outline

Emotional Change

- Self-Experiencing and Empathizing , in mutual helping dyads and in group sessions, for processing childhood shame that fuels rage and violence in the man-woman power struggle

Relationship Change

- Dialoguing to resolve conflict, reduce distancing, empathize with abuse victim and to meet each other's needs instead of being locked in the man-woman power struggle.

THERAPY FOR EMOTIONAL CHANGE: Basic Processes

- Processing emotional distress via Shared *Self-Experiencing*:
 - Learn & practice “Experiential *Focusing*” skill
 - Process & talk out Vs. avoid & act out distress
- Communicated *empathy* with one another
 - Skilled Listening & Understanding Vs. Fixing
 - Respect Vs. Dominating, Controlling
- Processing trauma via *EMDR*

EMOTIONAL CHANGE: FOCUSING

- **Experiential Focusing**: attending to the *bodily felt sense* of a problem; a series of steps to encourage interaction of the felt sense with symbolic awareness
- recovering feelings and associated inner-child memories
- letting go of the armored male mystique, becoming a vulnerable human being
- working through childhood trauma and shame fueling rage
- completing unfinished business in imaginary dialoguing with their own abusers

Gendlin's 6 Focusing Steps

- 1. Clearing a Space
- 2. Finding a Felt Sense
- 3. Getting a Handle
- 4. Resonating
- 5. Asking
- 6. Receiving

RWV 10 Focusing Steps: 1-4

- **1) Relaxing and thought quieting**
- **2) Getting the bodily felt sense of a life issue**
- **3) Getting a “handle” for the felt sense by identifying where it is bodily felt and describing the quality of the feeling**
- **4) Accepting the felt sense, adopting a caring, interested attitude**

RWV 10 Focusing Steps: 5-7

- **5) Immersing oneself in the bodily felt sense, losing the mind-body duality and becoming one with the felt experience**
- **6) Receiving words and images from the felt sense**
- **7) Regressive experiencing, receiving words and images of when this bodily felt sense first happened (“Float back technique”)**

RWV 10 Focusing Steps: 8-9

- **8) Unfinished business imaginary dialoguing**
- **9) Accessing internal resources for relating to oneself in new ways -- self-nurturing to fulfill unmet affectional and self-regard needs instead of oppressing oneself as did the hostile introject**

RWV 10 Focusing Steps: 10

- **10) Closing -- surfacing, processing the experience, and receiving resonance from fellow therapy group members.**

Treatment Example of RWV Emotional Processing

3 volunteers read aloud from handout. One as **T** (Therapist), one as **P** (Participant), and one reading explanatory text.



EMOTIONAL CHANGE 2a: Guided Focusing Exercises

“What Is a Bodily Feeling?”

attending to the bodily felt sense of a problem

Parent Dialogue

completing unfinished business with their own
remembered childhood physical, sexual or
emotional abusers

EMOTIONAL CHANGE 2b: Guided Focusing Exercises

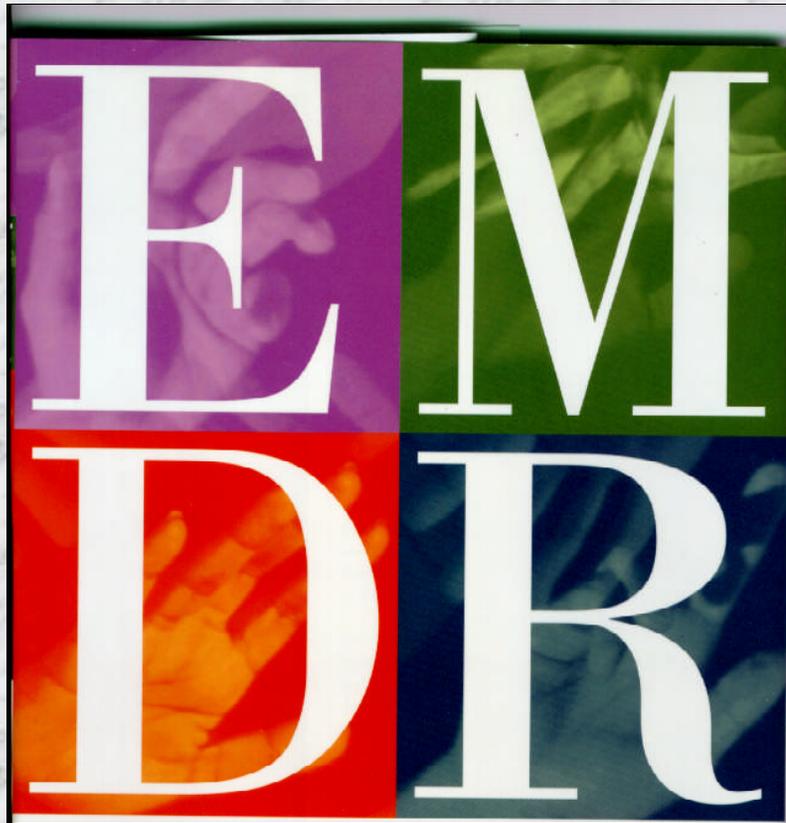
Critic Dialogue

replacing destructive self-shaming self-talk, characterized by degrading their *worth as persons*, with a constructive style of confronting their *hurtful behavior*. “You cannot treat other people better than you treat yourself”

Re-parenting & Self-Nurturing

nurturing their own internal hurt child. Giving themselves the care they never received as children.

EMOTIONAL CHANGE: EMDR for Overcoming Traumatic Stress



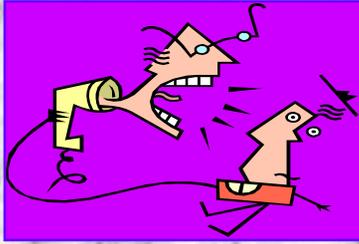
- Eye Movement Desensitization & Reprocessing
- Discovered and developed by Dr. Francine Shapiro
- Meta-Analysis of all treatments for PTSD: “EMDR is **effective for PTSD**, and that it is **more efficient** than other treatments”
- EMDR on APA’s Division of Clinical Psychology list of “empirically validated treatments,” as “probably efficacious for civilian PTSD”

EMOTIONAL CHANGE - EMDR : What a client does

- images a distressing life event, with associated bodily felt sense & negative thoughts about self
- while following an object with their eyes as it rapidly moves from side-to-side or hearing tones in one ear and then the other or being tapped on one knee then the other
- shares new feelings, thoughts and images that arise after each set of bilateral stimulation; keeping these in mind while...
- repeating sets of right-left stimulation until experiencing the big relief of — “It’s over!”

THERAPY FOR RELATIONSHIP CHANGE

- *Dialoguing* skill to resolve conflicts
- *Time-Outs*
- *Closing Exits*: reducing relational avoidance
- *Victim Empathy* via “My Partner’s Issues with Me” dialogues:
 - Impact of my verbal abuse
 - Impact of my physical abuse



From Abusive Fighting to Constructive Conflict Processes

- ▼ Emotionally abusive fighting
- ▼ Desired conflict processes
 - ▼ Dialoguing guidelines
- ▼ *In-Session change to desired conflict processes: transcript & tape*

Emotionally Abusive Fighting

- Accepting her influence & acceding to her requests represents a *loss of face*. Batterers respond with:
- Contempt: insulting, demeaning
 - “fat cow” “ugly bitch” “piece of shit” “good for nothin.” “dummy” “stupid idiot” “Why are you being such a bitch?” “Are you emotionally dead?” -- not thinkin at the time that it's fear.
- Domineering: suppressing, squelching
 - “Shut up” “Enough. That's it.” She tries to talk to me and I storm off. I'll break something that she likes. I once threw the cat through a window. “Beat it! Get out of my face.” “Fuck off!”

Squelch!



Desired Conflict Processes

1. Delineate the issues
2. Identify the negative interaction cycle
3. Access underlying unacknowledged feelings
4. Redefine the problem(s) in terms of the underlying feelings
5. Promote identification with disowned needs and aspects of self
6. Promote acceptance by each partner of the other partner's experience
7. Facilitate the expression of needs and wants to restructure the interaction
8. Establish the emergence of new solutions
9. Consolidate new positions

Dialogue Guidelines

EXPRESSING AN ISSUE

- **OPEN A TALK TIME**
 - Appreciate a positive
- **EXPRESS YOUR BEEF**
 - “I feel...when you do...”
 - Describe your bodily felt sense
- **EXPRESS UNDERLYING CHILDHOOD WOUND**
- **SWITCH TO HEAR PARTNER’S SIDE**
- **SAY WHAT YOU DO WANT INSTEAD**

RECEIVING PARTNER’S BEEF

- **“I’M READY TO LISTEN.”**
 - Assume active listening position
- **PARAPHRASE, CHECK IT OUT, ASK FOR MORE**
- **SUMMARIZE**
- **VALIDATE:** “I understand you and you make sense to me.”
- **EMPATHIZE**

In-Session Desirable Conflict Interactions

STEPS OF COUPLES EFT

1. Delineate issue
 2. Identify negative cycle
 3. Access underlying feelings
 4. Redefine problem by above
 5. Identify with disowned needs
 6. Accept other's experience
 7. Express needs & wants to restructure relationship
 8. New solutions
3. ACCESS VIA FOCUSING
 - a. Attend to felt sense
 - b. Waiting for the unformed
 - c. Unfolding felt sense in all its components:
 - i body sensations
 - ii emotions
 - iii life situations
 - iv symbols
 - v beliefs about oneself
 - d. Felt shift

In-Session Change to Desirable Conflict Interactions

The Transcript Road Map

- **E:** = Expresser, **R:** = Receiver, **T:** = Therapist
- Headings indicate the steps of the Couples Dialogue Guidelines which the men are following.
- Footnotes, numbered in **bold**, describe the desired interactions.
- Annotations within the footnotes with brackets and numbers, e.g. **[Step 3]**, refer to steps in the Table of Desired Conflict Interactions.
- The annotations and footnotes provide us with markers for recognizing the men's changes to desired conflict interactions that happen during RWV sessions.

Treatment Example of Desirable Conflict Interactions



V: Does RWV Repair the Damage?

Before-After Changes in

- ▶ Shame
- ▶ PTSD
- ▶ Power & control
- ▶ Anger & Defensiveness

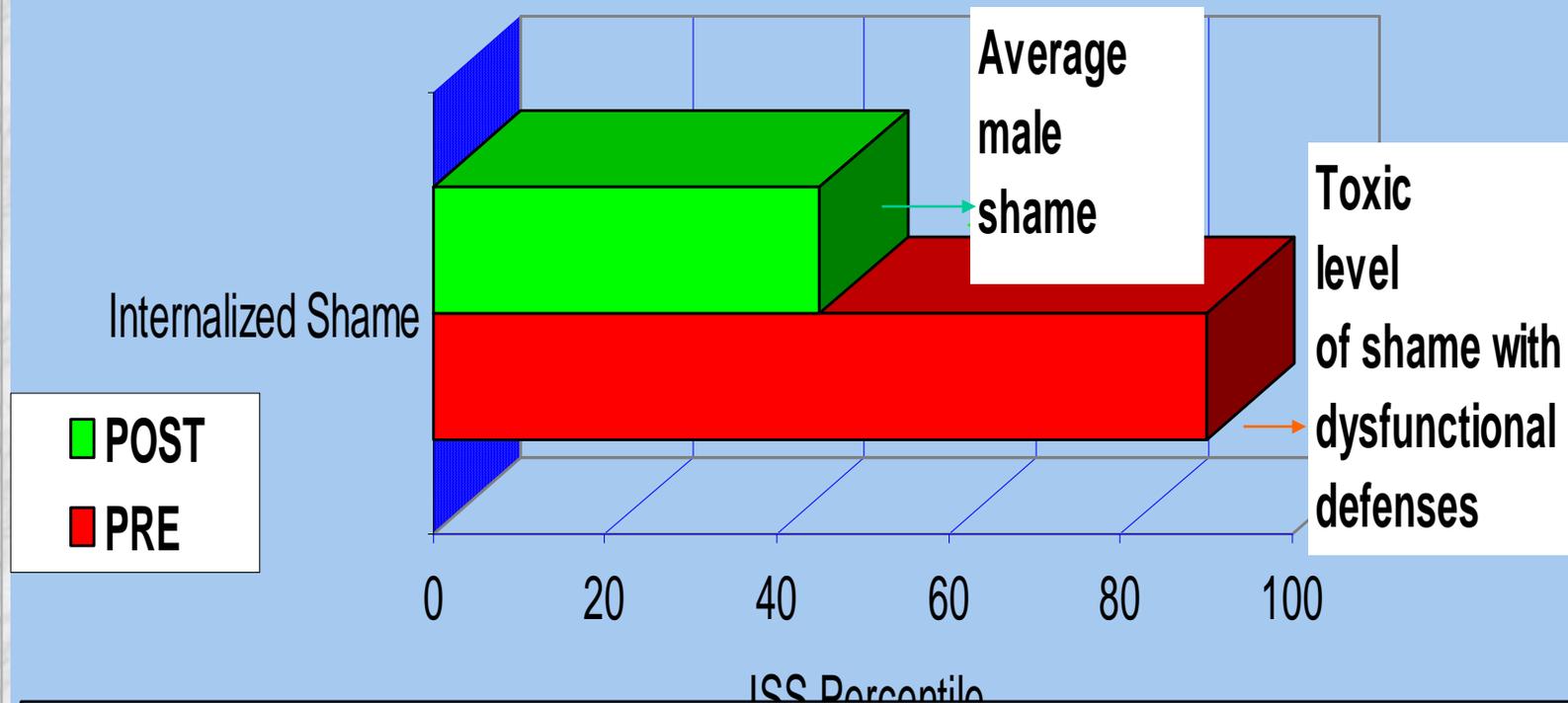


Evaluating Pre-Post Changes: Measures

- Internalized Shame Scale
- Post-traumatic Diagnostic Scale
- Conflict Tactics Scale, adapted form
- Personality Research Form - Form E
- State-Trait Anger Expression Inventory::
self-perception & staff perception forms

Internalized *shame* decreases

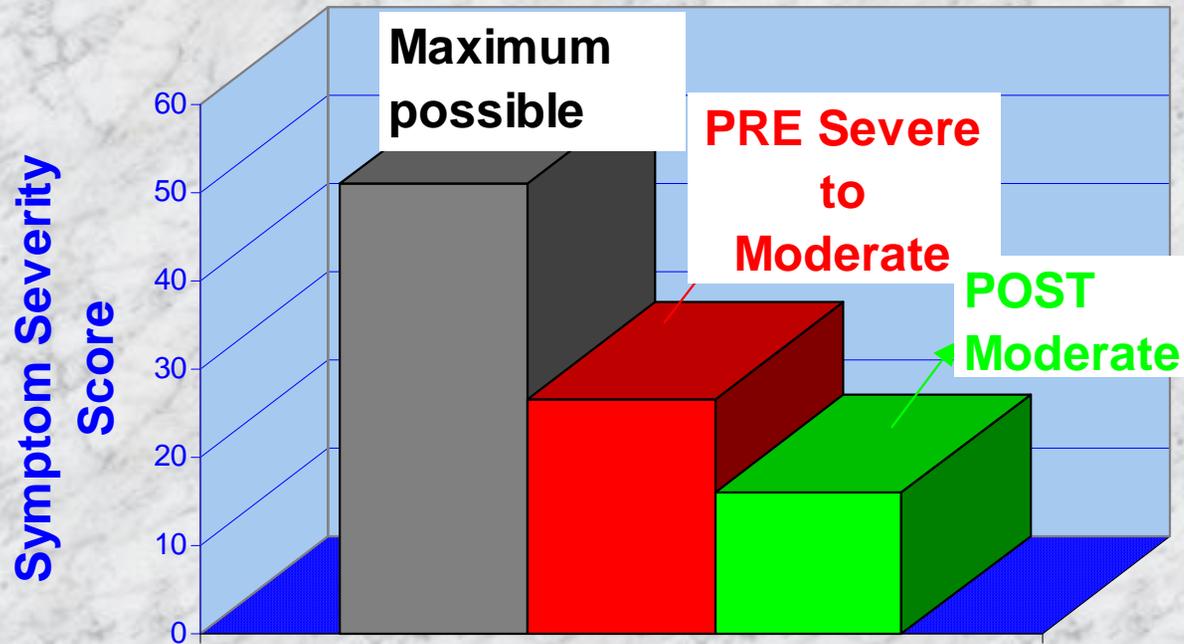
INTERNALIZED SHAME DECREASES DURING RWV



Shame Emotions: Feelings of inferiority, worthlessness, inadequacy, of being diminished,

PTSD symptoms improve

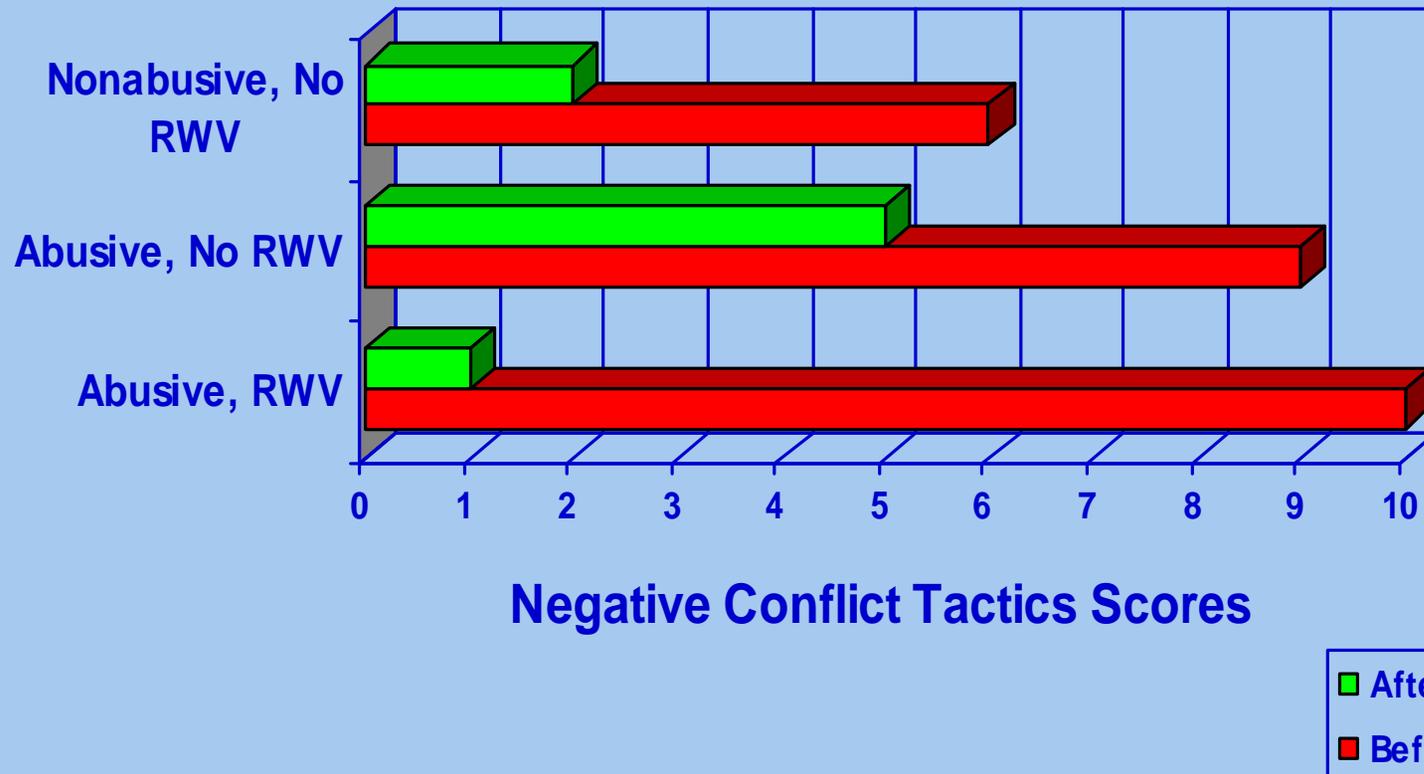
POST TRAUMATIC SYMPTOM SEVERITY DECREASES DURING RWV



Severity of Reexperiencing, Avoidance & Arousal

RWV reduces in-prison coercive *power & control behavior!*

RWV Reduces Coercive Power & Control Significantly More Than Other Treatments



RWV reduces *hostility*!

RWV Reduces Hostility Substantially
and Significantly More Than Milieu Therapy Without RWV

NON-ABUSIVE, NO RWV

ABUSIVE, NO RWV

ABUSIVE, RWV

46 48 50 52 54 56 58 60

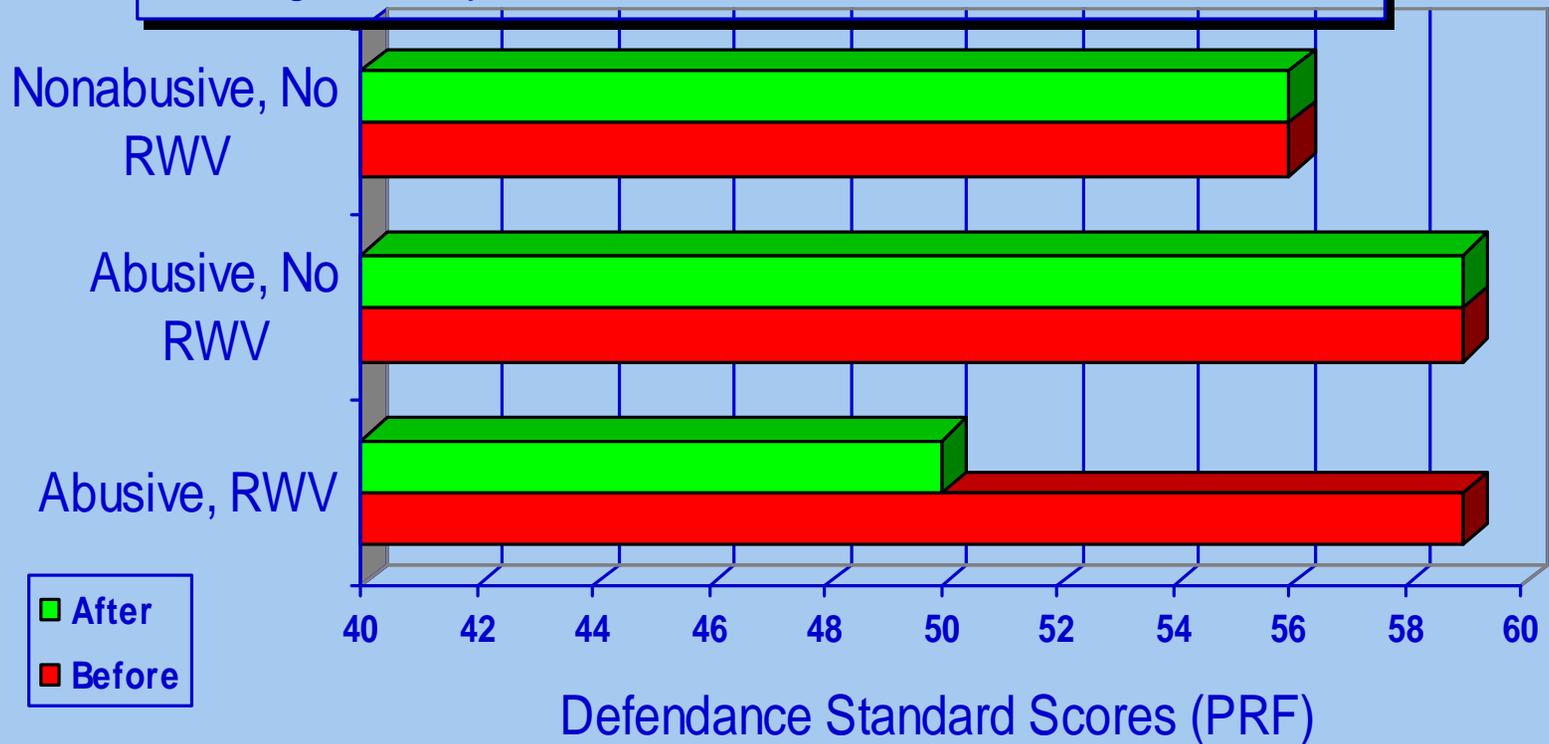
After

Before

Standard Scores on Aggression (PRF)

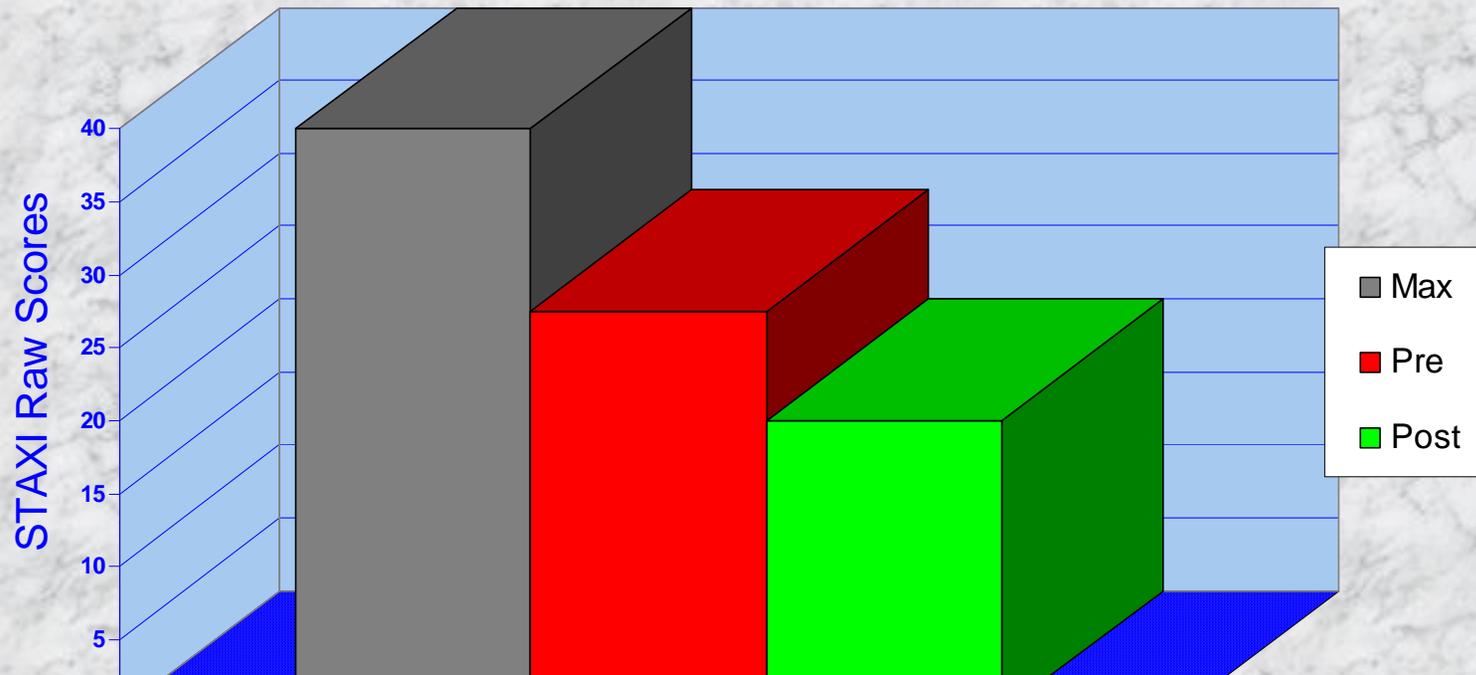
RWV reduces *defensiveness*!

RWV with Milieu Reduces Defensiveness Substantially and Significantly More Than Milieu Treatment Without RWV



Staff see men as less *angry in prison*

STAFF PERCEIVE MEN AS EXPERIENCING LESS ANGER DURING RWV

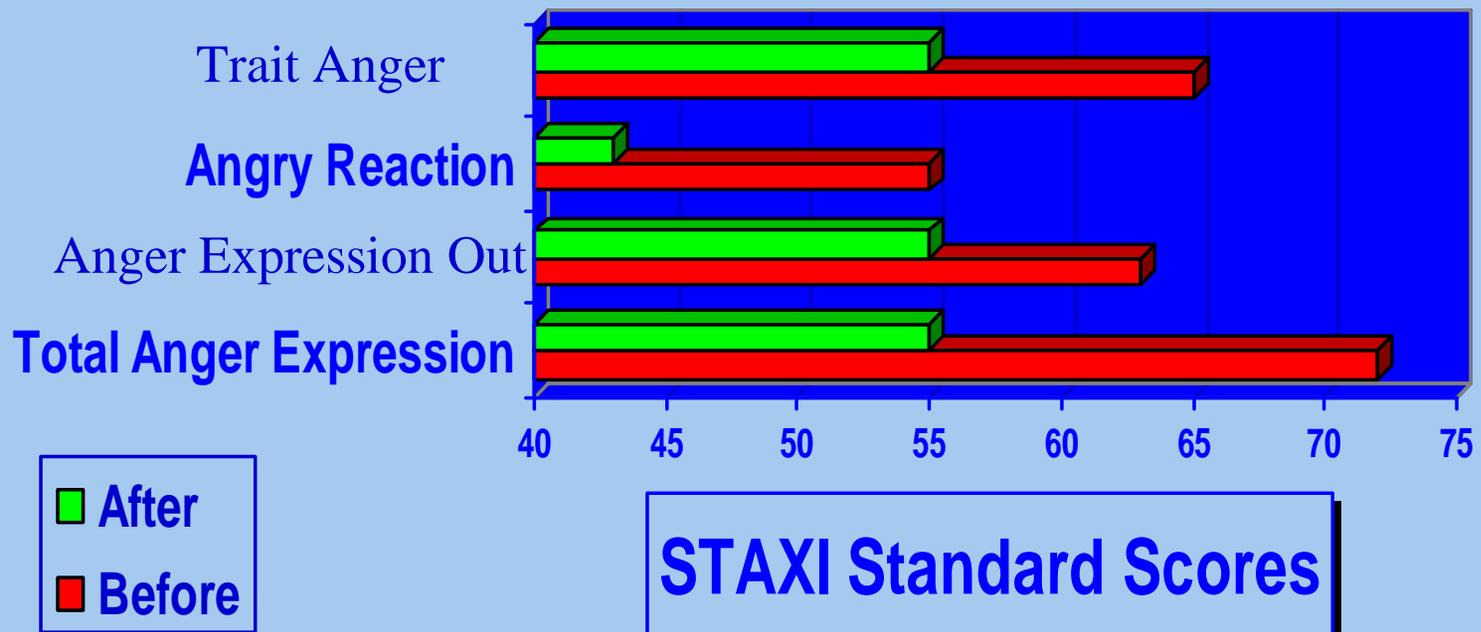


Experiencing angry feelings & feeling unfairly treated by others

Men see themselves as less

angry

RWV Reduced Men's Experienced and Expressed Anger

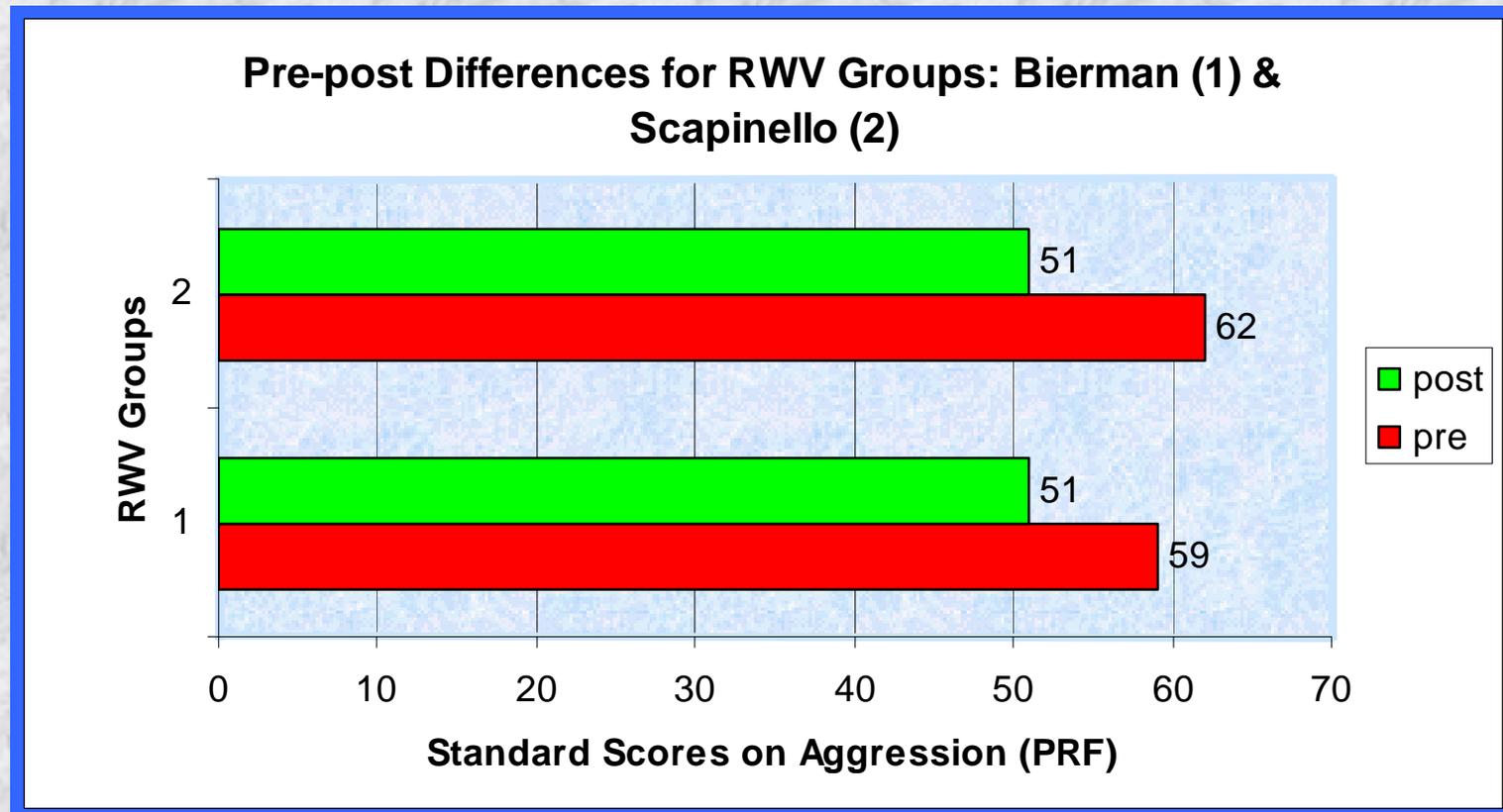


RWV REPLICATION

**CAN RWV RESULTS BE REPLICATED
BY A THERAPIST OTHER THAN
RWV'S CREATOR?**

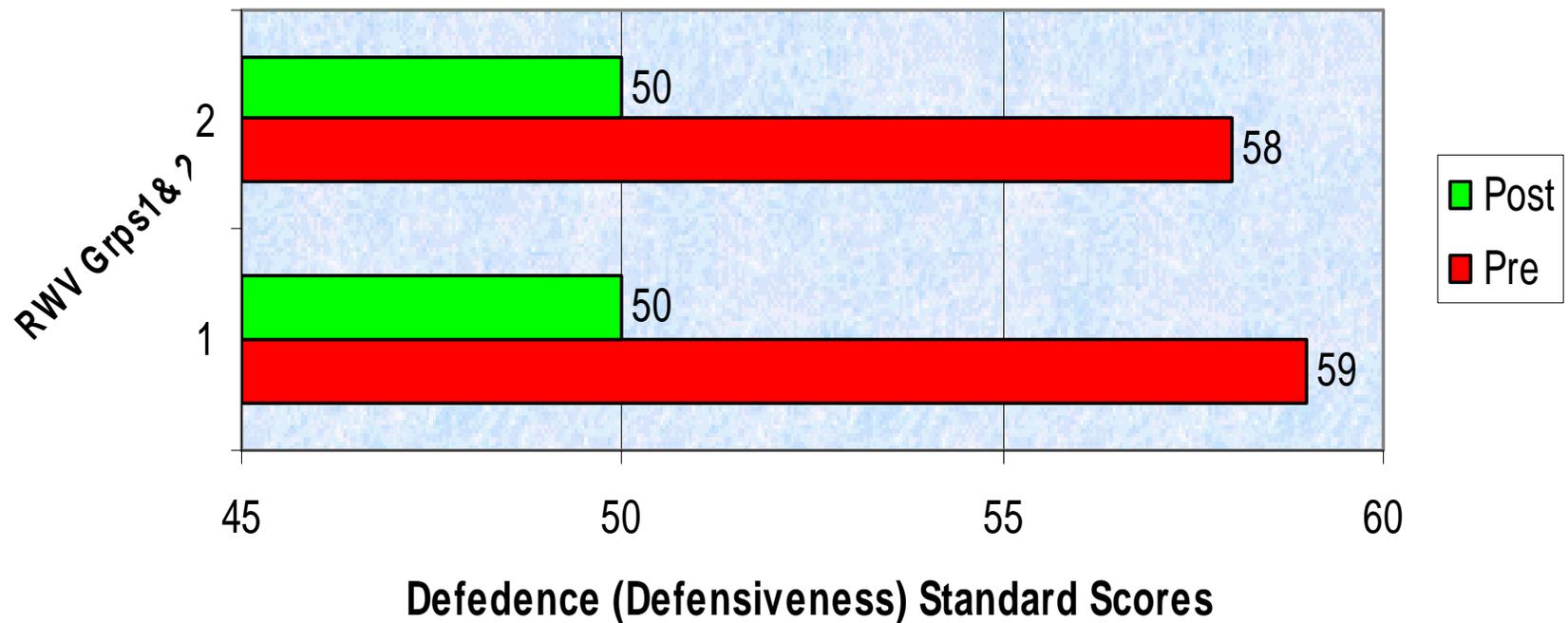


RWV Changes Replicated Aggression



RWV Changes Replicated Defensiveness

Pre-post Differences for RWV Groups: Bierman (1) & Scapinello (2)



RWV Changes Replicated

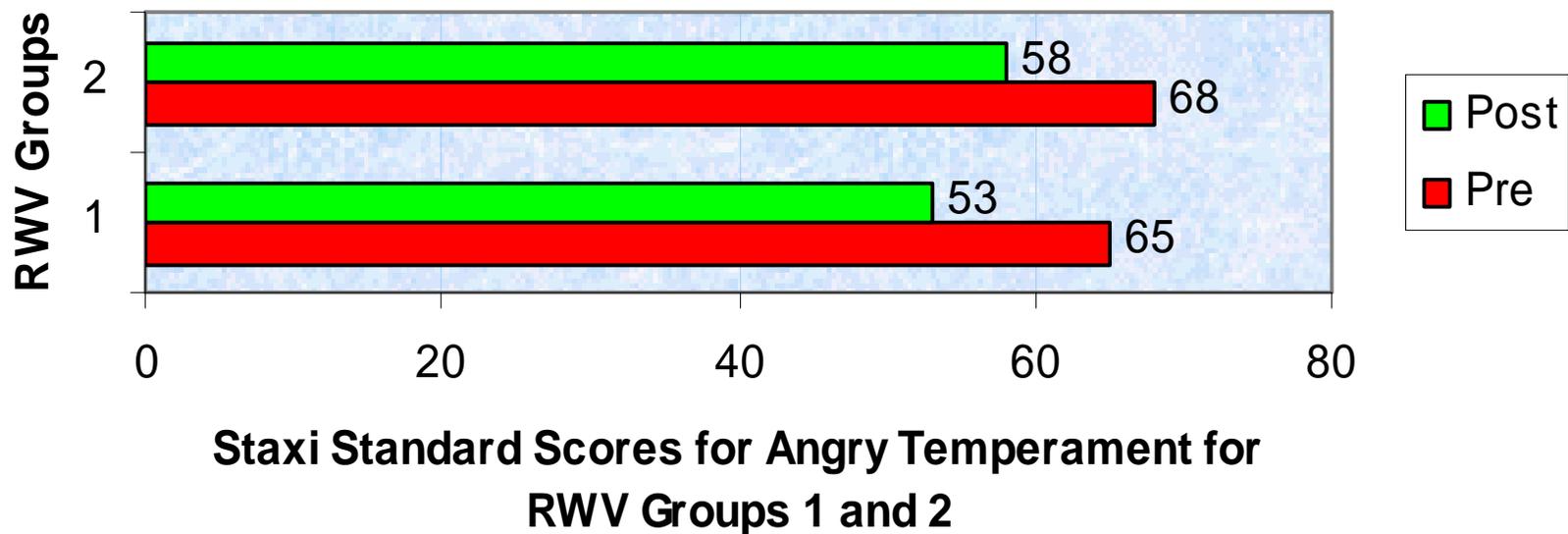
Trait Anger

**Pre-post Trait Anger Differences for RWV
Groups: 1 (Bierman) & 2 (Scapinello)**



RWV Changes Replicated Angry Temperament

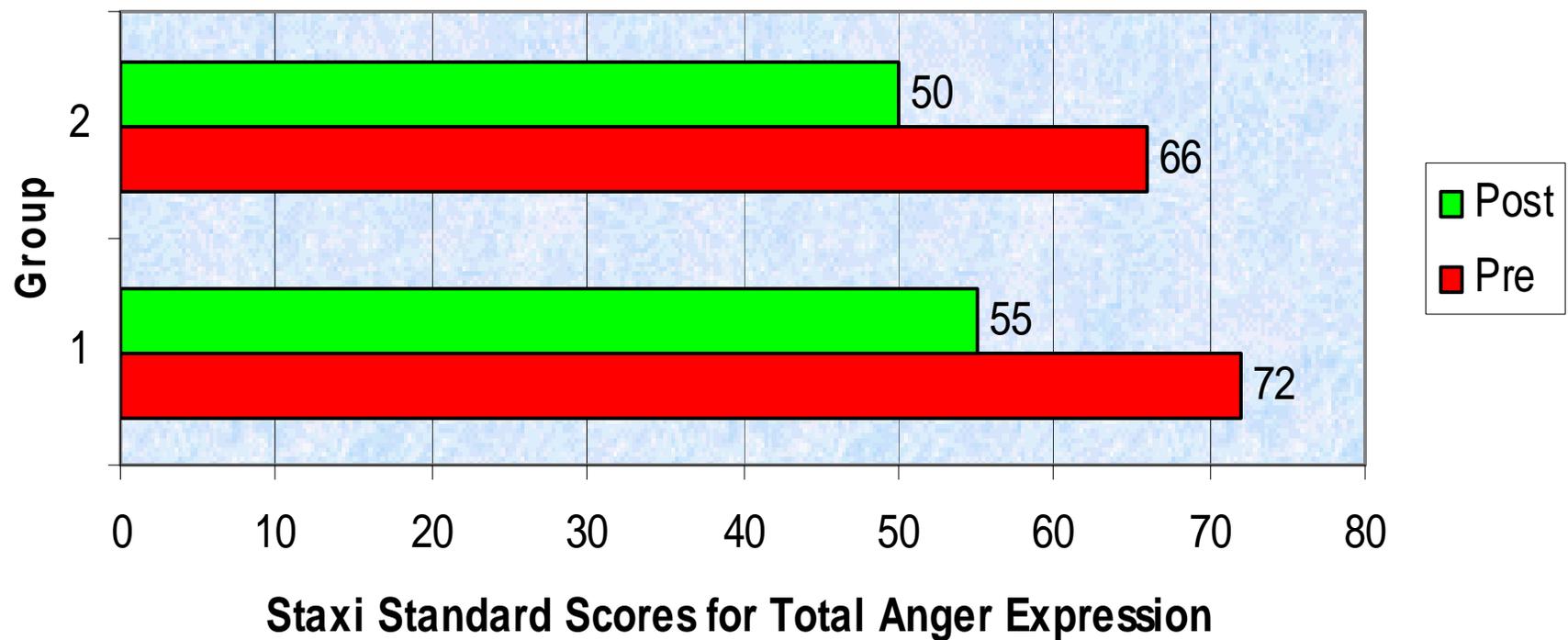
**Pre-post Differences for Staxi-Angry
Temperament for RWV Groups: 1 (Bierman) & 2
(Scapinello)**



RWV Changes Replicated

Total Angry Expression

**Pre-post Total Anger Expression Differences for RWV
Groups: 1 (Bierman) & 2 (Scapinello)**



Participant Narrative Feedback

- “more aware of my feelings ... better able to talk instead of throwing things or hurt someone ... learned to trust others.”
- “I am not filled with hatred.”
- “I realized I could get in touch with my feelings. I feel a more caring and understanding attitude.”
- “I’m more aware of my feelings, as well as my bodily feelings. ... *if I’m feeling angry I get a stirring inside and a lot of times it’s not always the same thing, it’s usually different.* Plus I saw that I react to certain things because of how I reacted to some events in my childhood, and how I grew up knowing no different. And now I can change that”.

Participant Evaluation at Release

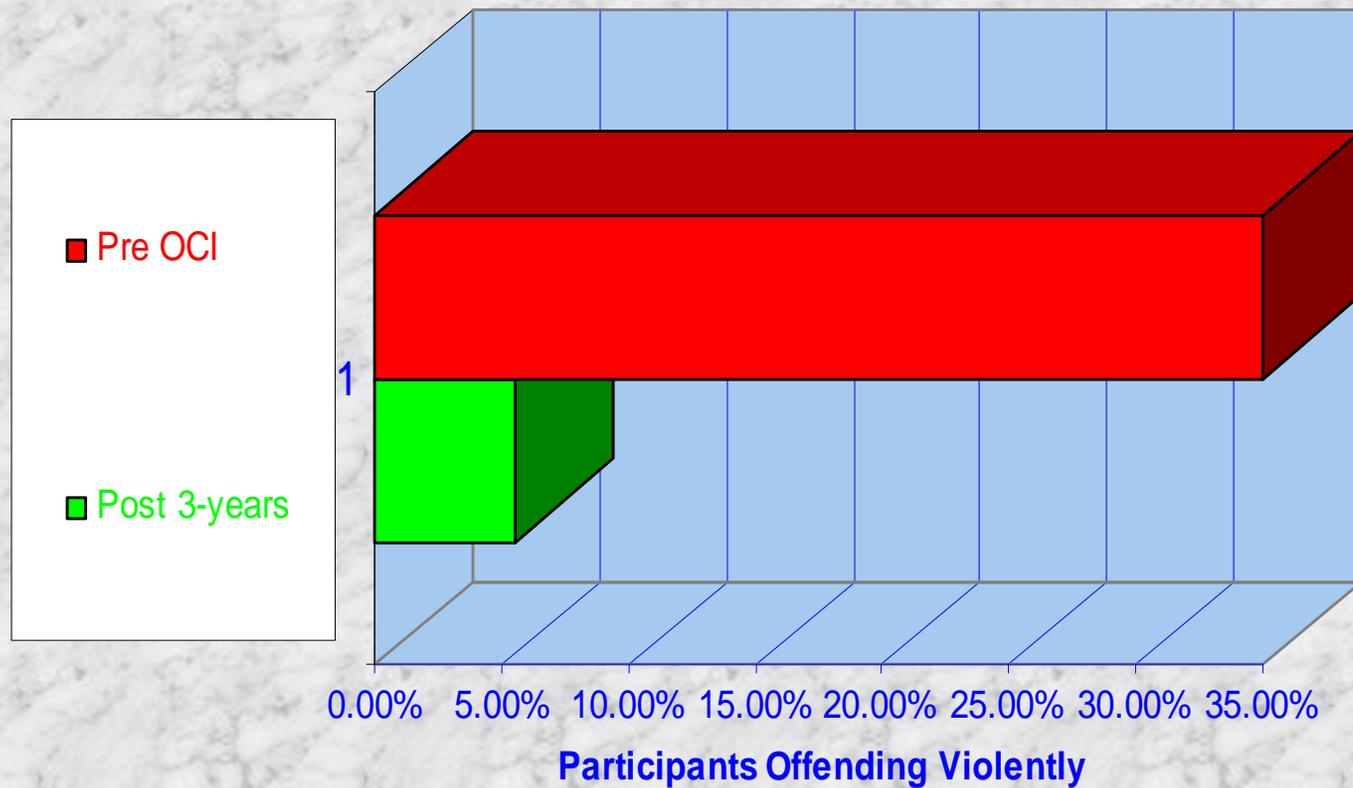
Relating Without Violence was the most intense. Learning program I was in. I have learned to talk with others and listen better, sharing who I am with my family, spouse, children. I found the trauma in my life. I would not look at death, abuse, I now know I can ask for and accept help.

I was able to let go of some things I've been stuffing and finally start grieving and letting it go. Also I learned to identify my abusive behaviours in relationships, the effects they have, empathize with others and learn how to resolve problems without violence or being abusive.

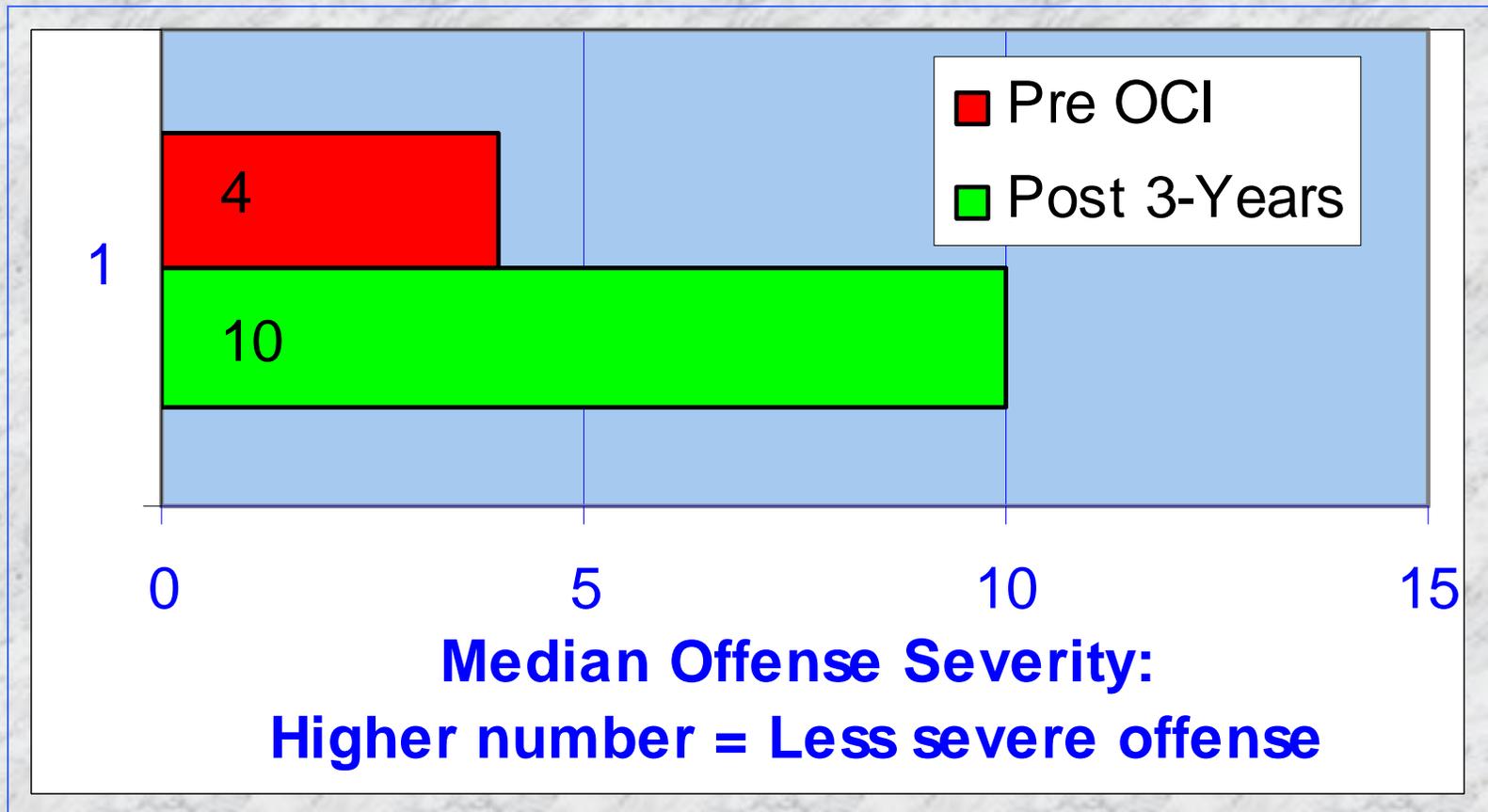
Evaluating long term-change: 3-year follow up recidivism data

- **Subjects: 74 men with complete pre-post data, released at least 3-years when recidivism studied**
- **Data from Ontario records of convictions and dispositions pre and post RWV re:**
- **Measures: Types of offenses; Severity of offenses; Sentence length**

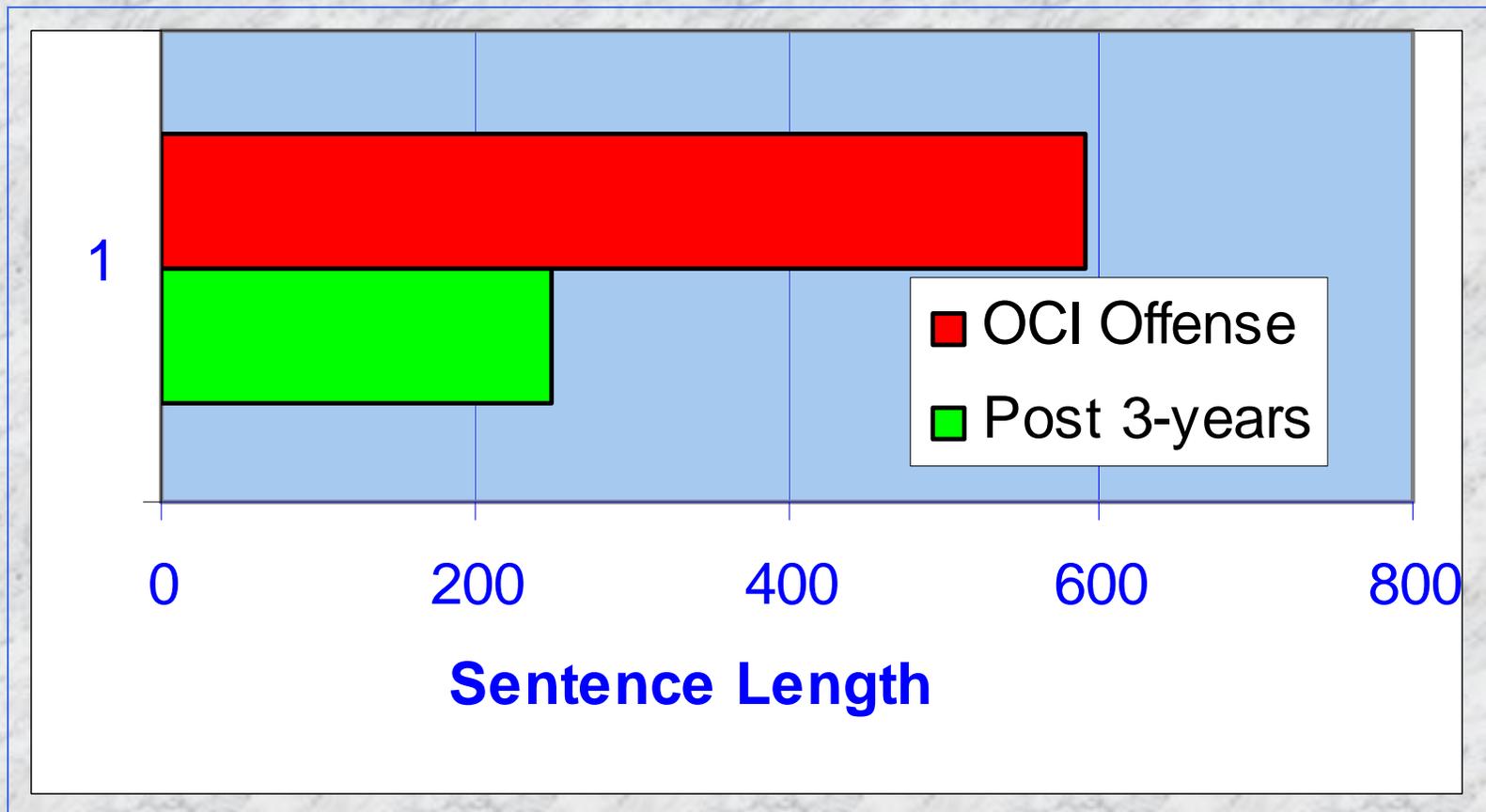
Post-OCI Frequency of Violent Offences Declined



Post-OCI Severity Rating of Offences Declined



Post-OCI Mean Sentence Length Reduced by 58%



RWV: a breakthrough in treatment of domestic violence ?

- **Recidivism indicators all point to substantial and significant reduction in violent crime after domestically violent men completed RWV treatment groups at the OCI.**
- **“ It is unclear at this time whether any of these programs are more effective than no treatment “ – from review of “Group Intervention Programs for Batterers”**
- **“very few of these programs have been evaluated rigorously to assess their effectiveness” – CDC, 2004**

Cautious interpretation of results

Limitations in the data:

- ● We have no data on recurrence of emotional, psychological abuse.
- ● The data only show those reported or caught for criminal behavior.
- ● The data are specific to an incarcerated population. We don't know the impact of RWV on non-incarcerated abusers who haven't been so severely punished.

Further study should address:

- ●Relation of recidivism to key pre-post personality changes e.g. reduced shame, aggression. (In preparation)
- ●Rate of recidivism comparing RWV graduates with a matched comparison group of Ontario incarcerates.(See next set of slides)
- ●Follow up data gathered directly from intimate partners
- ● RWV effectiveness with non-incarcerated offenders & violent women.

RECIDIVISM

RWV

V.

NO TREATMENT



RECIDIVISM: COMPARISON SAMPLE

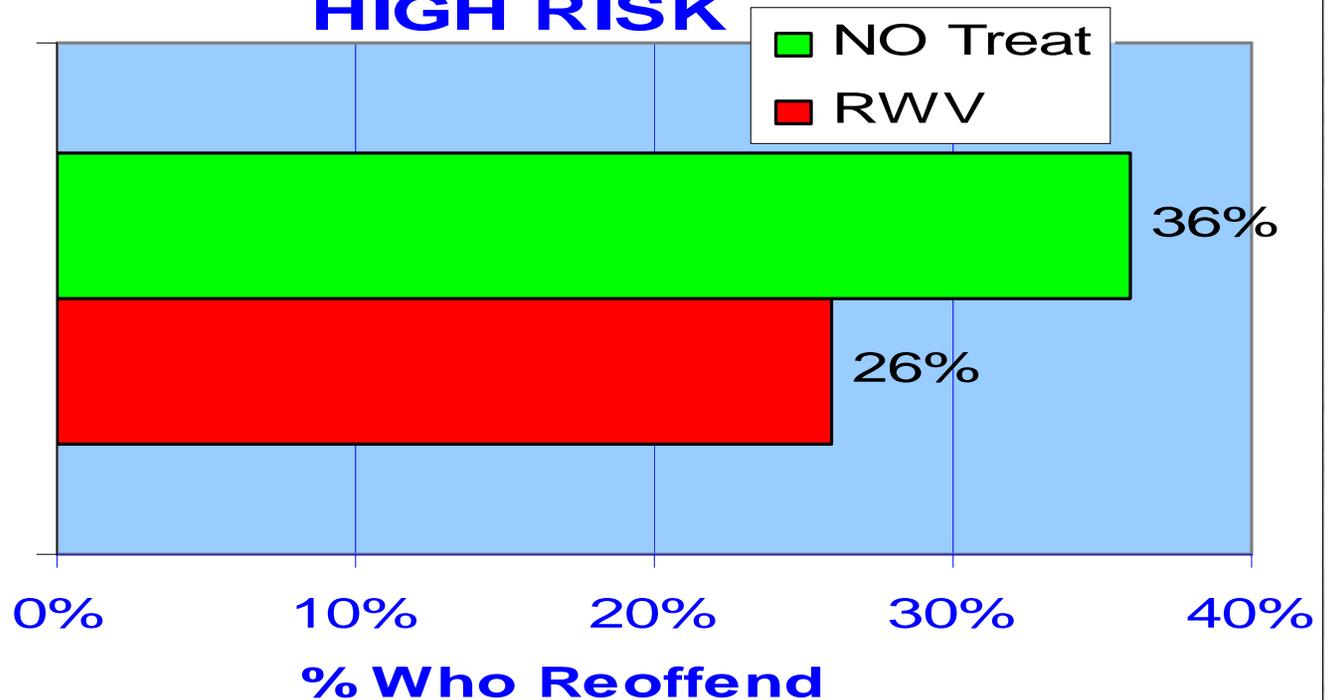
- **Created by the Program Effectiveness, Statistics and Applied Research Unit of Ontario's Ministry of Community Safety and Correctional Services**
- **76 offenders matched for the most frequently occurring offences in the RWV group**
- **An indicator of the potential for spousal violence is the presence of a "Partner Abuse Flag" in the computerized record (Offender Tracking Information System). Nineteen percent of the RWV group and four percent of the Comparison group were so flagged with *High Specific Risk for Violence***

RECIDIVISM: RWV V. NO THERAPY OVERALL REOFFENDING

RWV V. NO TREATMENT ON OVERALL RECIDIVISM FOR HIGH RISK

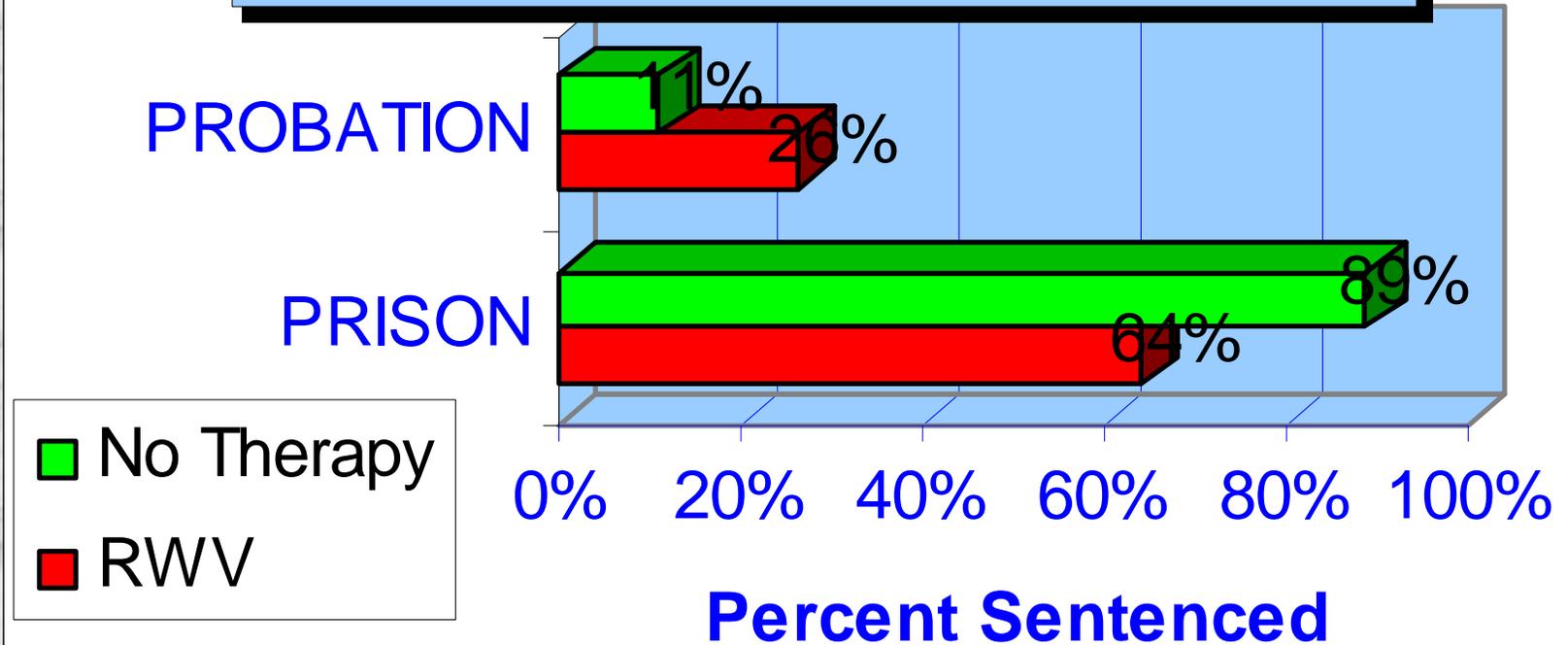
RWV v. NO
TREATMENT

1



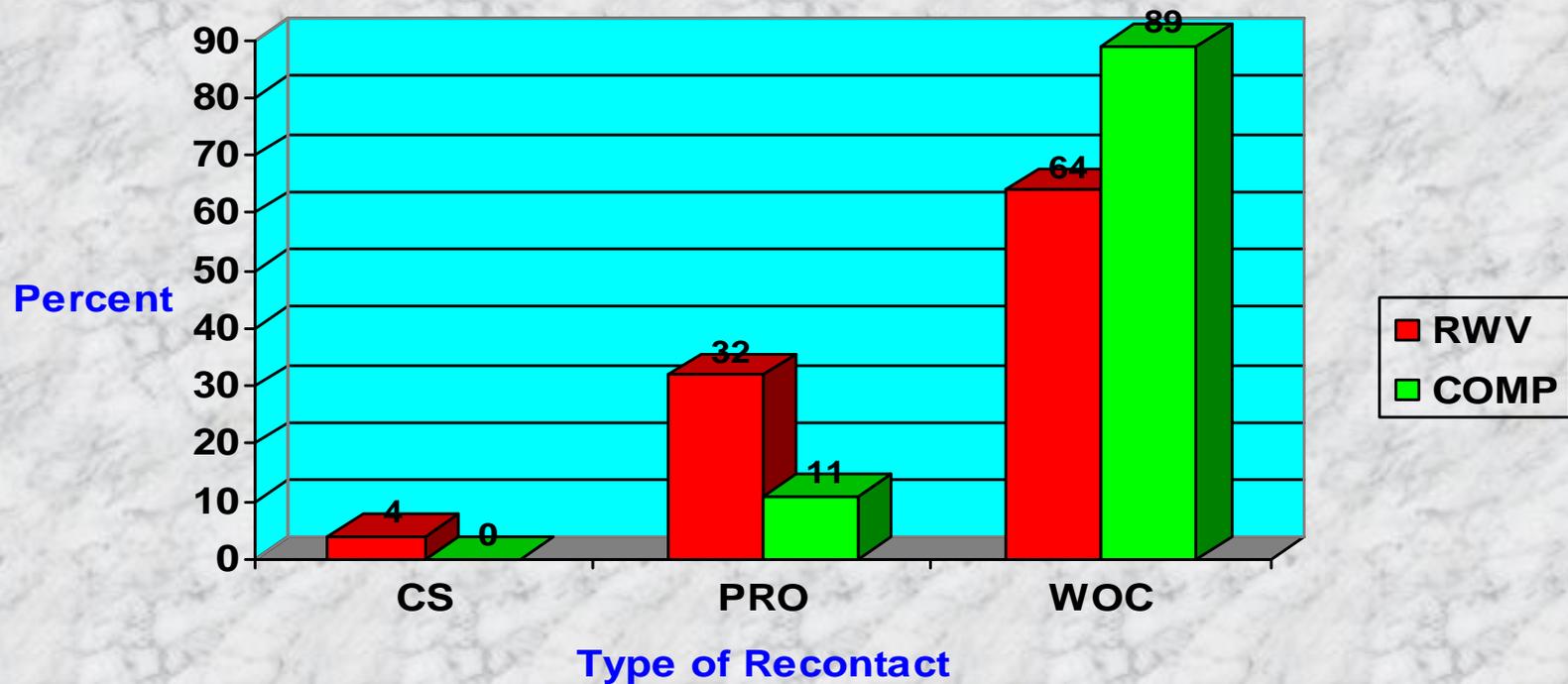
RECIDIVISM: RWV V. NO THERAPY- REOFFENSE SENTENCING

RWV V. NO TREATMENT ON REOFFENSE SENTENCING FOR HIGH RISK



RECIDIVISM: RWV V. NO THERAPY- REOFFENSE CONTACTS

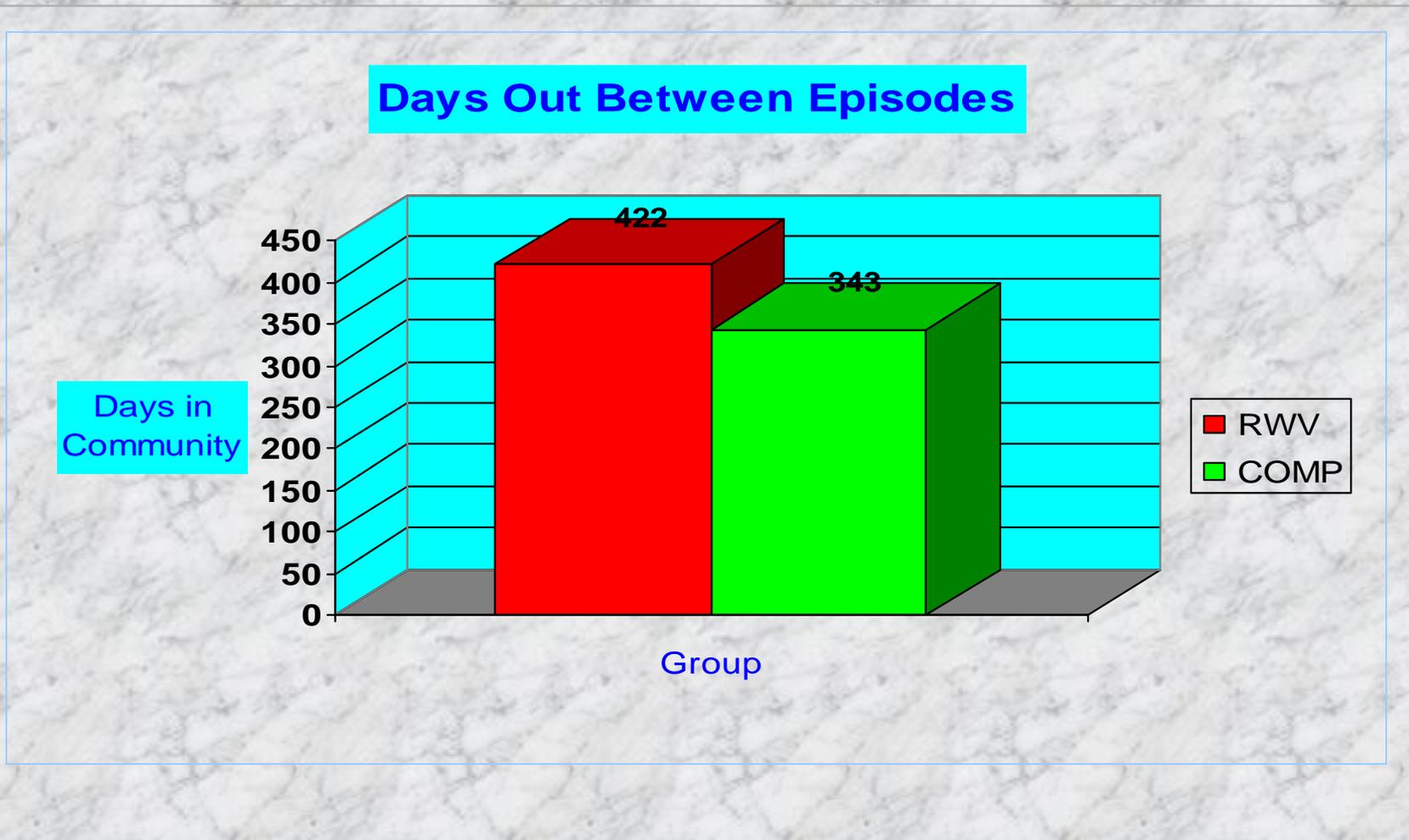
Recontacts for High SPECRISK Offenders



REOFFENSE CONTACTS

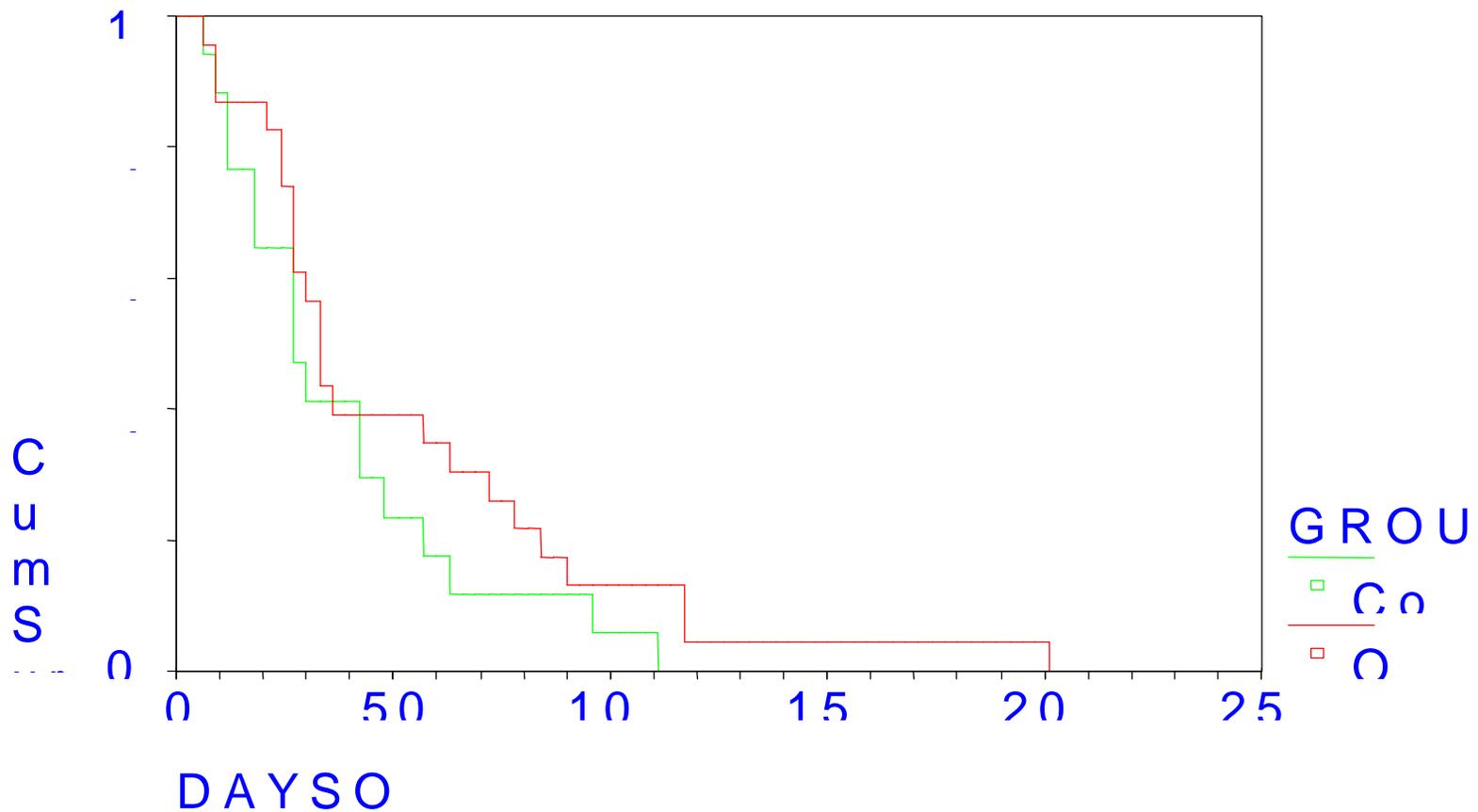
- CS = Community Service
- PRO= Probation
- WOC = Warrant of Committal TO Custodial Sentence
- There was a differential recidivism rate for high Specific Risk/Need offenders. Of the RWV group, 26% recidivated; in the COMP group 36% recidivated. Figure 66 shows that the recidivists from the RWV group were less likely to receive custodial sentences for post RWV offences than those in the non RWV comparison group. Of the RWV group 64% received subsequent custodial sentences vs 89% for the COMP group.

RECIDIVISM: RWV V. NO THERAPY- DAYS IN COMMUNITY



RECIDIVISM: RWV V. NO THERAPY- SURVIVAL TIME

Survival of High LSI SPECRISK Offenders



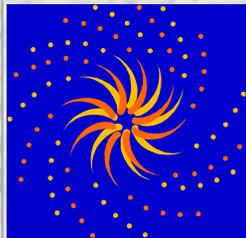
RECIDIVISM: RWV V. NO THERAPY

- **RWV – Durability of changes: YES**

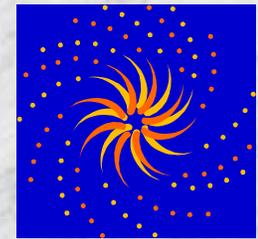
- ❖ RWV pre-post gains in reduced aggression are sustained after 3 years.

- **RWV – Better than no treatment: ?**

- ❖ Apparently RWV works better than no treatment with offenders flagged as at high specific risk for repeated violence. This strengthens the evidence that RWV addresses the issues fuelling violent behavior and not general criminality
- ❖ The treatment effect could be strengthened with: (1) follow-up/maintenance/booster sessions, (2) addressing their serious addiction disorders



VI: RWV FEATURES



Uniqueness & Parallels
Integrative
Learning Methods

RWV & other domestic violence treatments

RWV Uniqueness

- 2-tier treatment; progressive phases
- Voluntary psychotherapy after strong sanctions
- Process Experiential + Developing “Emotional Intelligence” skills + Learning principles
- Reduces Shame & Trauma which fuel rage, lowers anger
- Integrative Focus: both relating to self & to others; on origins & present
- Retains men in treatment

Parallels with Other Approaches

- Profeminist: egalitarian democratic man-woman relationship; control pattern addressed; batterer fully responsible for violent behavior
- Family: communication & conflict resolution
- Psychodynamic: childhood origins of shame & trauma
- Cognitive-Behavioral: modifying thoughts & behavior in current situations; “self-talk”; “time outs”; time limited

RWV: Integrating Program Qualities

- structured
- focused
- time-limited
- psychotherapy & skill building
- personal & relational
- integrating social learning, experiential, cognitive-behavioral, and psychodynamic therapy principles
- group, dyadic, & individual modalities

RWV: An Integrative Psychotherapy-1

- RWV PROCEDURE
- Focusing core
- Focusing “Float-back”
- Focusing Self-Nurture
- Empathic responding by participants
- Helper-Helpee dyads
- TX APPROACH
- Experiential, Gendlin
- Psychodynamic
- Experiential, EFT
- Experiential, Interpersonal
- Experiential, Interpersonal

RWV: An Integrative Psychotherapy-2

- EMDR
- Self-talk guidelines & logs
- Imago Relationship
- Cognitive-behavioral, Experiential
- Cognitive
- Psychodynamic, Interpersonal, Experiential

RWV Skill Learning Methods

- Cognitive/Conceptual learning: reading and discussing re basic skills; printed handouts
- Graduated Practice of skill components: in Group; Homework Dyads; 1-1s
- Modeling positive communication: tapes; transcripts
- Reinforcement: explicit appreciation of skill
- Active Guiding: prompting, suggesting

ADDITIONAL RESOURCES

- Bierman, R. (1996-1997). Focusing in therapy with incarcerated domestically violent men. The Folio: A Journal for Focusing and Experiential Therapy, 15, 47-58.
- Bierman, R. & Cheston, J (1996) Relating Without Violence: A Manual for a Treatment Program for Domestically Abusive Men. Program Manual, Ontario Correctional Institute , 109 McLaughlin Road South, Brampton, Ontario L6V 2P1 Canada.
- Wolfus, B. & Bierman, R. (1996). An evaluation of a group treatment program for incarcerated male batterers. International Journal of Offender Therapy and Comparative Criminology, 40, 318-333.

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