



Exploring the
experiences of immigrant
men and fathers engaged
in a trauma-informed intimate
partner violence intervention

Land Acknowledgement

We are located on unceded Indigenous lands. The Kanien'kehá:ka Nation (Mohawk-one nation of the Haudenosaunee) is recognized as the custodians of the lands and waters from which we live and work. Tiohtiá:ke/Montréal is historically known as a gathering place for many First Nations. Today, it is home to a diverse population of Indigenous and other peoples. We respect the continued connections with the past, present and future in our ongoing relationships with Indigenous and other peoples within the Tiohtiá:ke community.

An essential part of demonstrating this respect is for non-Indigenous peoples living on this land to acknowledge and claim our responsibility and complicity, as historical subjects, in the structural violence and oppression levied against Indigenous peoples through colonialism and other interlocking forms of oppression, and to commit to allyship by honouring and contributing to efforts to redress historic and current acts of structural violence against Indigenous peoples and the lands on which we all live.

AGENDA



Introductions

RAaD Lab Research

IPV in the Local Context

MDVC Intervention

MDVC & ÉIQ Research Results

- Quantitative Findings
- Intervention Experiences

Research Results Implications

Future Research

- Q&A



McGill Domestic Violence Clinic

Derrolton James
BSW, MSW
Clinic Director

Nate Mosseau
BSW, MSW
Interventionist

Regulation, Affect, and Development Lab

Katherine Maurer
LMSW, PhD
Principal
Investigator

Elyass Asmar
BA Psy
Research Assistant

Mert Kimyaci
BA Psy, BSW, MSW
Research Assistant

Faiza Abdul
BA Psy
Research Assistant

Intimate Partner Violence Context

- 3 in 10 police-reported violent incidents are IPV (Conroy, 2019).
- IPV is assumed to be underreported and increased during the COVID-19 pandemic (Statistics Canada, 2022).
- Unique risk factors for immigrant men's IPV experiences and additional challenges to intervening effectively:
 - Language barriers, cultural differences, lack of resources and barriers to accessing social support (Ayubi & Satyen, 2023; Turhan, 2020).
 - Additional challenges in QC for allophone immigrants, e.g., court proceedings are mainly in French.
 - Involvement in carceral systems of criminal justice and youth protection can negatively impact immigration status, employment, and housing
- Research shows there is a need for culturally specific programs for addressing IPV among immigrant men to enhance their effectiveness (Emezue et al., 2021; Satyen et al., 2022).

Our Studies

- MCIPV study - *Understanding the phenomenon of intimate partner violence: Exploring a complex trauma informed intervention.*
 - Mixed methods, longitudinal evaluation of IPV-involved service users at a community clinic (N=20) and analysis of intake assessments obtained from 2021 to 2023 (N=109).
- MDVC study - *McGill Domestic Violence Clinic Client File Review: Service user profiles 2016-2021.*
 - Secondary data analysis of intake assessments from a Montreal IPV community clinic (N=348).
- ÉIQ study - *Exploring the intersection of family violence, trauma-informed care, cultural safety, and transformative justice for immigrant families*
 - Secondary data analysis of the 2014 Québec Incidence Study of situations evaluated by the youth protection system (N= 31,529; subsample of IPV involved parents N=5,218).

	MCIPV intake sample N=109	MCIPV longitudinal study subsample N=20	MDVC 2016-2020 intake data sample N=348	EIQ Dataset IPV subsample N=5,218	
				Parent #1 n=5,218	Parent #2 n=2,820

Languages

Maternal language English/French	48 (44.0%)	6 (30.0%)	no data	no data	no data
Allophone	61 (56.0%)	14 (70.0%)	no data	440 (8.4%)	220 (7.8%)
No English nor French	no data	no data	no data	328 (6.3%)	173 (6.1%)

						Metro MTL 2021
Ethno-racial background						
European/European descent	36 (33.0%)	6 (30.0%)	59 (17.0%)	4,038 (77.4%)	2,084 (73.9%)	72.7%
Asian/South Asian/South-East Asian	28 (25.7%)	4 (20.0%)	73 (21.0%)	218 (4.2%)	137 (4.9%)	8.1%
African/Black-Afro-Caribbean	10 (9.2%)	4 (20.0%)	55 (15.8%)	218 (4.2%)	201 (7.1%)	8.1%
Indigenous	2 (1.8%)	0	5 (1.4%)	275 (5.3%)	197 (7.0%)	1.1%
Other (mixed-race, middle eastern, Latinx)	15 (13.8%)	2 (10.0%)	29 (8.3%)	454 (8.7%)	201 (7.1%)	11.0%
Immigrant (or child of immigrant)	47 (43.1%)	10 (50.0%)	116 (33.3%)	no data/missing		

IPV Incident Features	MCIPV intake sample N=109	MCIPV longitudinal study subsample N=20	MDVC 2016-2020 intake data sample N=348	EIQ Dataset IPV subsample N=5,218
Psychological violence	35 (32.1%)	3 (15.0%)	71 (20.4%)	2,771 (53.1%)
Physical violence	61 (56.0%)	10 (50.0%)	177 (50.9%)	3,129 (60.0%)
Behavioral disturbance	no data	no data	no data	161 (3.1%)
Referred by DYP or substantiated IPV	15 (13.8%)	3 (15.0%)	30 (8.6%)	4,418 (84.7%)
Childhood exposure to DYP involvement	9 (8.3%)	0	32 (9.2%)	no data/missing
Childhood exposure to family violence	56 (51.3%)	8 (40.0%)	157 (45.1%)	no data/missing

Connecting Beyond Behavior



Using universal themes and a relational approach to promote client buy-in and behavior change in culturally and linguistically diverse treatment groups

Presented by:

Nathaniel Mosseau

&

Derrolton James

McGill Domestic Violence Clinic

McGill Domestic Violence Clinic

- In operation for over 30 years
- Focus on Intimate Partner Violence and systemic effects
- Group, couple, and individual sessions
- Free services for survivors
- Internship opportunity for graduate students of multiple disciplines

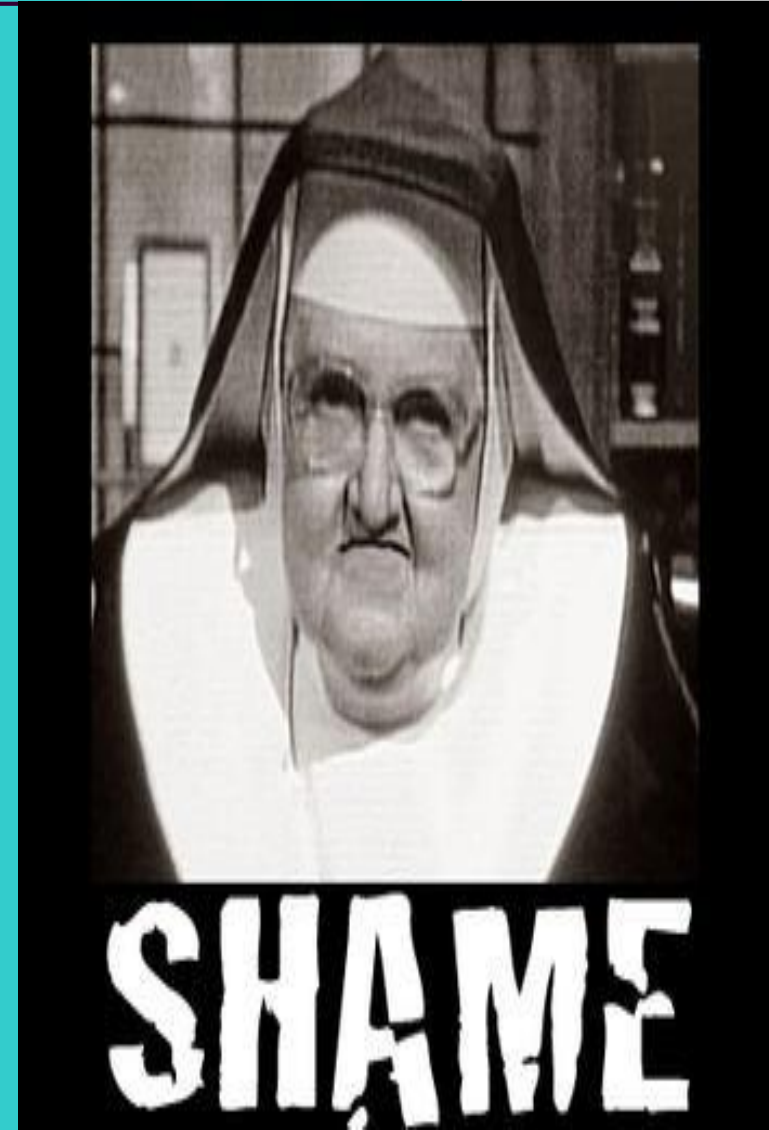
Group Work



- Multiple groups (day, evenings)
- In person and online
- 3-10 group members
- 1-3 Facilitators
- Open – members starting and finishing at different times

Ineffective Interventions

- Assume vs Exploring to Understand
- Judge Actions vs Explore Motivation
- Act Fast vs Slowing Things Down
- Use Reason/Logic vs Identifying Emotions
- Pay Attention Verbal vs Reading Non-verbal Cues
- Isolation vs Understanding the Context
- Focus on Behaviors vs Needs
- Fix vs Understanding



Theoretical & Clinical Frameworks



- Stages of Change & Motivational Interviewing
- The Evolutionary Brain
- Attachment
- Trauma
- Relational Needs

A Quote - What's your attitude?

- If you behave in a consistently, confrontational, suspicious, aggressive, pushing fashion, then people behave in a denying, resistant, oppositional way. If you do that constantly, then every client is in denial. Denial is something that happens in the room. Denial is not a client problem, it's an interaction problem.

William Miller

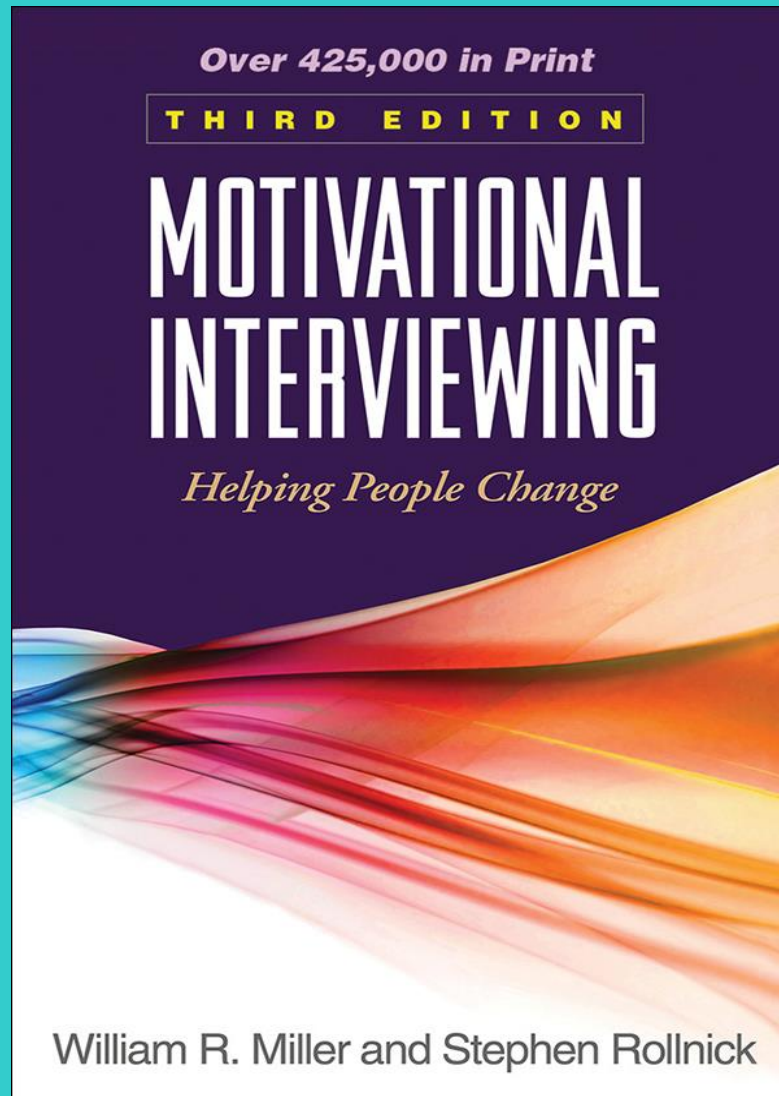


Change Can Be Difficult



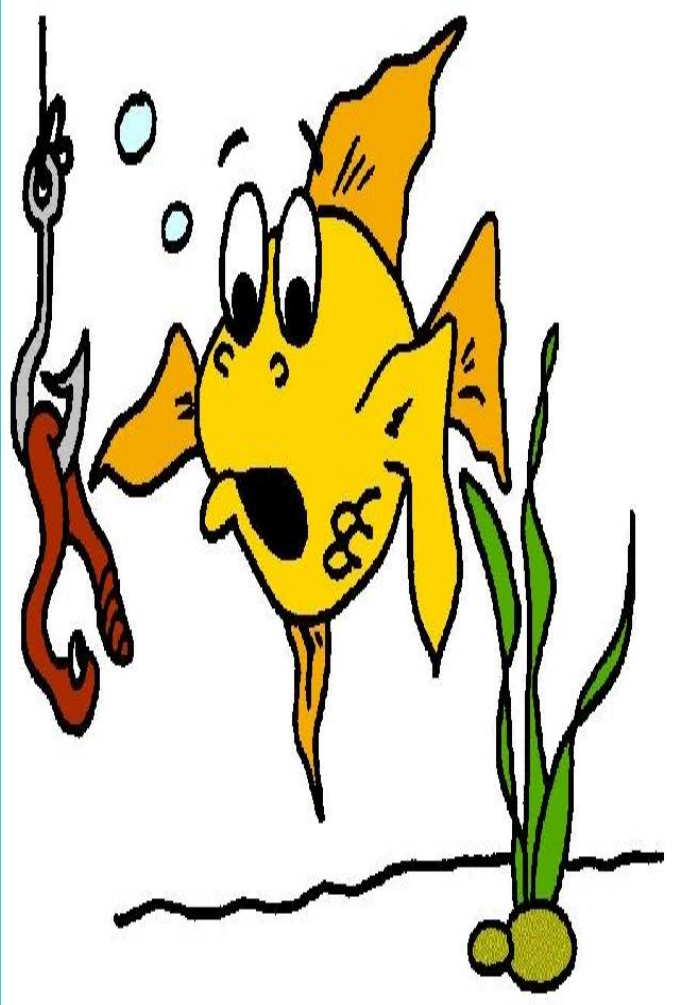
- Resistance is a normal part of the change process
- Defenses are normal coping mechanism to perceived threats
- Resistance to change is predictable because of past experiences (FFF)

What is Motivational Interviewing?



- Active & empathic listening
- A way of being with someone vs techniques
- Collaborative, goal-oriented style of communication with attention to language of change
- Designed to enhance motivation & build commitment to specific goals
- Managing defenses

Don't take the bait, modulate & self-regulate - Be the model

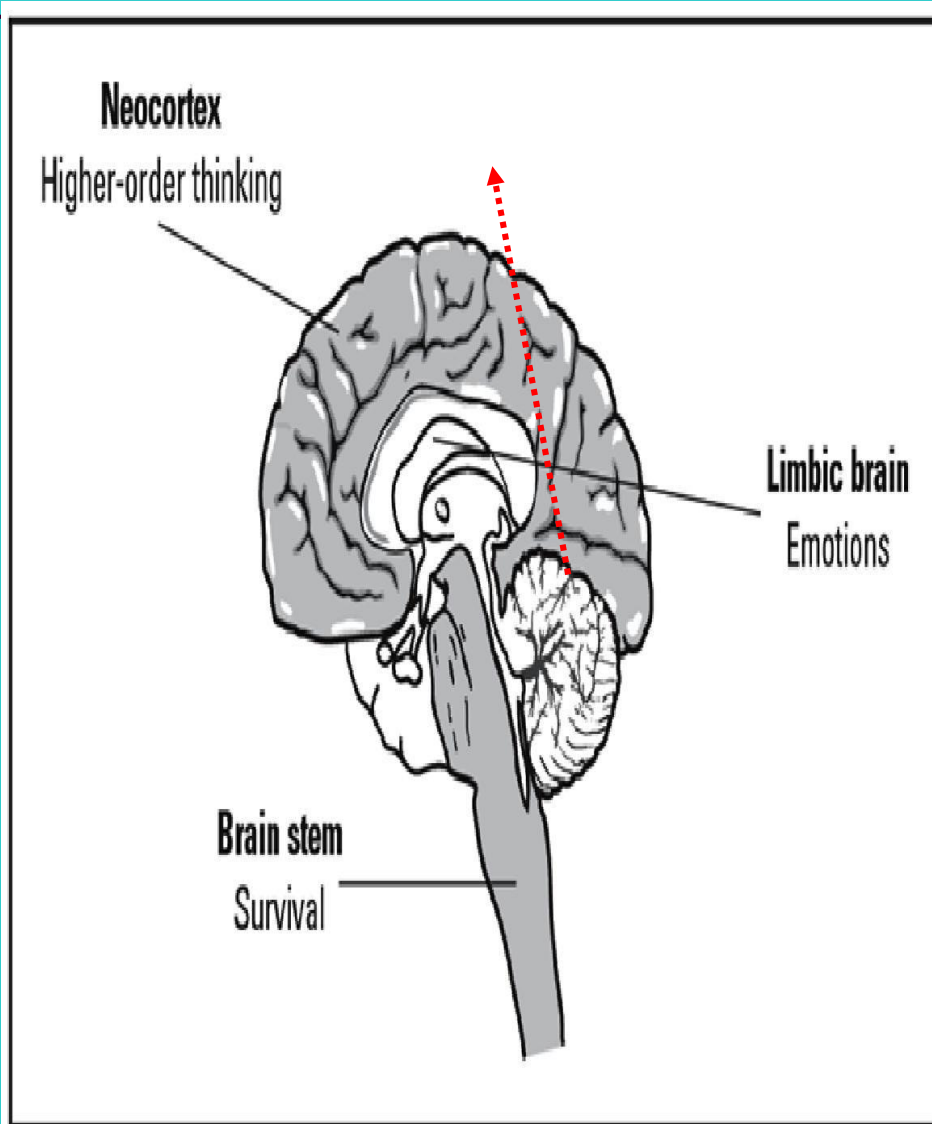


What's in for the client?



- Acknowledge & validate
- Understanding experiences, emotions & perceptions through exploration – empathy
- Engaging, building connection/alliance
- Connecting helps reduce fear & anxiety
- Is a communication skill, not a *feeling*.
- Modeling skills

The Evolutionary Brain



- **Cortex/neocortex:**
executive control
impulse control, logic, reasoning,
problem-solving, planning, communication
- **Limbic brain:**
motivation, emotions
scans environment, evaluates &
respond to sensory input, emotions,
safe vs unsafe, triggers survival
responses, LT memory
- **Brain stem: survival**
autonomic functions, respond to life
threatening situation, FFF

Hard-Wired Primary Emotions



Attachment: How relationships develop and perceptions formed

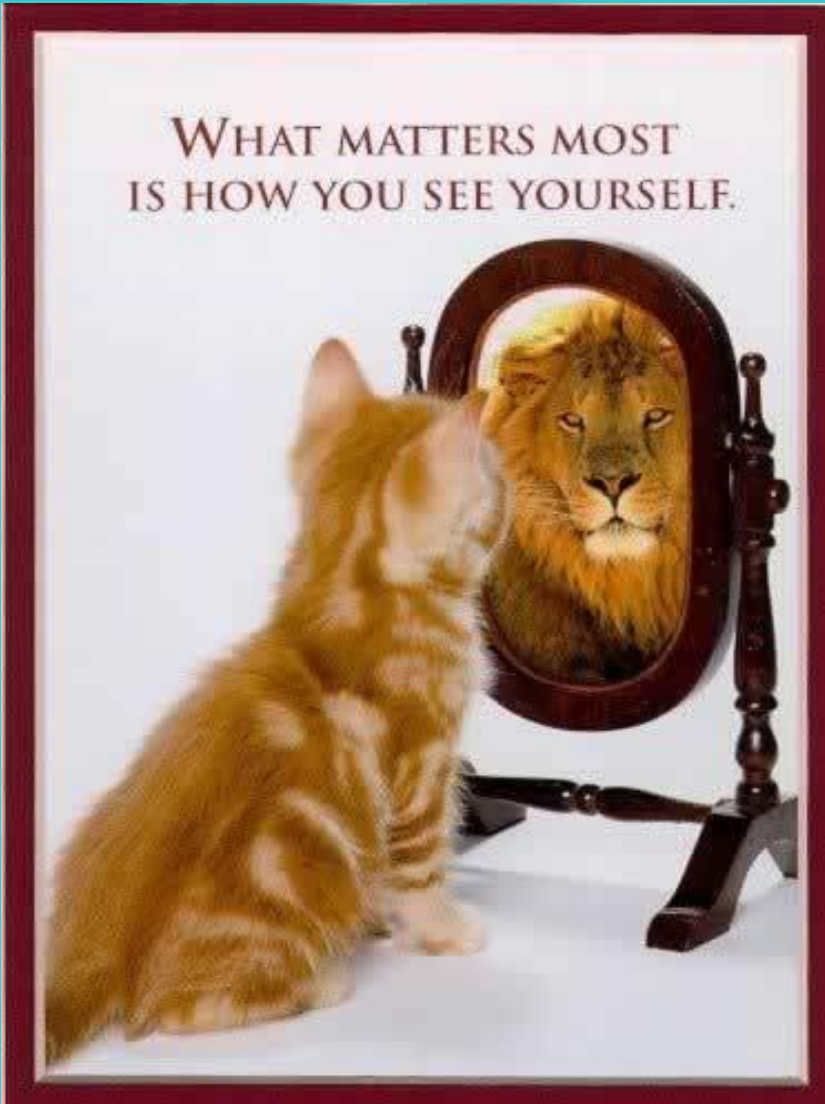


- Hard-wired biological process
- How individuals become emotionally attached & distressed when feeling disconnected
- Innate system: “Is caregiver attentive & responsive?”
- Behavioral strategies designed to communicate distress & get someone’s attention (reconnect)
- Goals: safety, belonging and connectedness

Attachment Experiences, Perception & Attachment Behaviors



Insecure Attachment Profiles



- Caregiver profile: Inconsistent or distant,
- Activated core belief:
 - “I never know if my needs will be met”
 - “I can’ trust you”
 - “It’s best to hide my feelings.”
 - “If I need attention, I will be rejected”
- Emotional outcome & Behaviors:
 - anxious, ambivalent
 - resistant relationships
 - but will act out to get looked after
- Their perception is project onto others
- Need: positive interaction, validated feelings & reassurance

Survival Brain, Attachment Experiences & Behaviors



- Subconscious processing – the basis of our beliefs that explain, interpret & predict our and other's behaviors
- Survival mode behaviors (predictable & expected) are maladaptive, and they get the opposite of what they need
- And cause harm to their environment and partners



Developmental Trauma



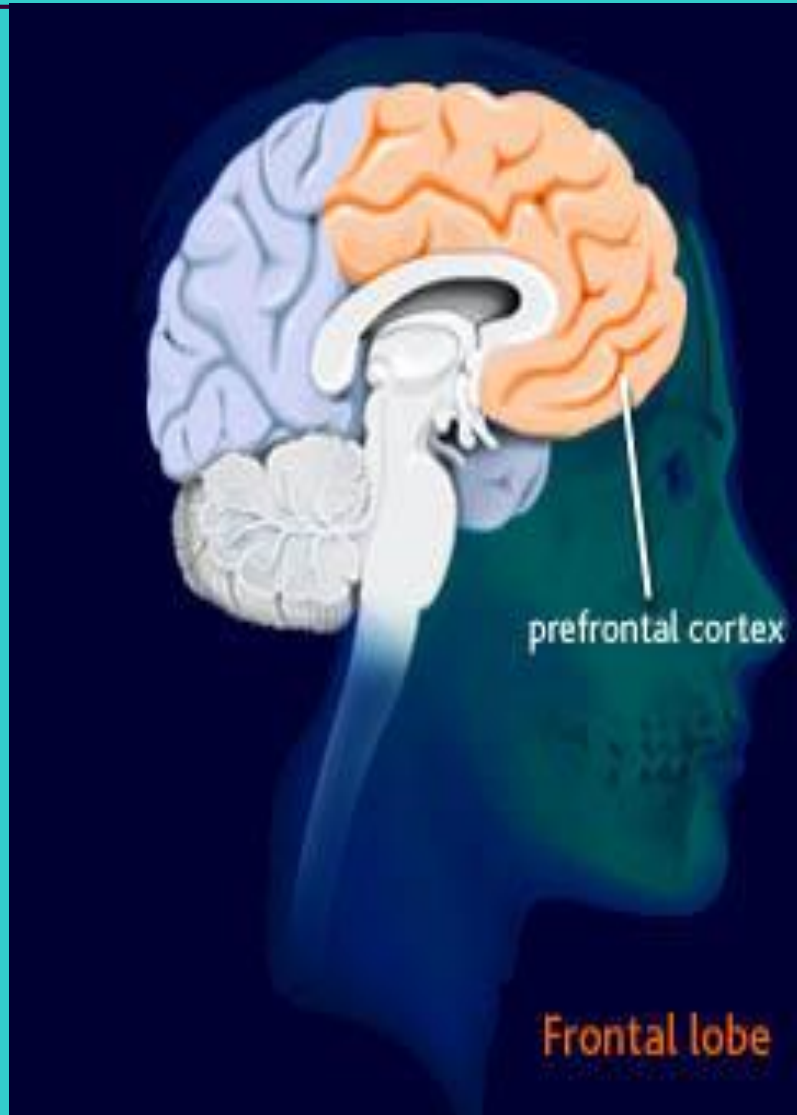
- Early childhood experiences are critical for brain development
- Pre-verbal trauma is encoded in the client's CNS
- **DANGER MODE** - excessively active & reactive stress response system develops

The Impact of Trauma on the Brain



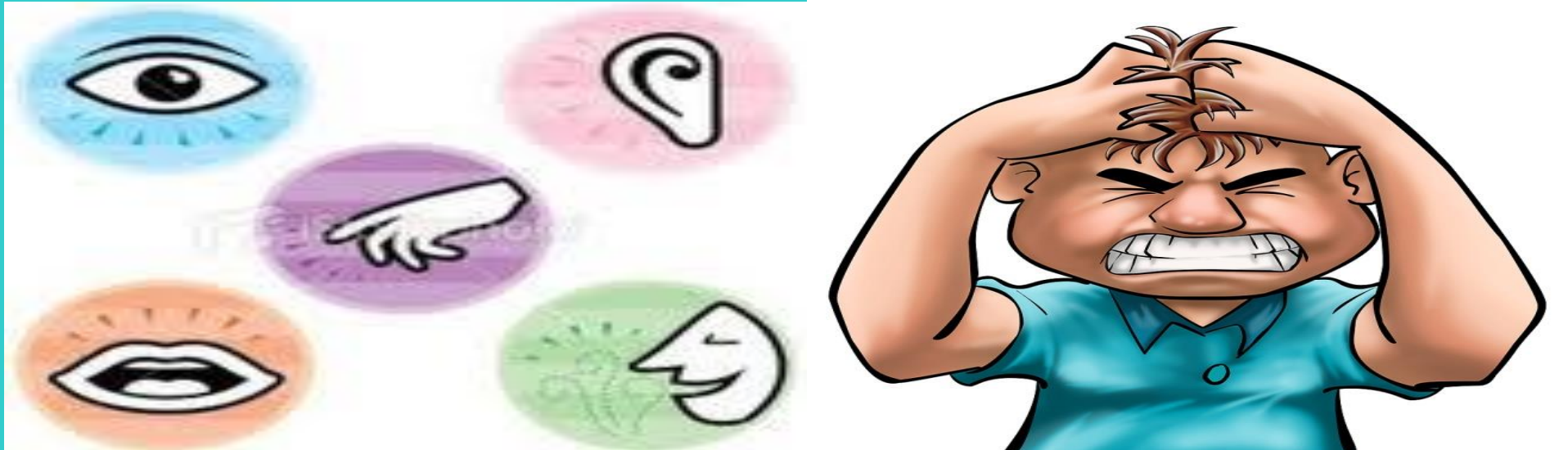
- Trauma is toxic to the brain & affects it on a structural, biological & functional level.

Disengaged Brain Functions & Competencies



- Receiving, processing & integrating information
- Comprehension & expression
- Self-regulation
- Social skills
- Communication, etc.

The Perfect Storm



- Triggers: sensory, emotional (shame, frustration, anxiety, tension), stress, criticism or punishment cause the
- Trauma-encoded limbic system hyper-activated'
- Under-developed limbic & cortical functions disengage
- **DYSREGULATION** means energy on survival vs. learning or insight

Needs ABC: Understanding Relational Needs Means Knowing That...



- **NEED** drives **EMOTION**
- **EMOTION** drives **BEHAVIORS**
- **MEETING** the **NEED** results in weakening the inappropriate behavior.

Our Relational Needs

Tom Caplan



- Seek reliability & availability
 - Need emotional connection, consistency & predictability
 - Fear abandonment, inconsistency or conditional relationships
- Signals/Clues In the Story
 - “I can’t be alone.”
 - “You want to me to be someone I’m not”

Our Relational Needs

Tom Caplan

- Seek trust & loyalty
 - Consistency in the environment
 - Need allegiance
 - Fear betrayal or being taken advantage of
- Signals/Clues In the Story
 - “The people I count on always let me down.”
 - “I’m going to get hurt.”



Our Relational Needs

Tom Caplan

- Seek respect
 - Need acknowledgment, value
 - Fear being unimportant, marginalized, ignored or objectified
- Signals/Clues In the Story
 - “My experiences and feelings are invalidated.”
 - “I don’t matter.”



Our Relational Needs

Tom Caplan

- Seek to become competent
 - Need adequacy, proficiency
 - Fear not being good enough or being a failure
- Signals/Clues In the Story
 - “No matter what I do, it’s never good enough.”
 - “I am always being criticized”



Needs ABC Emotion Concepts



- “*Emotion Focus*”: helps the client to understand their emotional possibilities.

- “*Emotion Conscious*” : helps the client understand which emotions are more productive in problem-solving

4-Step Intervention

1. Connect through active listening
2. Identify the possible felt emotion(s)
3. Identify the relational need
4. Connect a relational need to the felt emotion & check it out with the client



What's in for the client?

- Validation & acceptance without judgment
- Better self-perception & self-awareness: It's not you, it's your behavior (less shame)
- Motivation: less threatening to get needs met vs changing behaviour
- Insight guides self-regulation & problem-solving skills
- Hope: Their experience with you tells them that's it's possible



Internal Working Models –
Feeling & Thoughts

What's in it for everyone?



- ✓ Accessible & understandable context for behavior
- ✓ Neutral & non-judgmental language for discussing behaviors
- ✓ Explain vs. blame
- ✓ Something tangible to work with
- ✓ Understanding of WHY leads to an awareness of WHAT, with the capacity to explore HOW (Blaustein & Kinniburgh)



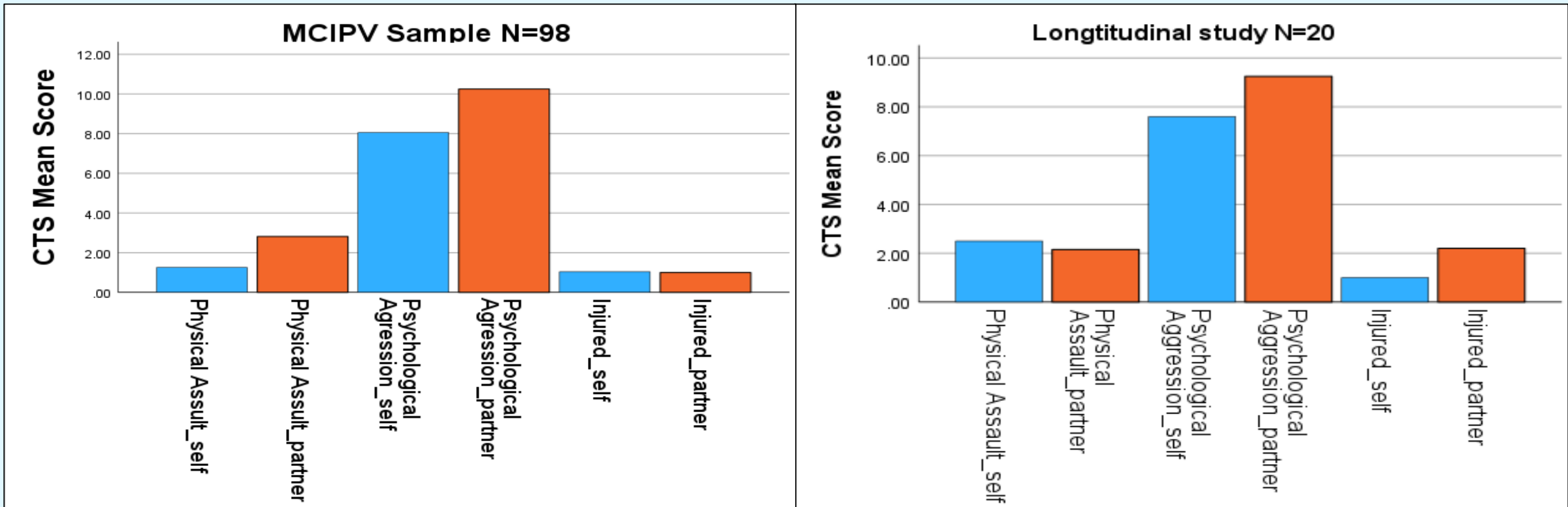
MDVC & ÉIQ Research Results

Quantitative Findings



Descriptives

Conflict Tactics Scale – types and direction of IPV reported



Quantitative Findings

Change in **Dysregulation** following the group intervention

Pre-, Post-, 90 Days Intervention Change-over-time *t*-tests (*N*=20)

	Pre- to Post-Intervention			Pre- to 90 days Post-Intervention ^c		
	Mean	<i>t</i> -test	<i>p</i> -value ^a	Mean	<i>t</i> -test	<i>p</i> -value ^a
Affect Dysregulation ^b	2.950	2.837	.005	4.105	4.048	<.001
Cognitive Dysregulation ^b	-2.75	-3.026	.003	-2.316	-2.480	.012
Behavioral Dysregulation ^b	1.050	1.046	.154	2.053	2.416	.013
Perceived Stress Scale-14	4.100	2.174	.021	2.526	1.522	.073
Ryff Psychological Wellbeing	-4.300	-2.650	.008	-3.895	-1.963	.033

^aone-tailed significance; ^bAbbreviated Dysregulation Inventory; ^c*N*=19

Quantitative Findings

Change in **Executive Functioning** following the group intervention

		Paired Differences					<i>t</i>	<i>df</i>	Significance	
		Mean	Standard Deviation	Std. Error Mean	95% Confidence Interval of the Difference				One-Sided <i>p</i>	Two-Sided <i>p</i>
					Lower	Upper				
Baseline to Exit	Executive Functioning Score	2.75	8.69	1.94	-1.32	6.82	1.42	19	0.09	0.17
	Organization	1.25	2.59	0.58	0.04	2.46	2.16	19	0.02	0.04
Baseline to 3-month	Executive Functioning Score	-17.53	12.00	2.75	-23.31	-11.74	-6.37	18	<.001	<.001
	Organization	-8.68	6.09	1.40	-11.62	-5.75	-6.21	18	<.001	<.001
	Impulse Control	-8.11	5.03	1.15	-10.53	-5.68	-7.02	18	<.001	<.001

Quantitative Findings

Change in **Reasons for Violence** following the group intervention

		Paired Differences					<i>t</i>	<i>df</i>	Significance	
		Mean	Standard Deviation	Std. Error Mean	95% Confidence Interval of the Difference				One-Sided <i>p</i>	Two-Sided <i>p</i>
					Lower	Upper				
Baseline to Exit	Self Defense	2.44	3.39	0.85	0.63	4.24	2.880	15	0.006	0.01
	Communication Difficulties	1.08	2.21	0.55	-0.10	2.26	1.958	15	0.04	0.07
	Expression of Negative Emotions	1.00	2.38	0.58	-0.22	2.22	1.732	16	0.05	0.10
	Retaliation	1.06	2.35	0.59	-0.19	2.31	1.809	15	0.05	0.09
	Other reasons	0.63	1.35	0.34	-0.09	1.34	1.855	15	0.04	0.08
Baseline to 3-month	Self Defense	2.06	2.95	0.74	0.49	3.64	2.792	15	0.007	0.01
	Other reasons	0.78	1.13	0.28	0.18	1.38	2.760	15	0.007	0.02

Preliminary Findings from QC Youth Protection Incidence Study

Immigration proxy measure and IPV related signalement correlates

		Psychological Violence Exposure	Physical Violence Exposure	Substantiation Coincidence Across Events	Isolated IPV Incident Across Events
One Parent Allophone	Pearson Correlation	-.046**	.041**	0.022	.055**
	Sig. (2-tailed)	0.001	0.003	0.108	<.001
One Parent No-English No-French	Pearson Correlation	-.047**	.039**	0.023	.057**
	Sig. (2-tailed)	0.001	0.004	0.101	<.001
Both Parents Allophone	Pearson Correlation	-.044**	.036*	0.020	.061**
	Sig. (2-tailed)	0.002	0.010	0.158	<.001
Both Parents No-English No-French	Pearson Correlation	-.044**	.035*	0.020	.060**
	Sig. (2-tailed)	0.002	0.011	0.149	<.001

** Correlation is significant at the 0.010 level (2-tailed).

Preliminary Findings from QC Youth Protection Incidence Study

Logistic Regression

Substantiation Coincidence Across Events	<i>B</i>	Std. Error	Wald	<i>df</i>	Sig.	Exp(B)	95% Confidence Interval for Exp(B)	
							Lower Bound	Upper Bound
Direct Physical Violence Exposure	1.410	0.192	53.934	1	<.001	4.095	2.811	5.965
Indirect Physical Violence Exposure	1.717	0.206	69.544	1	<.001	5.566	3.718	8.331
Psychological Violence Exposure	1.444	0.191	57.362	1	<.001	4.238	2.916	6.158
One Parent No-English No-French	1.274	0.359	12.587	1	<.001	3.576	1.769	7.228
One Parent Allophone	.565	0.226	6.270	1	.012	1.760	1.131	2.739
Both Parents Allophone	.824	.422	3.817	1	.051	2.281	.997	5.215



MDVC & ÉIQ Research Results Qualitative Findings

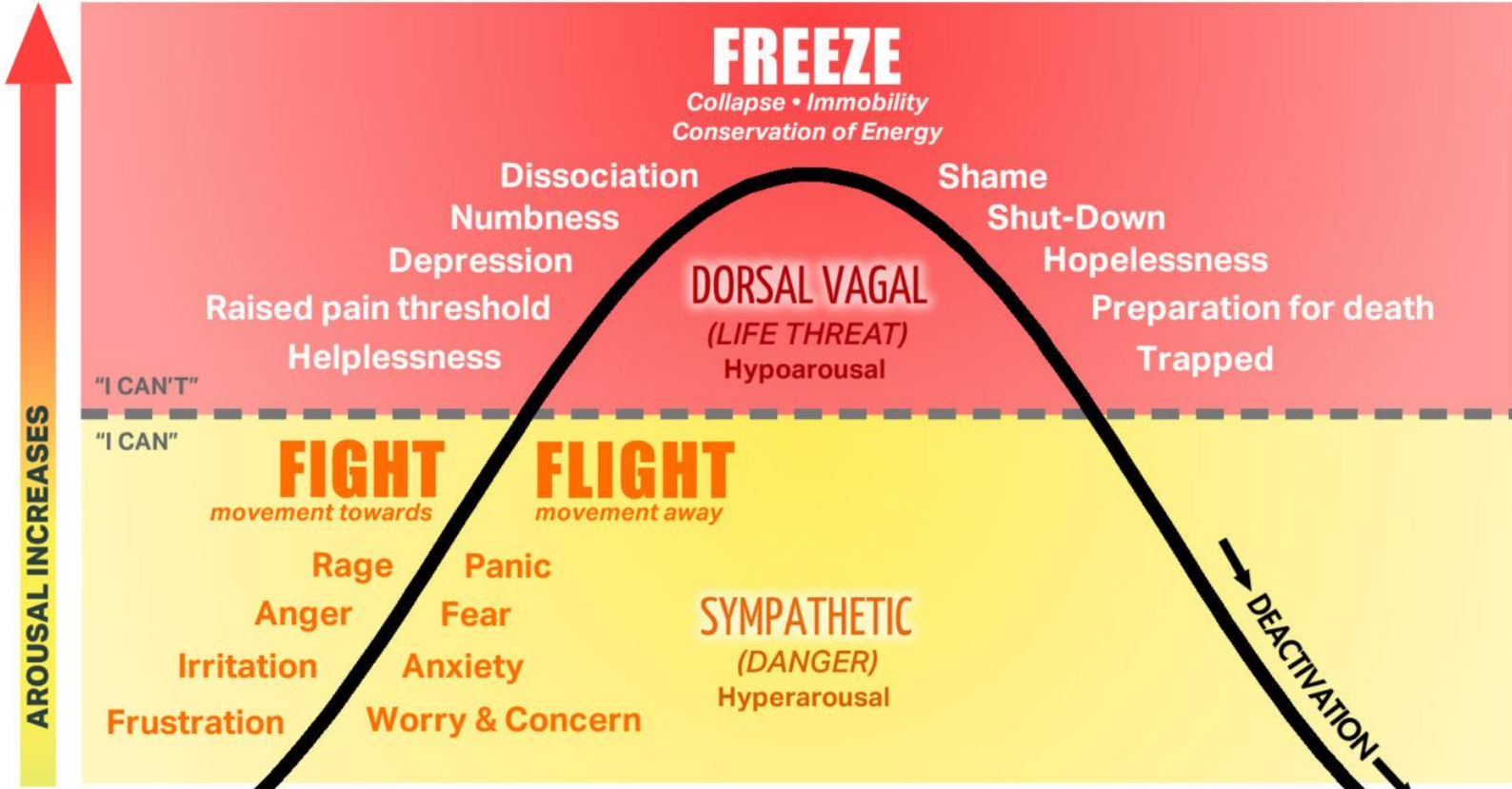


Pre-Intervention Reactions

- *I was understanding. I knew all the consequences that could, might possibly happen. But I still was doing that. It's like you feel the emotions rise in you. And you know that you have to release them because there is so much tension inside of you. So you feel like either you do that or you will explode. (Participant 45)*
- *Sometimes I do shout in my truck, 'cause no one else is listening to me. I just shout. I just shout and in my in my own language 'cause sometimes it gets hard to speak, like show aggression in English but I just yeah, yeah, this is what I do. (Participant 16)*
- *I didn't respect my limits, I didn't verbalize them. Uh, I didn't listen to myself. And I always wait when it's too late or it's too far to act. And for sure, uh, I'm gonna be more demonstrative... (Participant 24)*

POLYVAGAL CHART

The nervous system with a neuroception of threat:



PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL COMPLEX

Increases

- Fuel storage & insulin activity • Immobilization behavior (with fear)
- Endorphins that help numb and raise the pain threshold
- Conservation of metabolic resources

Decreases

- Heart Rate • Blood Pressure • Temperature • Muscle Tone
- Facial Expressions & Eye Contact • Depth of Breath • Social Behavior
- Attunement to Human Voice • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

Increases

- Blood Pressure • Heart Rate • Fuel Availability • Adrenaline
- Oxygen Circulation to Vital Organs • Blood Clotting • Pupil Size
- Dilation of Bronchi • Defensive Responses

Decreases

- Fuel Storage • Insulin Activity • Digestion • Salivation
- Relational Ability • Immune Response

The nervous system with a neuroception of safety:



PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL COMPLEX

Increases

- Digestion • Intestinal Motility • Resistance to Infection
- Immune Response • Rest and Recuperation • Health & Vitality
- Circulation to non-vital organs (skin, extremities)
- Oxytocin (neuromodulator involved in social bonds that allows immobility without fear) • Ability to Relate and Connect
- Movement in eyes and head turning • Prosody in voice • Breath

Decreases

- Defensive Responses

VVC is the beginning and end of stress response.
When VVC is dominant, SNS and DVC are in transient blends which promote healthy physiological functioning.

Increasing Awareness

- *It's like I discovered I was a werewolf or something. You know, that I could just like transform into this monster. And but also, you know it's this silver lining because it sent me down this path of [...] self-discovery, getting tools to you know, greater introspection and clearer communication of my feelings, to diffuse situations and stuff like that. (Participant 10)*
- *I remember that once we have a session, they [the group facilitators] ask you if [can] focus in that place, when you're gonna, you're about to be angry or something. Focus in on where you're feeling in your stomach, in your head and knees. It's always in my head. I feel like, like a stop, you know. It's kind of like a red light, like stop or something, something's gonna happen. (Participant 23)*

Intervention Effects

- *So, after watching that video [of filling the bucket and taking some water off from the top] I was, like I could say then this, this is me right now...my bucket is filling up [with stress] and [...] rather [than] focusing on that stress in my mind, I started focusing on how to like get that stress off from my mind... the only thing we should focus on [is] to stay positive, get prepared for [court]. I started preparing myself rather on focusing on, on the negative consequences. After that I started, like, how to deal with, how can I prepare myself, how to? How will I express my feelings about my future [...] in front of the judges? (Participant 16)*
- *It's like thinking about the consequences of things before it happens, you know? It's easy to do things but what happens aftermath. What happens after doing it? Also was a great tool for me to keep my green balls... at that time so many things were coming at the same time. So many things that I was just trying to help use the green ball to block, to block, to help. (Participant 61)*

Group Participation Effects

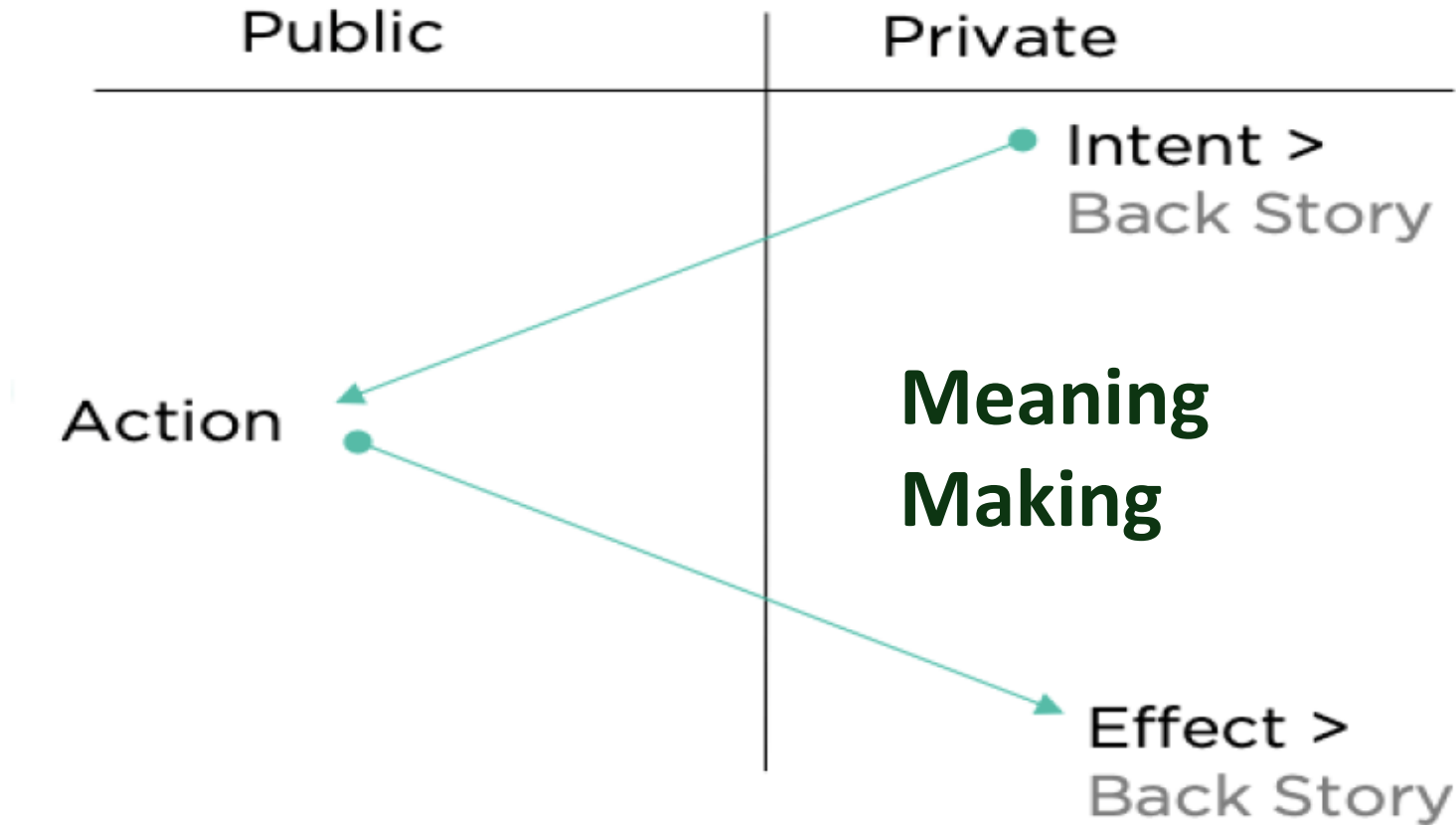
- *At the beginning I didn't have any kind of expectations. I was closer to being pessimistic at the beginning of the group because. I didn't really. I didn't really believe that the group is was going to teach me something or was going to change anything in my life. I was thinking that it was just because of it just it was just because of my own decision that I can change myself. But I was wrong. At some point I got. I got closer to the group and I kind of got addicted to, to this, you know. (Participant 23)*
- *So I'm not just in the group because I was supposed to be in the group, but I'm in the group because I really want to take something out of the group. And I was, I succeeded taking that out of the group with the help of others in the group, because I couldn't have done that by myself. (Participant 12)*



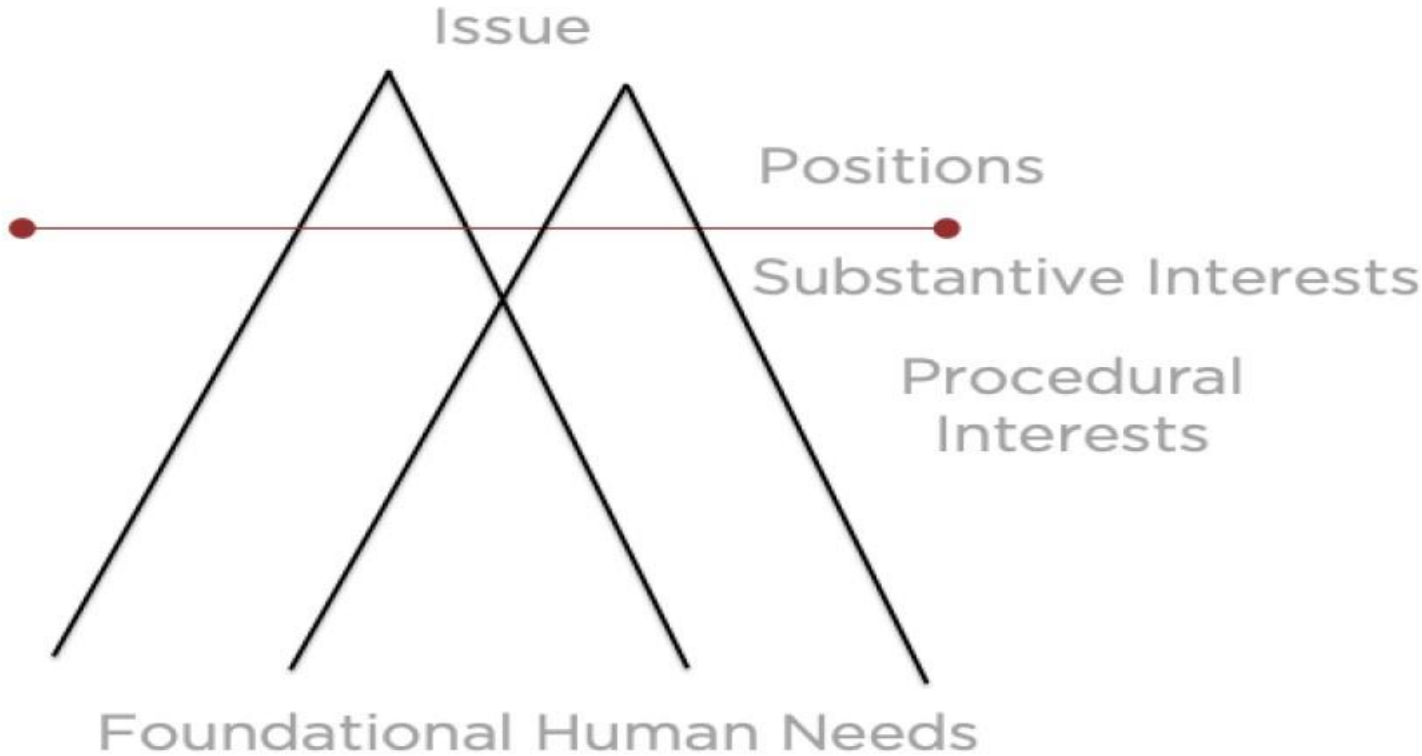
Research Results Implications



Conflict Intent AND Effect

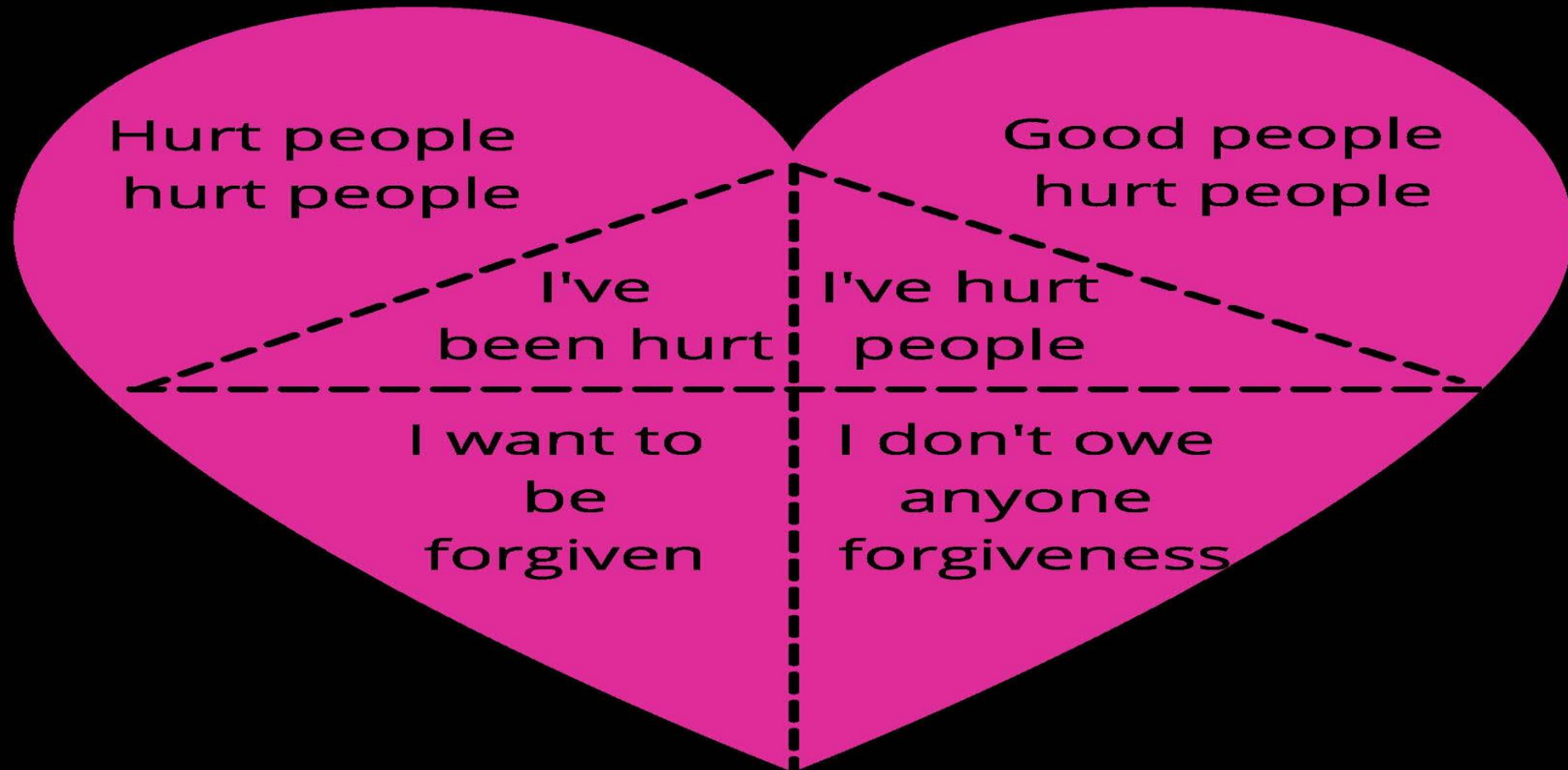


Transformative Justice Conflict Model



ABC Needs Model

The Loving Justice Heart Map



How many truths can you hold in your heart?

@Kai
Cheng
Thom

FUTURE PROJECTS

Scoping Review: Mapping the current literature regarding:

- 1) the experiences of immigrant families when intimate partner violence (IPV) has occurred and youth protection services are involved and
- 2) trauma-informed approaches to family-centered interventions when IPV has occurred.

Community Participatory Action Research to develop a simulation training for a cultural safety, implicit bias, trauma informed care approach when working with immigrant families who have experienced intimate partner violence which has led to contact with youth protection services for youth exposure to IPV that might result in youth serious behavioral disturbances in collaboration with members of immigrant communities and the agencies that serve those communities.

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McGill

Katherine Maurer PhD LMSW

katherine.maurer@mcgill.ca

raadlab@mcgill.ca



THANK YOU!!!



General Model of Self-Regulation Dyadic Feedback Looping*

