

Batterer Intervention: Program Approaches and Criminal Justice Strategies

Batterer intervention programs are an integral part of any comprehensive approach to domestic violence. However, because intervention programs are relatively new, there is a need for increased communication between programming providers and criminal justice professionals. The latest publication in NIJ's Issues and Practices series, *Batterer Intervention: Program Approaches and Criminal Justice Strategies* provides judges, prosecutors, and probation officers with the information they need to better understand batterer intervention and make appropriate decisions regarding programming.

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Batterer Intervention: Program Approaches and Criminal Justice Strategies

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Issues and Practices in Criminal Justice is a publication series of the National Institute of Justice. Each report presents the program options and management issues in a topic area, based on a review of research and evaluation findings, operational experience, and expert opinion on the subject. The intent is to provide information to make informed choices in planning, implementing, and improving programs and practice in criminal justice.

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Foreword

In the late 1970's, activists working with battered women realized that, although they might help individual victims, no real progress could be made against the problem of domestic violence unless actions were taken to reform perpetrators and challenge the cultural and legal supports for battering. Batterer intervention was initiated as a first step toward changing batterers and raising cultural awareness of the problem. Criminal justice agencies have responded by referring an increasing number of batterers to interventions via pretrial or diversion programs or as part of sentencing. Among the programs contacted for this report, court-mandated batterers accounted for approximately 80 percent of all batterers attending programs.

To be effective, an integrated criminal justice response to battering must include all branches of the criminal justice system, from police to pretrial screeners, prosecutors, judges, victim advocates, and probation officers. This report pro-

vides information that these professionals need to work effectively and knowledgeably with batterer intervention staff and to make informed choices about program referral. Program staff will find information on the responsibilities and concerns of criminal justice personnel who prosecute, sentence, and supervise batterers. The primary goal of the report is to improve the working relationship and mutual understanding between criminal justice personnel and batterer program staff. A secondary goal of the report is to expand the debate about innovative batterer intervention approaches to include criminal justice personnel who work with batterers daily and criminal justice policymakers who are concerned with domestic violence.

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Executive Summary

Requiring batterers to attend intervention programming as a condition of probation or component of pretrial diversion is fast becoming an integral part of many jurisdictions' response to domestic violence, yet many judges and probation officers lack basic information about the goals of and methods used by local batterer programs. The diversity of available programming and the emotionally charged ideological subtext to program choice make understanding and working with program providers potentially difficult for criminal justice professionals. This report is intended to meet the need for increased information exchange between criminal justice professionals and batterer treatment providers. Specifically, this report will help criminal justice personnel—including prosecutors, judges, probation officers, and victim advocates—better understand the issues surrounding batterer intervention and enable them to make appropriate referrals to programs and to communicate effectively with program providers. Program staff will find the report helpful in their efforts to understand the constraints faced by the criminal justice agencies that refer and monitor batterers as well as the underlying goals of the criminal justice system—to protect victims and to deter reoffense—and thus be able to align program practices with criminal justice expectations.

The Nature of the Problem

The legal definition of battering varies from State to State. As defined by many intervention providers, battering is a constellation of physical, sexual, and psychological abuses that may include physical violence, intimidation, threats, emotional abuse, isolation, sexual abuse, manipulation, the using of children, economic coercion, and the assertion of male privilege (such as making all major family decisions, or expecting the woman to perform all household duties). Only some of these behaviors—most commonly assault and sexual assault—are illegal. The majority of batterers arrested are heterosexual men; however, between 5 and 15 percent of those arrested for battering are women. Among females arrested for battering, many are thought to be “self-defending victims” who have been mistakenly arrested as primary or mutual aggressors. A small percentage of those arrested for battering are gay or lesbian. According to the 1992 National Crime Victimization Survey (NCVS), over 1,000,000 women were victimized by intimates (boyfriend,

girlfriend, spouse or ex-spouse) compared to 143,000 men. In murders where the relationship between the victim and the offender was known, 26 percent of female murder victims were killed by intimates while 3 percent of male murder victims were killed by wives or girlfriends. (For the purposes of this report, the term “batterer” is given a masculine pronoun unless female batterers are being discussed.)

The cost of domestic violence to society and to the victims of battering is immense. Battering results in physical and psychological damage to victims, deaths, increased health care costs, prenatal injury to infants, increased homelessness of women and children, physical and psychological damage to children exposed to violence in their homes, and corresponding increases in demand for social, medical, and criminal justice services.

The Causes of Domestic Violence

Three theoretical approaches dominate the field of batterer intervention; however, in practice, most interventions draw on several explanations for domestic violence in their work. Each theory of domestic violence locates the cause of the violence differently.

- **Social and cultural theories** attribute domestic violence to social structures—such as patriarchy—and cultural values that legitimate male control and dominance over their domestic partners. *Feminist* (or “profeminist”) batterer interventions are based on women’s experience of these social and cultural factors, and use education and skills-building to resocialize batterers, emphasizing equality in intimate relationships.
- **Family-based theories** blame violent behaviors on the structure of the family and family interactions rather than on an individual within a family. *Family systems interventions* emphasize building communications skills and may involve the use of couples counseling with the aim of family preservation. Family systems interventions are less common than other types of interventions because many practitioners object to treatments that do not assign blame to the batterer and identify a victim, and because this intervention approach may transfer

some responsibility for the battering to the victim or endanger the victim if not performed conscientiously. As of 1996, 20 States had standards or guidelines that prohibit the use of couples counseling in batterer treatment.

- **Individual-based theories** attribute domestic violence to psychological problems such as personality disorders, the batterer’s childhood experiences, or biological disposition. *Psychotherapeutic, cognitive-behavioral, and attachment abuse* interventions are based on this theory.

Pioneers in Batterer Intervention: Program Models

Most pioneers in batterer intervention established programs based on a feminist educational model. The Duluth model is an example of a feminist educational curriculum. The EMERGE model blends feminist educational approaches with more intensive group work concerning relationships. At AMEND, feminist educational topics are used as a basis for an in-depth intervention addressing batterer psychology and moral development. All program models for batterer intervention discussed in chapter 3 are structurally similar; each proceeds from intake to assessment, victim contact, orientation, group treatment, completion or termination, and follow-up.

Current Trends in Batterer Intervention

A “one-size-fits-all” approach to batterer intervention cannot accommodate the diverse population of batterers entering the criminal justice system. Two new trends reflect the belief that more specialized approaches are needed:

- interventions tailored to a specific type of batterer (based on psychological factors, risk assessment, or substance abuse history); and
- interventions designed to enhance program retention and efficacy with specific populations (based on socio-cultural differences such as poverty, literacy, race, ethnicity, nationality, gender, or sexual orientation).

Criminal Justice Response

Batterer intervention programs cannot be expected to deter domestic violence in isolation: a strong, coordinated criminal justice response is also needed. The combined impact of arrest, incarceration, adjudication, and intensive probation supervision may send as strong—or even stronger—message to batterers about their responsibility for their abusive behavior as batterer programs can. As key actions the criminal justice system can:

- **Expedite Domestic Violence Cases.** Adopt policies to expedite batterers’ trial dates, sentencing, probation contact, and batterer program intake.
- **Use Specialized Units and Centralized Dockets.** Specialized domestic violence prosecution and probation units, and centralized court dockets for battering cases and restraining orders improve services to victims and better coordinate batterer prosecution, sentencing, and supervision.
- **Gather Broad-based Offender Information Quickly.** Create a system to gather complete defendant information for prosecutors and judges, including previous arrests and convictions (for both domestic violence and other crimes), substance abuse, child welfare contacts, and victim information.
- **Take Advantage of Culturally Competent or Specialized Interventions.** Maximize effective use of batterer programming by seeking appropriate interventions for batterers who are indigent, high risk, female, mentally ill, or incarcerated.
- **Coordinate Batterer Intervention with Substance Abuse Treatment.** In cases where the batterer has an alcohol or drug abuse problem, courts should mandate treatment as well as batterer intervention. Probation officers should intensively monitor batterers’ compliance with substance abuse treatment through weekly urine testing.
- **Be Alert to the Risks to Children in Domestically Abusive Households.** Judges and probation officers should be alert to the danger posed by domestic violence to children (even to children who are not themselves physically abused) and coordinate with child protective services and programs that specialize in domestically abusive families to insure that batterers’ children are safe and are receiving appropriate services.

-
- **Create a Continuum of Supports and Protection for Victims.** Victim advocates should be provided to monitor victim safety and to assist victims with the criminal justice system from the time of the assault through trial and/or probation. Victim advocates attached to probation units are particularly important in monitoring the safety of women whose batterers are sentenced to a batterer program.
 - **Encourage Interagency Cooperation.** Organize formal coordinating committees of probation officers, prosecutors, battered women’s advocates, child protection workers, and batterer intervention providers to discuss batterer referral and monitoring policies regularly.

Conscientious supervision by criminal justice agencies (including monitoring by pretrial services, the judiciary, and probation officers) is central to criminal justice policy concerning battering and successful cooperation with batterer interventions.

Sources of Help and Information

There are numerous sources of additional information on batterer intervention, including State and national organizations, reference services, research literature and program manuals, and individuals who are willing to share their expertise with others in the field.

Chapter 1

Introduction

Key Points

- The connection between the criminal justice system and batterer interventions is increasing: on average, 80 percent of clients in batterer programs are referred by probation officers or by court mandate.
- **Judges, probation officers, criminal justice policymakers, and victim advocates** need to understand the issues surrounding batterer intervention so they can make responsible referrals and communicate effectively with program providers.
- **Batterer program providers** need to understand the constraints faced by criminal justice agencies that refer and monitor batterers, as well as the goals of the criminal justice system.
- Battering—or domestic violence—may be defined as a constellation of physical, sexual, and psychological abuses that may include: physical violence, intimidation, threats, isolation, emotional abuse, sexual abuse, manipulation using children, total economic control, and assertion of male privilege (such as making all major family decisions and expecting the woman to perform all household duties).
- The majority of batterers are heterosexual men. Heterosexual women offenders constitute between 5 and 15 percent of those arrested for battering, and a small percentage of arrestees are gay or lesbian.
- Victims of battering come from all races, ethnicities, and socioeconomic groups; however, women with lower socioeconomic status may be at greater risk for abuse.
- 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.
- Evaluations of batterer interventions often raise methodological concerns and have yielded few generalizable conclusions.
- A broader, systemic examination of batterer intervention that focuses on the criminal justice response as well as program characteristics is needed.

The field of batterer intervention and the criminal justice system are becoming increasingly intertwined. On average, batterer intervention programs surveyed for this report estimated that 80 percent of their referrals were court-man-

dated. As a result, criminal justice personnel and victim advocates need reliable information about the nature and effectiveness of local interventions, while intervention providers need to understand the procedures used and

constraints faced by criminal justice agencies that refer and monitor batterers. Obtaining current and accurate information on batterer interventions is challenging for criminal justice practitioners because programs are extremely diverse in approach and reflect a broad—and often contradictory—range of beliefs about explanations for battering as well as appropriate modes of intervention. In addition, the field is growing and diversifying in terms of the number of programs being offered, staff qualifications, and techniques used. Service providers, criminal justice professionals, mental health workers, and researchers in the field of batterer intervention often have deeply held beliefs concerning “what works” with batterers and what best serves the needs of the victim and the criminal justice system. As a result, debates about batterer intervention may be contentious and personal, grounded in a mix of social philosophy, research findings, personal experience, and self-interest.

To assist courts and probation officers in selecting suitable batterer interventions—that is, programs that emphasize victim safety and have goals consistent with those of the criminal justice system—27 States and the District of Columbia had mandated or supported the development of State-level standards or guidelines for batterer programs, and another 13 States were in the process of developing standards by 1997 (see chapter 5, “Criminal Justice Response,” and appendix A, “State Standards Matrix”). However, even in States where guidelines or standards are in place, community domestic violence coalitions, the judiciary, probation officers, and other criminal justice professionals often retain considerable discretion over program accreditation and referral. Because of the complexity of the field—and the seriousness of the ongoing threat posed to battered women when offenders are mishandled—criminal justice professionals who handle domestic violence cases have increased responsibility to be knowledgeable about the content and structure of batterer programs in their jurisdictions in order to make informed choices among the interventions being offered.

The Nature of the Problem

Domestic violence intersects with the criminal justice system in the form of a number of criminal behaviors: assault and battery, harassment, breaking and entering, telephone misuse, violation of an ex parte or protection order, malicious destruction of property, sexual assault, and stalking as well as a number of other offenses that may not be immediately recognizable as domestic in origin (such as arson, fraud, or embezzlement). The classification of a crime as domestic

About This Publication

The primary audiences for this report are judges handling and prosecutors trying domestic violence cases, probation officers supervising batterers, victim advocates, and batterer intervention providers. The report will also be useful to State and local domestic violence policy planners, domestic violence coordinating committees, and departments of public health and child welfare.

Goals of the Report

The primary goals of the report are to:

- provide current and objective information concerning the range of batterer interventions currently in operation throughout the country;
- review the most critical issues being debated by criminal justice professionals, academics, and service providers in the field;
- review promising criminal justice practices related to batterer intervention; and
- provide examples of coordinated criminal justice responses to battering that include referral to batterer intervention programs.

Program enrollment, completion, and success rates were provided by the programs described in this report. No independent evaluations of the programs were undertaken for the report. However, selected evaluation literature is listed in chapter 6, “Sources of Help and Information,” and evaluation outcomes are discussed briefly in this chapter.

The report’s focus is batterer interventions and their links to the criminal justice system. Because law enforcement commonly has little or no direct contact with batterer interventions, the report does not discuss police responses to domestic violence (e.g., the impact of mandatory arrest or the effectiveness of restraining orders).¹

violence may result in a less serious charge for the batterer despite evidence that “injuries that battered women receive are at least as serious as injuries suffered in 90 percent of violent felony crimes.”² For this reason, judges, prosecutors, and probation officers need a clear sense of what behaviors constitute battering, who batters, who the victims of domestic violence are, and how they may appear in the criminal justice system.

What Is Domestic Violence?

While the origins of domestic violence remain controversial (see chapter 2, “The Causes of Domestic Violence”), the majority of intervention directors interviewed for this report defined domestic violence as *a constellation of physical, sexual, and psychological abuses*.

Anne Ganley, one of the first mental health providers to establish a batterer treatment program in the late 1970’s, defines domestic violence in terms of 1) the relationship of parties to the violence, 2) the perpetrator’s behaviors, and 3) the function these behaviors serve.

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.³

Programs reflecting a feminist perspective define domestic violence as coercive behavior aimed at gaining power and control within a relationship (see the discussion of the feminist model in chapter 2). This definition, pioneered by Ellen Pence of Duluth, Minnesota, is summarized in exhibit 1-1, “The Power and Control Wheel” of the Duluth model.⁴

Several Behaviors Batterers Use

Ganley’s and Pence’s work points to the following common abusive behaviors:

- **Physical violence.** Physical abuse may include any unwanted physical behavior against a partner, such as pushing or shoving, throwing objects, hitting or beating, choking, burning, using a weapon, or restraining the partner from leaving. Physical abuse may also include refusing to get help for a partner if he or she is sick or injured. Physical abuse acts as a deterrent to independent action by the victim, including attempts to end a

relationship or cooperate with the criminal justice system. Women are in the most severe danger of physical violence when they try to leave an abusive relationship: 75 percent of emergency room visits and calls to the police by battered women occur after separation.⁵ Half the homicides resulting from domestic violence occur after separation.⁶

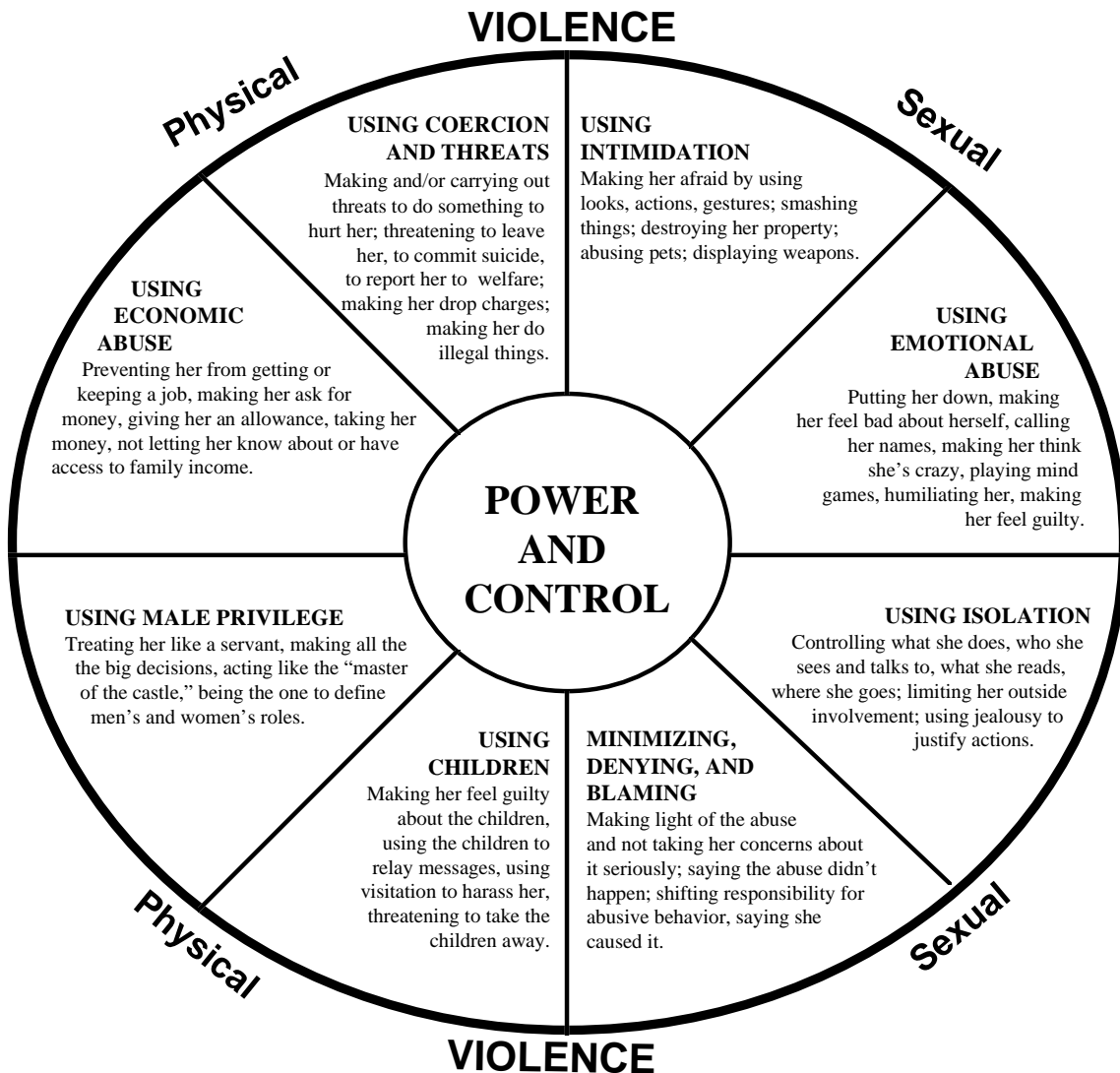
- **Intimidation.** Intimidation includes looks, gestures, and actions that remind the victim of the abuser’s potential for physical violence, such as smashing things, destroying her property, abusing pets, or displaying weapons. Intimidation may also include abandoning a partner in a dangerous place.
- **Threats.** Abusers may threaten to hurt the victim, her family, her children, or her pets. They may also threaten to commit suicide or to cause trouble for the victim with government authorities, employers, family, or friends. Whether credible or not, threats can be as effective as taking action in deterring the victim from seeking help.
- **Isolation.** Isolation includes controlling what the victim does or whom she sees or contacts. The abuser may hold the victim against her will, deny access to a car or telephone, deter her from working or attending school, or alienate her from her family and friends. Isolating the victim destroys the support networks a victim usually needs to end an abusive relationship and makes her more vulnerable to the batterer’s coercion.
- **Emotional abuse.** Verbal insults serve to undermine the victim’s self-confidence, thereby discouraging her from ending the relationship. The abuser may strive to convince the victim that she is unattractive, a bad parent or wife, stupid, unemployable, crazy, incompetent, promiscuous, and the cause of the batterer’s abuse.
- **Sexual abuse.** Between 33 and 46 percent of battered women are subjected to sexual abuse,⁷ such as rape (especially following other physical violence), unwanted sexual practices, sexual mutilation, or forced or coerced prostitution. Other practices that some programs consider sexual abuse include not disclosing a sexually transmitted disease, making degrading sexual statements, accusing the woman of having affairs or attempting to attract other men, forcing her to imitate pornography or pose for pornographic photographs, and comparing her body and sexual behavior to that of other women.⁸

- **Using the children.** A recent study of batterers in Dade County, Florida, found that between 30 and 50 percent of the batterers and victims shared children.⁹ The abuser can control the victim by threats or violence against the children, criticism of her parenting skills, and threats related to child custody. By providing for ongoing contact, joint custody enables the batterer to continue to

intimidate or attack the victim, the children, or both. Some State statutes now prohibit joint custody in the event of domestic violence convictions, and recent research suggests that witnessing domestic violence has a serious long-term psychological impact on children, including increasing the child's own propensity for violence and delinquency.¹⁰

Exhibit 1-1

*The Power and Control Wheel**



*Developed by Minnesota Program Development, Inc. Reproduced with the permission of the Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota (218) 722-4134.

- **Using economic control.** The batterer might keep control over all of the family’s resources, including the victim’s own income if she works, giving her an allowance or forcing her to ask for money for basic necessities. He might keep some sources of family income secret. As a result, many victims of domestic abuse have to live in a shelter or become homeless if they leave the relationship.
- **Using male privilege.** Batterers use “male privilege”—acting like the “master of the castle,” making all important family decisions, expecting the woman to perform all the household duties and to wait on him—to legitimize their control over the victim by placing their own behavior in the context of common sexist norms.

Not all of these abusive behaviors are illegal. However, from the standpoint of many batterer interventions, *all* abusive behaviors must be changed to correct the *pattern* of abuse (see chapter 2, “The Causes of Domestic Violence”). David Adams, program director of EMERGE in Cambridge, Massachusetts, speaks of the need to “hold convicted batterers to a higher standard” than the legal standard because, in the context of a formerly abusive relationship, a perfectly legal shout or insult recalls for the victim her partner’s earlier abuse, the mere recollection of which can revive her terror. Officers point out, however, that legal coercion cannot be used to enforce a standard not specified in the batterer’s sentence. For example, a probationer sentenced to attend a batterer program once a week is not in violation of his probation if program counselors recommend that he attend additional sessions and the batterer does not comply.

Who Batters?

The majority of arrested batterers are heterosexual men. While the 1985 National Family Violence Resurvey found that a similar number of men and women (11.6 percent and 12.4 percent, respectively) admitted engaging in “any violence” against their partner during the previous year, authors of the survey point out that the superior physical strength and greater aggressiveness of men is more likely to result in serious injury to the woman, and that women’s violence is often in retaliation or self-defense.¹¹ A recent study of defendants in domestic violence cases in one jurisdiction found that men were respondents in 90 percent of misdemeanor cases, 85 percent of felony cases, and 75 percent of civil actions.¹² Among the smaller percentage of batterers who are female, four distinct types of offenders are

Sources of Information for This Report

The information in this report comes from the following sources:

- structured telephone interviews with program directors at 22 programs across the country;
- on-site interviews at 13 programs with more than 60 criminal justice professionals, batterer program directors and service providers, battered women’s advocates and domestic violence policymakers in Cambridge and Quincy, Massachusetts; Des Moines, Iowa; Baltimore, Maryland; Denver, Colorado; and Seattle, Washington;
- interviews with academics in the field of batterer treatment and intervention, including Donald Dutton, University of British Columbia; Edward Gondolf, Research Director of the Mid-Atlantic Addiction Training Institute; Kevin Hamberger, Medical College of Wisconsin; Daniel Saunders, University of Michigan; Richard Tolman, University of Michigan; and Oliver Williams, University of Minnesota; and
- a review of books, reports, and journal articles, program evaluations, program materials, and State and local criminal justice protocols.

Site work also included observations: a four-day batterer treatment training program sponsored by EMERGE of Cambridge, Massachusetts; a two-day seminar on intervention with high-risk batterers given by Michael Lindsey, founder of The Third Path and AMEND, for Iowa criminal justice professionals; a domestic violence court docket in Seattle; and State and local coalition meetings concerning batterer intervention and batterer classes and groups. Appendix B lists the names and affiliations of the individuals contacted at each site. Selection criteria for programs are discussed in chapter 3, “Pioneers in Batterer Intervention: Program Models.” Chapter 6, “Sources of Help and Information,” provides a selected bibliography.

identified by program directors, probation officers, and victim advocates. They are lesbian batterers, so-called “female defendants” (battered women arrested for violent acts of self-defense), angry victims who have resorted to violence to preempt further abuse, and a small proportion of women batterers who have been the primary aggressors in an abusive relationship. Researchers have found that the genuinely violent woman is usually a former victim of some type of violence—child abuse, domestic violence, or sexual crimes—and often engages in violent behavior in order to deter future victimization.¹³ (See chapter 4, “Current Trends in Batterer Intervention,” for a discussion of issues surrounding batterer intervention with female offenders. Programs contacted for this report estimate that approximately 5 percent of batterers referred to them by the courts were female. Because the majority of interventions discussed in this report are designed for male batterers, the term “batterer” will be given a male pronoun unless female offenders are being specifically discussed.) Although there are no reliable estimates of prevalence, some gay men also batter their intimate partners and are arrested.¹⁴

According to the 1992 National Crime Victimization Survey (the Victimization Survey), 51 percent of domestic violence victims were attacked by a boyfriend or girlfriend, 34 percent by a spouse, and 15 percent by a former spouse.¹⁵ The backgrounds of incarcerated batterers—the most serious offenders—are similar to those of offenders convicted of assaults against strangers and acquaintances: half grew up living with both parents; 12 percent had lived in a foster home; 22 percent had been physically or sexually abused; 31 percent were the children of substance abusers; and 35 percent had a family member who had been incarcerated.¹⁶ Less is known about the demographic characteristics of low-risk or “typical” batterers, but program staff and probation officers emphasized the cultural and economic diversity of these offenders.

Efforts to identify key demographic, psychological, and criminal characteristics of men who batter have led some researchers to propose batterer profiles or “typologies” to aid criminal justice professionals and batterer interventions in predicting batterers’ dangerousness and potential for reoffending, as well as to match batterers with specialized forms of intervention¹⁷ (see chapter 4, “Current Trends in Batterer Intervention”). Preliminary results from a four-site study directed by Edward Gondolf have yielded a few clues to batterer psychological characteristics; for example, 25 percent were found to have major or severe psychological

syndromes, including paranoia, borderline tendencies, thought disorders, and major depression. In terms of personality traits,

- 25 percent had elevated narcissism scores;
- 15 percent were antisocial; and
- 10 percent were clinically compulsive.

The other 50 percent fell into a broad array of personality types. Gondolf emphasized that no “uniform or simplistic typologies” were emerging from his data.¹⁸

More promising from a criminal justice perspective are typologies based on simple demographic data, criminal records, and substance abuse data. One study by Goldkamp suggests that offenders with prior arrests involving the same victim, prior domestic violence or assault and battery arrests, and drug involvement may be at highest risk for reoffending.¹⁹ Gondolf found that batterers who were drunk once a month reoffended at three times the rate of others in the study.²⁰

The significant role of alcohol and drug abuse in domestic violence—especially in those cases coming to the attention of the criminal justice system—is often downplayed by program staff because they wish to keep their intervention focused on the voluntary nature of domestic abuse and not excuse the batterer’s behavior on the basis of a medical model of addiction. Nonetheless, analyses of domestic abuse cases and restraining orders suggest that between 71 and 85 percent of domestic violence cases involve batterers who are substance abusers.²¹ According to Peter Kosciusko, a substance abuse counselor at the Dudley, Massachusetts, District Court, “While I can’t say drinking is the cause of domestic abuse, it definitely pours gasoline on the fire. If we can get them sober, we have a good chance of not seeing them again.”²²

“While I can’t say drinking is the cause of domestic abuse, it definitely pours gasoline on the fire. If we can get them sober, we have a good chance of not seeing them again.”

—Peter Kosciusko, Substance Abuse Counselor,
Dudley, Massachusetts, District Court

While research findings and most programs contacted for this study agree that there is no “typical” batterer, the National Domestic Violence Hotline cautions victims to be aware of the potential for danger when a partner manifests several key behaviors together:

- demonstrating extreme jealousy or possessiveness;
- switching from charm to anger without warning;
- blaming others for his own negative actions;
- withdrawing love, money, or approval as punishment;
- undermining his partner’s feelings and accomplishments;
- isolating his partner from friends and family; and
- exhibiting problems with drugs or alcohol.²³

Who Are the Victims?

According to the Victimization Survey in 1992, more than 1,000,000 women and 143,000 men were violently victimized by intimates.²⁴ Twenty-six percent of female murder victims and 3 percent of male murder victims were killed by intimates (where the relationship between the victim and the offender is known). Victimization by intimates does not vary significantly by race, ethnicity, or geography. However, some victims of domestic violence are more vulnerable to abuse because of age or economic, educational, or marital status. The Victimization Survey found that the women who are most likely to be victims of domestic violence were between 20 and 34 years of age, had not graduated from college, had annual family incomes under \$10,000, and were divorced or separated.²⁵ A recent analysis of homicide data in New York City revealed that women in the poorest boroughs (the Bronx and Brooklyn) comprised two-thirds of the victims killed by their partners and that 75 percent of women killed by husbands or boyfriends were African-American or Hispanic.²⁶ According to Jeff Fagan, Director of the Center for Violence Research and Prevention, “The myth of the classlessness of domestic violence is one that has persisted since the 1960’s. The truth is, it is a problem of poverty, associated with other characteristics like low marriage rates, high unemployment and social problems.”²⁷ Experts on battering emphasize that teenagers and young women in dating relationships are also at risk for violence and that

battering outside cohabiting relationships should not be minimized or ignored.²⁸

Intervention providers interviewed for this report had the impression that another group of women may be at unusually high risk: women in cross-cultural relationships. Men and women from different cultural backgrounds may have very different expectations about sex roles, acceptable behaviors, and the use of violence within a relationship, and men may use these different perceptions to justify battering. Immigrant women are also especially vulnerable to abuse. Language barriers may prevent these women from seeking assistance from police or victim advocates; their culture may discourage them from asserting their legal rights; and, in the case of undocumented female immigrants, maintaining the relationship with their abuser may be the only way they can gain citizenship or avoid deportation.²⁹

While women from all professions and socioeconomic classes—including businesswomen, lawyers, doctors, and judges—are victims of domestic violence, women with higher incomes and status in the community often have the resources to deal with domestic violence privately without involving the criminal justice system (e.g., by using hotels or private psychological counseling). Women with limited employment options or little economic independence must often rely exclusively on the criminal justice system for protection.³⁰ According to Linda Ferry, who supervises domestic violence prosecutions in the Denver City Attorney’s Office: “Wealthy people have other resources. That victim is not necessarily going to call the police unless she believes her life is in danger. She may, after the battering episode, go to her family, or a hotel, or a private physician who may or may not comply with the law and report it Somebody from a *poorer* neighborhood will probably end up in Denver General, where physicians *will* report it.”³¹

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—Linda Ferry, Domestic Violence Unit, Denver City Attorney’s Office

Another study found that of 11,218 women presenting at a metropolitan emergency department with injuries suffered in domestic violence, 28 percent required admission to the hospital from injuries and 13 percent required major medical treatment. Forty percent had previously required medical care for abuse.³²

The Impact of Battering on Victims and Society

The prevalence, impact, and expense of domestic abuse in terms of injuries and fatalities, medical care, and harm to children is extensive.

- In a 1993 national survey, 7 percent of women in the United States (3.9 million) reported physical abuse by their spouse or partner in the previous year.³³
- Another 1993 study found that 14 percent of women reported having been violently abused by a spouse or boyfriend at some time in their lives.³⁴
- From 1988 to 1991, 42 percent of murdered women had been killed by their partners.³⁵ A study of New York City homicides from 1990 to 1994 found that 49 percent of murdered women had been killed by husbands or boyfriends.³⁶
- In 1994, 250,000 people were treated in emergency rooms for injuries inflicted by an intimate partner—18 percent of all victims of violence admitted to hospital emergency rooms that year.³⁷ In 1989, a study of one emergency ward found that 30 percent of women needing attention were victims of battering.³⁸
- Between 8 and 26 percent of pregnant women in public and private clinics are victims of domestic violence.³⁹ Between 25 and 45 percent of battered women experience abuse during pregnancy.⁴⁰
- In 1992, the cost of medical services to battered women, children, and elderly in Chicago was \$1,633 per person.⁴¹

These statistics reflect only domestic violence cases identified by researchers, reported to the police, or brought to the attention of medical workers; some researchers estimate that as many as six out of seven domestic assaults go unreported.⁴² A 1986 Bureau of Justice Statistics study found that 48 percent of domestic violence incidents reported in

the National Crime Victimization Survey had not been reported to the police.⁴³ Furthermore, females victimized by intimates were six times more likely not to report the crime for fear of reprisal than female victims of violent crimes committed by strangers.⁴⁴ Researchers point out that the National Crime Victimization Survey is likely to record only the most egregious acts of domestic violence because violence not resulting in serious injury or police intervention may not be regarded by the survey respondents as a “crime.”

Finally, children exposed to domestic violence are at greater risk for behavioral and developmental problems, substance abuse, juvenile delinquency, and suicide. Witnessing domestic violence as a child probably contributes to the cycle of violence: many adult batterers witnessed domestic violence in their homes as children.⁴⁵

The severe personal and social costs of domestic violence make helping the victim and her children a moral imperative. However, there can be no lasting progress against domestic violence without deterring and rehabilitating the batterer himself.

What Works: Do Interventions Stop Battering?

While numerous evaluations of batterer interventions have been conducted, domestic violence researchers concur that findings from the majority of these studies are inconclusive because of methodological problems, such as small samples, lack of random assignment or control groups, high attrition rates, short or unrepresentative program curriculums, short follow-up periods, or unreliable or inadequate sources of follow-up data (e.g., only arrest data, only self-reported data, or only data from the original victim).⁴⁶ Among evaluations considered methodologically sound, the majority have found modest but statistically significant reductions in recidivism among men participating in batterer interventions. (See exhibit 1-2, “Selected Treatment Outcomes.”) A notable exception is Adele Harrell’s 1991 methodologically rigorous quasi-experimental evaluation of batterer interventions in Baltimore, conducted for the Urban Institute. Harrell’s study raised particular concern in the field by its unexpected findings that participants in all three batterer interventions recidivated at a higher rate than those in the control group.⁴⁷ Preliminary results from Gondolf’s four-site study sponsored by the Centers for Disease Control are inconclusive: at 12 months, reoffense rates for program graduates are similar to those for batterers who dropped out at intake, and no significant variations exist in outcomes for batterers in

Exhibit 1-2

Selected Treatment Outcomes

Quasi-Experiments	Recidivism		Effect Size
	Treated (%)	Untreated (%)	
Dutton (1986) ^a	4	40	0.946
Chen et al. (1989) ^b	5	10	0.193
Dobash et al. (1996) ^c	7	10	0.108
Average			0.416

True Experiments	Recidivism		Effect Size
	Treated (%)	Untreated (%)	
Palmer et al. (1992) ^d	10	31	0.537
Davis and Taylor (1997) ^e	5	13	0.287
Average			0.412

Source: Davis, R.C. and B.G. Taylor, "Does Batterer Treatment Reduce Violence? A Synthesis of the Literature," Victim Services Research, New York, NY, Unpublished Manuscript, July 1997. (Table 6: Treatment Effect Sizes for Quasi and True Experiments: Comparing Treatment and No Treatment.)

^a Dutton, D.G., "The Outcome of Court-Mandated Treatment for Wife Assault: A Quasi-Experimental Evaluation," *Violence and Victims*, 1(3) (1986): 163–175.

^b Chen, H., C. Bersani, S.C. Myers, and R. Denton, "Evaluating the Effectiveness of a Court-Sponsored Abuser Treatment Program," *Journal of Family Violence*, 4 (1989): 309–322.

^c Dobash, R., R.E. Dobash, K. Cavanagh, and R. Lewis, "Re-education Programs for Violent Men—An Evaluation," *Research Findings*, 46 (1996): 1–4.

^d Palmer, S.E., R.A. Brown, and M.E. Barrera, "Group Treatment Program for Abusive Husbands: Long-term Evaluation," *American Journal of Orthopsychiatry*, 62(2) (1992): 276–283.

^e Davis, R.C. and B.G. Taylor, "A Proactive Response to Family Violence: The Results of a Randomized Experiment," *Criminology*, 35 (2) (1997): 307–333.

programs of varied length and curriculum (although a three-month, pretrial, educational program has shown slightly better outcomes when socioeconomic factors are taken into account).⁴⁸ Frustration with the lack of empirical evidence favoring one curriculum or length of treatment has led some researchers increasingly to look at batterers as a diverse group for whom specially tailored interventions may be the only effective approach. As a result, current research is shifting toward studying which subgroups of batterers respond to which specialized interventions (see chapter 4, “Current Trends in Batterer Intervention”).

At the same time, the question of how to evaluate batterer interventions may need to be reframed to include the broader context of criminal justice support. For example, research suggests that arrest alone is not as effective in reducing recidivism as is arrest as part of a coordinated multiagency response to domestic violence.⁴⁹ These findings point to the need for a broader, systemic examination of the efficacy of batterer intervention. It seems likely that even if research identifies the perfect matches between interventions and offenders, criminal justice and community support for the interventions will have a crucial impact on the effort’s success. Andrew Klein, chief probation officer of the Quincy, Massachusetts, District Court Model Domestic Abuse Program, observed, “You can’t separate batterer treatment from its [criminal justice system] context. You can’t study the effectiveness of treatment without studying the quality of force which supports it.” Research supports this view: “[P]olice visits to the home, combined with an eventual arrest of the perpetrator, which was also followed by court-mandated treatment, were significantly more likely than other combinations of criminal justice actions to end repeat incidents of violence.”⁵⁰ Gondolf’s research also points to the importance of systemwide assessments of batterer intervention. In particular, Gondolf is concerned about the often long delay between arrest and program enrollment: “The lag may be so long that the program may be addressing men about a former life.”⁵¹ Systemwide evaluation could answer the important question of whether the speed of criminal justice response and program enrollment is more important than either program content or length.

In conclusion, Andrew Klein emphasizes that, at a minimum, every intervention must be effective in *monitoring abusive behavior* during the program because victims are more likely to stay with batterers who are in an intervention. In Klein’s opinion, “[B]atterer intervention is a public safety

program, not treatment; you must keep the focus on victim safety. Otherwise, the criminal justice system is only offering the batterer a safe haven to escape the consequences of his offense.”

“Batterer intervention is a public safety program, not treatment; you must keep the focus on victim safety. Otherwise, the criminal justice system is only offering the batterer a safe haven to escape the consequences of his offense.”

—Andrew Klein, Chief Probation Officer,
Quincy, Massachusetts, District Court Model
Domestic Abuse Program

Conclusion

While the criminal justice system is devoting increased attention to domestic violence, many mechanisms and protocols for dealing with batterers are new and still being refined. A number of States are still in the process of writing standards or guidelines for batterer programs. In the absence of conclusive research findings, practitioners and academics continue to debate the appropriate content of batterer interventions. In this dynamic environment, judges who adjudicate and prosecutors who try domestic violence cases, probation officers who supervise batterers, and advocates who serve victims of domestic violence all need to keep informed about new developments in the field of batterer intervention in order to perform their jobs effectively. The remainder of the report provides information on the theoretical debate surrounding domestic violence and batterer intervention (chapter 2); batterer program operation (chapter 3); current trends and refinements of practice in batterer intervention (chapter 4); criminal justice responses to batterer interventions, including community and interagency cooperation (chapter 5); and national and local sources of help and information (chapter 6).

Endnotes

1. For a comprehensive treatment of law enforcement issues, see Buzawa, E. and C. Buzawa, *Do Arrests and Restraining Orders Work?* Thousand Oaks, CA: Sage Publications, 1996.

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2. See Zorza, Joan, "The Gender Bias Committee's Domestic Violence Study: Important Recommendations and First Steps," 33 *Boston Bar J.* 4, 13 (July/August 1989); and Langan, P.A. and C.A. Innes, *Preventing Domestic Violence Against Women*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, August 1986: 3.
 3. Ganley, A., "Understanding Domestic Violence," in *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*, Harrisburg, PA: Family Violence Prevention Fund and the Pennsylvania Coalition Against Domestic Violence, n.d.
 4. For an overview of Pence's philosophy and the Duluth program model (which is also discussed in chapter 3, "Pioneers in Batterer Intervention"), see Pence, E., "Batterers' Programs: Shifting from Community Collusion to Community Confrontation," February 1988, available from the Domestic Abuse Intervention Project (see chapter 6, "Sources of Help and Information").
 5. Stark, E. and A. Flitcraft, "Spouse Abuse, Surgeon General's Workshop on Violence and Public Health Sourcebook," presented at the Surgeon General's Workshop on Violence and Public Health, Leesburg, Virginia, October 1985, cited in National Clearing House for the Defense of Battered Women, *Statistics Packet*, 3d ed., Philadelphia: February 1994.
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 8. Material provided by House of Ruth, Baltimore.
 9. Goldkamp, J. S., *The Role of Drug and Alcohol Abuse in Domestic Violence and Its Treatment: Dade County's Domestic Violence Court Experiment*, Final Report, Philadelphia: Crime and Justice Research Institute, June 1996: Executive Summary, viii.
 10. A number of child welfare departments, notably the Department of Social Services in Massachusetts, have developed protocols and interventions for children who have witnessed domestic violence. Research citing the harmful impact of domestic violence on children include: Widom, C.S., "The Cycle of Violence," *Research in Brief*, Washington, DC: U.S. Department of Justice, National Institute of Justice, October 1992: 3; Thornberry, T.P., "Violent Families and Youth Violence," *Office of Juvenile Justice and Delinquency Prevention (OJJDP) Fact Sheet #21*, Washington, DC: OJJDP, December 1994; Straus, M.A., F.J. Gelles, and S. Steinmetz, *Behind Closed Doors*, Garden City, NY: Anchor/Doubleday, 1980; Peled, I., P.G. Jaffe, and J.L. Edelson, eds., *Breaking the Cycle of Violence: Community Responses to Children of Battered Women*, Thousand Oaks, CA: Sage Publications, 1995; Miller, G., "Violence By and Against America's Children," *Journal of Juvenile Justice Digest*, 17(12) (1989): 6; Carlson, B.E., "Children's Observations of Interparental Violence" in *Battered Women and Their Families*, ed. A.R. Edwards, New York: Springer, 1984: 147-167.
 11. Straus, M.A. and R.J. Gelles, eds., *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*, New Brunswick, NJ: Transaction Publishers, 1990: 96-98. See also Straus, M.A., "Physical Assaults by Wives: A Major Social Problem," in *Current Controversies on Family Violence*, ed. R.J. Gelles and D.R. Loseke, Newbury Park, CA: Sage Publications, 1993: 67-87. This article raises questions about the nature and prevalence of violence by women against their partners.
 12. Ibid.
 13. Recent research on the sequelae of child abuse and neglect, including child sexual abuse and witnessing domestic violence as a child, suggest a link between child victimization and later involvement in domestic violence for men as well. See Straus, Gelles, and Steinmetz, *Behind Closed Doors*.
 14. Island, D. and P. Letellier, *Men Who Beat the Men Who Love Them: Battered Gay Men and Domestic Violence*, New York: Harrington Park Press, n.d.: 12-14.
 15. Bureau of Justice Statistics, *Domestic Violence: Violence Between Intimates*, Selected Findings, Washington, DC: U.S. Department of Justice, November 1994: 1. (NCJ-149259)
 16. Ibid.
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 18. Interview with Edward Gondolf, October 22, 1996.
 19. Goldkamp, *The Role of Drug and Alcohol Abuse*, 197.
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 30. See Butler, C., "Myths About Woman Abuse," in *For Shelter and Beyond*, 2d ed., Boston: Massachusetts Coalition of Battered Women's Groups, n.d., 21.
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 35. Analysis by the Center for the Study and Prevention of Violence, Institute for Behavioral Science, University of Colorado at Boulder, cited in "The Health Care Response to Domestic Violence Fact Sheet."
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 37. "Abuse High, Survey Finds," *Boston Globe*, August 25, 1997.

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 41. Meyer, H., "The Billion Dollar Epidemic," *American Medical News*, January 6, 1992, cited in "The Health Care Response to Domestic Violence Fact Sheet."
 42. National Clearinghouse for the Defense of Battered Women, *Statistics Packet*, 3d ed., Philadelphia, February 1994.
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 44. Bureau of Justice Statistics, *Domestic Violence: Violence Between Intimates*, 5.
 45. Roberts, L. and R. Burger, "Child Abuse," in *For Shelter and Beyond: Ending Violence Against Women and Their Children*, 2d ed., Boston: Massachusetts Coalition of Battered Women Service Groups, n.d.: 107; see also note 10.
 46. For a critique of major batterer intervention evaluations, see Davis, R.C. and B.G. Taylor, "Does Batterer Treatment Reduce Violence? A Synthesis of the Literature," Victim Services Research, New York, NY, July 1997; Tolman, R. and J. Edelson, "Interventions for Men Who Batter: A Review of Research" in *Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions*, Minneapolis: National Council on Family Relations, 1995: 262–273; Saunders, D., "Interventions for Men Who Batter: Do We Know What Works?" *In Session: Psychotherapy in Practice*, 2(3) (1996): 81–93; and Gondolf, E., "Batterer Intervention: What We Know and What We Need to Know," Paper presented at the Violence Against Women Strategic Planning Meeting, sponsored by the National Institute of Justice, Washington, DC, March 31, 1995.
 47. Harrell, A., *Evaluation of Court Ordered Treatment for Domestic Violence Offenders*, Final Report, Washington, DC: The Urban Institute, October 1991.
 48. Interview with Edward Gondolf, October 22, 1996. Similarly, Davis and Taylor's study reported positive outcomes for short-term, intensive programs.
 49. See Rebovich, D.J., "Prosecution Responses to Domestic Violence: Results of a Survey of Large Jurisdictions," in *Do Arrests and Restraining Orders Work?*, ed. Buzawa and Buzawa, 176–191; and Schmidt, J. and L. Sherman, "Does Arrest Deter Domestic Violence," in *Do Arrests and Restraining Orders Work?*, ed. Buzawa and Buzawa, 43–53.
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Chapter 2

The Causes of Domestic Violence: From Theory to Intervention

Key Points

- Most interventions employ a mixture of theories in their curriculums, the most common of which is a psychoeducational model that encourages profeminist attitude change while building interpersonal skills using cognitive-behavioral techniques.
- Three categories of theories of domestic violence dominate the field. Each locates the cause of domestic violence differently, and each theory leads practitioners to employ different approaches to batterer intervention:
 - **Society and Culture.** Social and cultural theories attribute the problem to social structure and cultural norms and values that endorse or tolerate the use of violence by men against women partners. The *feminist* model of intervention educates men concerning the impact of these social and cultural norms and attempts to resocialize them emphasizing nonviolence and equality in relationships.
 - **The Family.** Family-based theories of domestic violence focus on the structure of the family, interpersonal interactions within the family, and the social isolation of families. The *family systems* model of intervention focuses on developing healthy communication skills with a goal of family preservation and may use couples therapy, a treatment approach prohibited by 20 State standards and guidelines regulating batterer intervention (to protect the safety of the victim).
 - **The Individual.** Psychological theories attribute domestic violence to personality disorders, the batterer's social environment during childhood, biological disposition, or attachment disorders. *Psychotherapeutic* interventions target individual problems and/or build cognitive skills to help the batterer control violent behaviors.
- Both feminist educational and cognitive-behavioral interventions can be compatible with the goals of the criminal justice system—protecting the victim as well as rehabilitating the offender. However, feminist educational programs offer some advantages. By contrast, family systems interventions conflict with criminal justice goals by failing to identify a victim and a perpetrator, an identification the law requires.

The origins of domestic violence are the subject of active debate among victim advocates, social workers, researchers, and psychologists concerned with batterer intervention. More than in most fields, the theoretical debate affects practice. Over the last two decades, a number of practitioners representing divergent theoretical camps have begun to move toward a more integrated “multidimensional” model

of batterer intervention in order to better address the complexity of a problem that has psychological, interpersonal, social, cultural, and legal aspects. Two practitioners who advocate an eclectic approach to batterer intervention describe the dilemma of practitioners looking for a single explanation for battering as follows:

During a recent conversation, a respected colleague of ours suggested that marital aggression was rooted in a need for control. “Men,” he said, “use aggression to control their female partners.” We agreed. Control is certainly an important factor in the dynamics of marital violence. His treatment approach, well known and effective, focused on helping abusers relinquish control and share power with their spouses. Several weeks later, we discussed the same topic with the director of a treatment program for wife abusers, who stated that “poor impulse control” and “defective self-concept” were the critical factors. We agreed. Abusers are certainly impulsive and often have poor self-esteem. Her treatment program, which focused on these factors was, she claimed, very successful. Sometime later, one of our graduate students, well aware of these previous conversations, reported on a workshop she had attended. The model presented at the workshop conceptualized marital violence as a couples’ problem and suggested that communication between spouses was the critical factor. Conjoint couples’ counseling was suggested as an effective intervention for violent couples. Again, we could agree. The safest conclusion would appear to be that there are numerous routes by which husbands come to be wife abusers and a multitude of variables that increase the likelihood of violence.¹

In practice, few batterer programs represent a “pure” expression of one theory of domestic violence; the majority of programs contacted for this report combine elements of different theoretical models. As a result, when discussing program theory with batterer intervention providers, criminal justice professionals need to understand not only the primary theory the program espouses but also the program’s content, because programs may identify with one theory but draw on or two more theories in their work. Experts caution criminal justice agencies against accepting an eclectic curriculum uncritically: program components borrowed from different theoretical perspectives should be thoughtfully chosen to create a coherent approach, not a scattershot attempt hoping to hit some technique that works.

Criminal justice professionals are likely to encounter programs based on one or more of the following theories of domestic violence. Each theory locates the cause of the violence differently:

- ***Society and culture***—Social theories of domestic violence attribute the problem to social structures and cultural norms and values that endorse or tolerate the use of violence by men against women partners. For example, the *feminist model* of intervention educates men concerning the impact of these social and cultural norms and attempts to resocialize them emphasizing nonviolence and equality in relationships.
- ***The family***—Some sociologists locate the cause of domestic violence in the structure of the family, the interpersonal interactions of families, and the social isolation of families. For example, *family systems theory* attributes the cause to communication problems and conflict within intimate relationships and teaches communication skills to help partners avoid violence. As noted below, couples counseling, an intervention based on family systems theory, is controversial because of its failure to assign blame for the abuse to one person and to identify a victim. Couples counseling is also considered dangerous to the victim because it encourages the victim to discuss openly issues that may spark later retaliation by the batterer.
- ***The individual***—*Psychological theories* attribute domestic violence to the individual batterer’s predispositions and experiences. Battering may be attributed to personality disorders and biological dispositions to violence or, as *social learning theory* suggests, to the role of the batterer’s social environment during childhood. *Attachment theory*, a form of social learning theory, focuses on the interaction of caregivers with their children and the impact of that first attachment on an individual’s ability to establish safe and healthy relationships later in life. Batterer interventions based on this theory attempt to facilitate secure attachments between batterers and loved ones (intimate partners, children, and parents). Psychodynamic approaches target the underlying psychological cause of the violence, while cognitive behavioral approaches teach batterers new patterns of nonviolent thinking and behavior.

It is important for criminal justice professionals to understand the assumptions and goals of service providers whose interventions have divergent theoretical bases, because not all intervention approaches employ techniques that are equally compatible with the goals of the criminal justice system—protecting the victim as well as rehabilitating the offender.

The Language of Batterer Intervention

The shift in providers of help to batterers and their partners from psychotherapists to feminist social activists to professional mental health providers has created tensions in the field that are exhibited in the language of batterer interventions. Criminal justice professionals need to be aware of the connotations of various terms so that they can communicate effectively with service providers.

For example, the term “domestic violence” itself has a gender-neutral connotation. A number of feminists, seeing a link with other violence against women and noting the severity of injuries inflicted on women by male partners, prefer such terms as “wife abuse” and “woman abuse.”² Programs based on feminist theories of battering are often described as “profeminist,” indicating male support for feminist goals. Mental health professionals may talk about “counselors” or “therapists” providing “treatment” to “clients,” while profeminist “facilitators” or “teachers” provide an “intervention” to “batterers” using a didactic format described as “classes.” Feminist-based programs object especially to the word “treatment” and may not consider rehabilitation the program’s primary goal, as Red Crowley of Atlanta’s Men Stopping Violence program explains:

Let’s start with the word *treatment*. We do not see our work as therapy. Battering is the natural outgrowth of patriarchal values. We want to change those values. Batterers’ intervention classes serve a number of purposes: they, like shelters, make visible what has been systematically concealed, that is, the horrendous problem of violence against women; create an opportunity to engage the community and the criminal justice system in the effort to stop the violence; and contribute to research. Giving men who want to change the opportunity to do so is just one purpose of the intervention.

The three most widely used intervention approaches—“educational” or “psychoeducational classes,” “couples therapy,” and “group process”—are each associated with a theory of the cause of domestic violence. Thus, “educational programs” are most often based on feminist theory; “couples therapy” may suggest a link with family systems theory; and “group process” programs base their work on either psychodynamic or cognitive behavioral theories. Some practitioners—especially those with eclectic programming—may use terms interchangeably; others harbor strong objections to mislabeling their approach and consider some terms to have great symbolic meaning. Criminal justice professionals need to be sensitive to the language used by intervention providers and to ask practitioners to explain the importance of unfamiliar terminology.

Overview of Theories and Related Interventions

Feminist (or profeminist; see box, “The Language of Batterer Intervention”), family systems, and psychotherapeutic theories of domestic violence offer divergent explanations of the root causes of battering and lead to distinct intervention models. The following section outlines the basic tenets of each theory, illustrates how these assumptions influence the choice of intervention strategies, and notes the advantages

and disadvantages of each theoretical and treatment approach. As noted previously, however, examples of programming based exclusively on one theory are becoming increasingly rare.

Feminist Approaches: The Social Problem Approach

Batterer intervention programs originated in the early 1970’s, as feminists and others brought to public attention the

victimization of women and spawned grass roots services such as rape hot lines and battered women's shelters.³ According to Anne Ganley of Seattle's Veteran Administration Medical Center and David Adams of EMERGE in Boston, providers of services to battered women felt that victims who had received services either returned home to face the same destructive environment or left the relationship—and the batterer found a new victim. To help victims, advocates realized, it was also necessary to address the root cause of their problems—the perpetrators of violence. Profeminist men concerned with sexism in themselves and society felt a particular responsibility for working with male abusers. As a result, some of the first systematic interventions for batterers developed from a profeminist perspective.

What Is a Feminist Model of Battering?

Central to the feminist perspective on battering is a gender analysis of power.⁴ According to this view, domestic violence in intimate relationships mirrors the patriarchal organization of society in which men play a dominant role in most social institutions. Along with verbal, emotional, and economic abuse, violence is a means of maintaining male power in the family when men feel their dominance is being threatened. Economic roles have left women dependent on men and unable to escape abusive situations.⁵ Men's superior physical strength may enable them to dominate women through violence.

Feminists argue that a consequence of the social arrangement in which men hold the positions of respect and power is that men and women alike devalue the feminine and overvalue the masculine. To the batterer, women are childlike and incompetent. It is not uncommon for batterers to convince their wives that they are not capable of adult activities, such as driving a car or holding a job.⁶ For example, a former victim reported that her husband had convinced her that she could not turn on the washing machine without breaking it, so she had to wait until he returned from work before she could do the laundry for their seven children. Similarly, in disputed custody cases when a batterer and partner separate, the husband often contends that his wife is incapable of taking care of the children.⁷

In the feminist view, batterers feel that they should be in charge of the family: making decisions, laying down rules, disciplining disobedient wives and children, and correcting unsatisfactory performance of duties.⁸ Batterers may typically exercise control over the family in nonviolent, coer-

cive ways and only sometimes resort to violence. As men, batterers feel entitled to gender-based respect and obedience; therefore, what they perceive to be disrespect and disobedience infuriates them. Batterers often rationalize their violence on the grounds that it was necessitated by their partner's actions: she provoked or caused it, and they simply reacted as any man would.

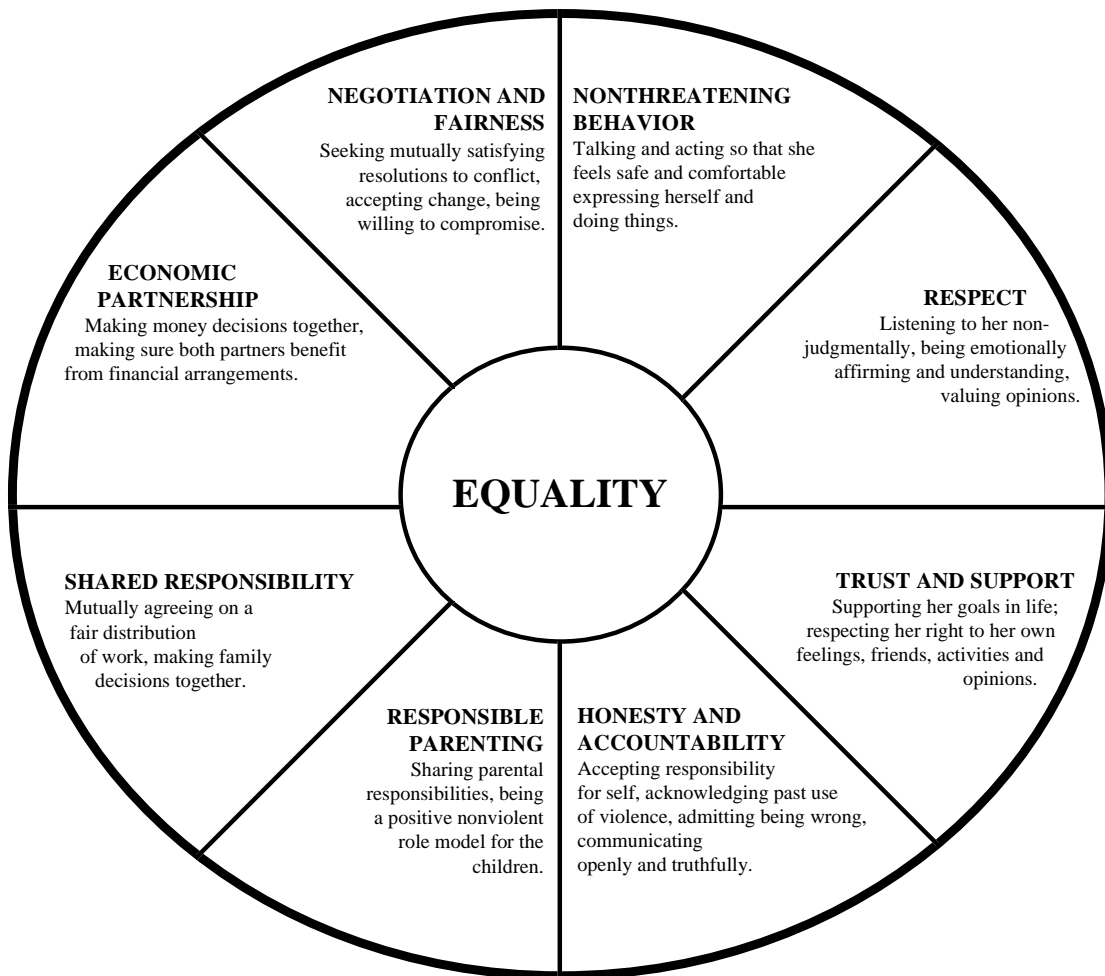
Feminist programs attempt to raise consciousness about sex role conditioning and how it constrains men's emotions and behavior (through education around sexism, male privilege, male socialization). Programs with a feminist philosophy present a model of egalitarian relationships along with the benefits of nonviolence and of building relationships based on trust instead of fear (see exhibit 2-1, "Equality Wheel"). Most feminist approaches support *confronting* men over their power and control tactics in all domains of the relationship, including verbal and psychological abuse, social isolation, the undermining of the victim's self-confidence, and sexual coercion (see exhibit 1-1, "The Power and Control Wheel"). A particular concern of profeminist male group facilitators is the constant risk and temptation of colluding with batterers. For example, a male facilitator at Family Services of Seattle reported that when his female cofacilitator was absent at one session, the men in the group expected him to drop his profeminist "guise" and participate in or agree with their negative characterizations of women.

Advantages and Criticisms of the Feminist Model

Perhaps because work with batterers was originated by battered women's advocates and feminists, the feminist perspective has influenced most programs. A national survey conducted in 1986 found that 80 percent of programs attempt to change sex role attitudes, stop violence, and increase self-esteem.⁹ Even programs adopting a family systems model (see below) may advocate an egalitarian and democratic relationship to couples in treatment. Support for the feminist analysis of the role of power in domestic violence comes from the observation that most batterers are able to control their anger and avoid resorting to violence when "provoked" by someone more powerful than they, such as their work supervisors, police officers, or judges. Further support for the feminist analysis comes from research showing that batterers are less secure in their masculinity than nonbatterers¹⁰—the theory being that men who do not feel masculine will need to assert their masculinity more forcefully to compensate for their sense of inadequacy. Other studies have documented the sense of *entitlement* batterers feel in controlling their partners' behavior and in

Exhibit 2-1

*Equality Wheel**



*Reproduced with the permission of the Domestic Abuse Intervention Project, 206 West Fourth Street, Duluth, Minnesota, (218) 722-4134.

justifying violence if these women deviate from the female sex role.¹¹

Critics have claimed that the feminist perspective overemphasizes sociocultural factors, such as patriarchal values, to the exclusion of individual factors like growing up abused.¹² Men's behavior in intimate relationships varies across individuals, and broad cultural factors cannot explain this variability. Feminist theory predicts that *all* men in our society will be abusive, claim its critics, adding that besides

being untrue, this theory makes it impossible to predict *which* men will be violent. To make individual predictions, a model must assign a role to other factors including, but not limited to, psychological deviance.

Other criticisms center not on the validity of feminist explanations of battering but on the translation of that theory into programming. For example, some observers argue that feminist educational interventions are too confrontational in tone and, as a result, are ultimately self-defeating, alienating

batterers, increasing their hostility, and making them less likely to become engaged in treatment. It is possible that the goal of the feminist model—to rebuild the batterer’s belief system in order to achieve nonviolence—may be unnecessarily ambitious and adversarial. Batterers’ existing value systems may be more easily fine-tuned to emphasize nonviolence (e.g., building on religious convictions or humanism) without a feminist overlay.

Another concern is that educational programs may effectively transmit information without deterring violent behavior. A 1991 evaluation of three short-term psychoeducational batterer programs in Baltimore found that while batterers considered the curriculum helpful, they recidivated at a higher rate than batterers who did not receive treatment.¹³ A study of graduates of Duluth’s Domestic Abuse Intervention Project found that completion of the feminist educational intervention had no impact on recidivism after five years.¹⁴ Outcomes such as these point to the need for broader evaluations that examine the impact of systemic factors—arrest and prosecution policies, court procedures, and probation supervision—on intervention effectiveness, as well as a clarification of the goals of feminist-based interventions. If deterrence is not a likely outcome of an intervention, other goals, such as punishment, education, behavioral monitoring, or social change, must be explicitly advanced. (A few practitioners are in fact shifting their primary focus away from individual change in batterers in favor of social change through a coordinated community response. See chapter 5, "Criminal Justice Response").

The Family Systems Model

The family systems model regards individual problem behaviors as a manifestation of a dysfunctional family unit, with each family member contributing to the problem. Rather than identifying one individual as the cause of the violence and removing that person from the home or singling that person out for treatment, the model advocates working with the family or couple together, providing support with the goal of keeping the family intact.

According to the family systems (or “interactional”) model,¹⁵ both partners may contribute to the escalation of conflict, with each striving to dominate the other. Family systems theorists believe that most abuse is verbal and emotional, but as the conflict escalates, either partner may resort to violence. Because, from this perspective, *interactions* produce violence, no one is considered to be the perpetrator or victim, even if only one person is physically violent. Family

systems theory also suggests that interactions may permit or facilitate abusive behaviors in one person, such as a nonabusive parent’s failure to intervene in child abuse or a family member’s failure to establish appropriate personal boundaries, thus setting the stage for their own victimization. Family systems therapists criticize psychological approaches that focus on individual deficits (low self-esteem, dependence, anger) while neglecting to teach interpersonal skills that could promote safety. Family systems theory leads to treatment that involves improving communication and conflict resolution skills. Both members of the couple can develop these skills through “solution-focused brief therapy” that:

- locates the problem in the interaction rather than in the pathology of one individual;
- focuses on solving the problem, rather than looking for causes; and
- accentuates the positive—for example, examining occasions when the couple avoided violence.

Advantages and Criticisms of the Family Systems Model

Advocates of the family systems approach note that many violent couples would like to remain together and that there may be positive aspects to the relationship that counseling can build on. However, while some observers report that over half of domestic violence couples remain together,¹⁶ a study of abused wives whose husbands did become nonviolent found that most of the women subsequently terminated the marriage because of other marital problems that became apparent after the violence ended.¹⁷

Both feminist and cognitive-behavioral approaches agree that partner abuse does not involve shared responsibility. Both approaches firmly hold that batterers bear full responsibility for the violence, victims play no causal role, and no one incites violence. Of particular concern to both feminist and cognitive-behavioral proponents is the format of couples counseling: encouraging each partner to discuss problems openly with the other partner can put the victim at risk after the session if the woman expresses complaints. Furthermore, no frank exchange between counselor and victim concerning the abuse is likely to be possible in the presence of the batterer. Moreover, the format is conducive to victim-blaming. Finally, if the court prohibits the batterer from contacting the victim, the family systems approach will violate the court order. For these reasons, couples

counseling is expressly prohibited in 20 State standards and guidelines (see box, “Controversial Approaches to Batterer Intervention” and appendix A.3). Judges involved with partner abuse cases that also involve child abuse need to pay particular attention to safety issues raised by family systems interventions, which may be the treatment approach recommended by child welfare workers who are working toward a goal of family reunification. In such cases, issues of victim and child safety must be weighed carefully, and if a family systems approach is chosen, close monitoring is needed.

Psychological Approaches: A Focus on Individual Problems

Psychological perspectives hold that personality disorders or early experiences of trauma predispose some individuals to violence.¹⁸ Being physically abusive is seen as a symptom of an underlying emotional problem.¹⁹ Parental abuse, rejection, and failure to meet a child’s dependence needs can be the psychological source of battering. People with these underlying problems may choose partners with whom they can reenact the dysfunctional relationship they had with their parents. Two forms of batterer intervention have evolved from this perspective: individual and group psychodynamic therapy and cognitive-behavioral group therapy.

Individual and Group Psychodynamic Counseling

Psychoanalysis can be undertaken not only in individual counseling but also in unstructured batterer groups that allow members to explore their life experiences. Psychodynamic therapies involve uncovering the batterer’s unconscious problem and resolving it consciously. Proponents of psychodynamic therapy for batterers believe that other interventions are superficial: since other therapies are unable to eliminate the abuser’s deep-rooted and unconscious *motive* for aggression, they cannot end violence but only suppress it temporarily. Long-term change requires exposing and resolving the root cause of the violent behavior.

Advantages and Criticisms of Psychodynamic Approaches

Browne and Saunders recently conducted a study comparing a “process psychodynamic treatment model” with a feminist/cognitive-behavioral intervention and found no difference in recidivism rates based on partners’ reports. Nevertheless, they argue:

[T]here were two advantages to the process-psychodynamic model. It retained a significantly higher percentage of men in treatment and it was more successful with men who had dependent personality disorders. **Regardless of the treatment approach used, more self-disclosure and less lecturing were related to greater group cohesion, which in turn was related to lower recidivism rates.**²⁰ (Emphasis added)

Critics argue that psychodynamic therapy merely assigns a psychiatric label to people who batter (e.g., insecure, narcissistic, dependent, compulsive, or suffering from intermittent explosive disorder) without explaining how they got that way or what can be done about it.²¹ The psychodynamic approach has also been criticized for allowing batterers to continue the behavior until the underlying psychological problem is resolved.²² David Adams, director of EMERGE, gives the example of a batterer mandated to treatment who had already learned in individual psychotherapy that he battered because he was insecure. At the intake interview for the batterer program, the counselor asked the man whether he was going to continue to choose to be violent until he resolved his insecurity. The man said that he had never thought of battering as a choice, but now he would reconsider the notion.²³ Feminists argue that labeling batterers as having psychological problems not only exonerates them in their own eyes but also ignores the cultural acceptability of male dominance in the family and how it serves to keep the batterer in control of his partner. The approach pays attention to *internal* psychological functions of abuse for the batterer but ignores the *interpersonal* function of controlling the other person’s behavior.

In practice, many psychologically oriented programs have moved away from the original stance that battering is caused primarily by psychological disorder and always indicates an emotional problem. Instead, they have integrated social explanations with psychological explanations. For example, some psychologically oriented theorists propose that it is the combination of a man’s low self-esteem and a cultural expectation that men should be dominant and successful that produces a batterer.

Cognitive-Behavioral Model of Change

Cognitive-behavioral therapy is used in the treatment of violent offenders. Whereas the psychoanalytic tradition focuses on psychological disorders based in the unconscious and early childhood experiences, the cognitive-behavioral

model focuses on conscious material in the present: therapy is intended to help individuals function better by modifying how they think and behave in current situations. The theory behind cognitive-behavioral batterer interventions maintains that behaviors are learned as a result of positive and negative reinforcements (rewards and punishments) for engaging in particular behaviors under particular circumstances (e.g., parental pride or praise for aggressive behavior). Behavior is also influenced by how people mentally construct and interpret their environment and experiences—that is, the way they think about themselves, other people, and their relationships. The cognitive-behavioral theory postulates that men batter because:

- they are imitating examples of abuse they have witnessed during childhood or in the media;
- abuse is rewarded;
- it enables the batterer to get what he wants; and
- abuse is reinforced through victim compliance and submission.

Cognitive-behavioral interventions focus on “cognitive restructuring” and skill building. Counselors focus on identifying the chain of events that lead each batterer to violence,

starting with beliefs and “self-talk”—the way we talk to ourselves in our minds (see exhibit 2-2, “A Cognitive Model of Woman Abuse”). For example, a batterer whose partner is ten minutes late may tell himself, “She’s out with her boyfriend” or “She can’t be trusted.” The programs attempt to restructure the beliefs and “self-talk” that lead to violence; for example, “I don’t know why she’s late, but I’m sure she’s trying to get here.” The programs help batterers to analyze the thought patterns underlying violent reactions (e.g., “Dinner isn’t ready because my wife doesn’t respect me”) and learn new ways of understanding situations that trigger violence (e.g., “Dinner isn’t ready because my wife had a busy day”). The program teaches nonviolent alternative behaviors, such as conflict-resolution tactics, relaxation techniques, and communication skills.²⁴

Advantages and Criticism of the Cognitive-Behavioral Models

One advantage of the cognitive-behavioral model is that its analysis of battering and its intervention strategy are compatible with a criminal justice response to domestic violence. The approach holds the batterer fully responsible for his violence and fully responsible for learning and adopting nonviolent alternatives. Without trying to solve larger issues of social inequality on the one hand, or delving into

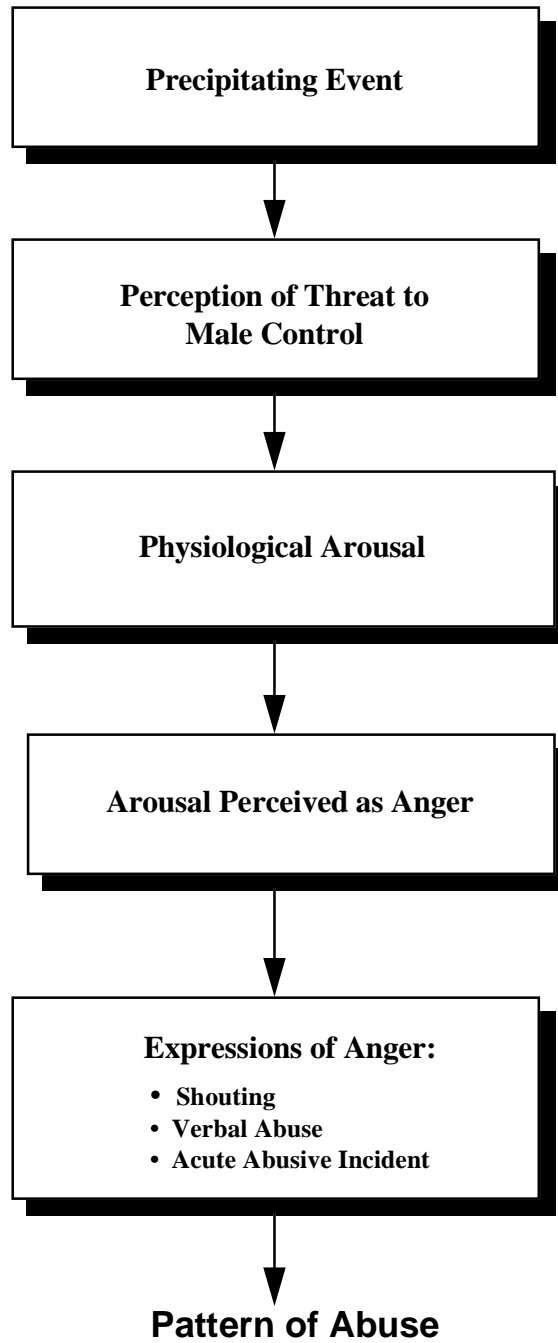
Attachment Abuse

A small number of practitioners base batterer interventions on psychological theories of attachment, affect, and individuation. These interventions consider battering to be “attachment abuse”—that is, abusive behaviors toward intimates arising from the individual’s insecure attachment to his or her caregivers as a child. Attachment theory describes two broad categories of attachment relationships: *secure attachments* that result from the caregiver’s responsiveness to the child’s emotional and physical needs, and a range of *insecure attachment* patterns that may develop if a child’s emotional and physical needs are not met by caregivers. Insecure attachments in childhood may lead, in adult relationships, to emotional distress, anxiety, anger, depression, and emotional detachment when the specter of loss or separation arises in an intimate relationship. These feelings may lead to attachment abuse.

Batterer interventions based on theories of attachment, such as the Compassion Workshop (see chapter 4), seek to enhance the batterers’ ability to regulate their own emotions and to stimulate a sense of “compassion” for both themselves and their intimates (partners, children, and elders) using cognitive behavior techniques that are designed to interrupt the batterers’ violent emotional response to guilt, shame, and fear of abandonment.

Exhibit 2-2

*A Cognitive Model of Woman Abuse**



* Adapted from Donald Dutton, "An Ecological Nested Theory," in *Feminist Psychology in Transition*, ed. P. Caplan, 1984.

Controversial Approaches to Batterer Intervention

The following approaches, although commonly used, are controversial. Criminal justice professionals referring batterers to programs that feature these techniques must be careful to learn how these approaches are being integrated into the programs and be wary of programs using these methods as their primary intervention.

Anger Management

While some researchers have suggested that a small percentage of battering may be attributable to a psychological disorder involving uncontrollable rage,²⁵ the “anger management” model attributes battering to out-of-control (rather than uncontrollable) anger. Anger management programs offer a short-term intervention that teaches batterers to recognize the physiological signs of anger and to then implement relaxation techniques to defuse the anger.²⁶ The intervention may also teach stress management and communication skills.²⁷ Many batterer treatment providers disavow the single-focus “anger management” treatment, instead incorporating anger management as one component of their intervention, sometimes under another name.

Critics have raised several concerns about the anger management approach—even as a component of more comprehensive treatment:

- Anger management programs address a single cause of battering, ignoring other, perhaps more profound, causes.²⁸
- According to the feminist model, although they may claim to feel out of control, batterers are *not* out of control: battering is a decision, a choice. The social learning model adds that batterers choose to use or threaten violence because of its effectiveness in controlling their partners. The violence persists because it is rewarded.
- Anger management programs teach batterers nonviolent ways to control their partners. If the underlying issue of batterer control of the victim is not addressed, critics maintain, men will misuse the techniques used to “control” anger—stress management and communication skills—to continue to control the victim. For example, a batterer could refuse his childcare responsibilities on the grounds that it is stressful.
- According to “misattribution of arousal” theory, men learn to label all strong emotional states as anger when they are, in fact, experiencing feelings of betrayal or hurt.
- Interventions therefore need to focus on identifying the underlying emotion men are feeling in situations in which they batter rather than on means of controlling the mislabeled anger.²⁹
- Two studies of anger management interventions that were parts of comprehensive batterer treatment programs found that men who completed the programs but whose violence continued reported that they had used anger management techniques to attempt to control their violence, whereas men who were successful in avoiding violence after the program said they ended their abuse through empathy, a redefinition of manhood, and cooperative decisionmaking.³⁰

(continues)

Finally, some practitioners are concerned that any short-term, single-focus approach can be dangerous because it gives victims, judges, and batterers the illusion that the problem has been solved. Some practitioners feel that the availability of brief, inexpensive anger management programs even undermines the credibility of the more difficult, lengthy, and expensive treatments other programs provide. One-time “Saturday Afternoon Special”-style anger management programs arouse particular concern among practitioners who feel that such short-term programs trivialize the severity of the problem in the eyes of the batterer and are unlikely to have any deterrent effect.

Individual and Couples Counseling

Many practitioners disapprove of—and at least 20 State standards and guidelines expressly prohibit—couples counseling for batterers. In addition, a number of program directors disapprove of individual counseling as the sole intervention for battering. Group work is considered important in helping abusers to overcome their denial by hearing other men acknowledge and deal with their behavior, and to break the isolation that is considered part of the syndrome of abuse.

Although systematic research comparing couples and group interventions has not been conducted,³¹ anecdotal evidence and the beliefs of providers (many of whom serve on committees to draft or approve State standards or guidelines) have limited the utilization of couples therapy for domestic violence. The practitioners’ disapproval is based on a belief that victims of abuse are intimidated and cannot fully participate in therapy in the presence of their abusers. If victims do reveal the batterer’s violence or disclose other problems, they face the threat of reprisal. Restrictions on couples therapy and individual psychotherapy for battering are a point of contention between feminist-oriented batterer intervention providers and mental health providers in many communities.

Self-Help Groups: Batterers Anonymous

Self-help batterer groups are modeled on Alcoholics Anonymous and Parents Anonymous. Member-run support groups are facilitated by former batterers who have been nonviolent for at least a year.³² Although there are some ground rules and facilitators may introduce specific topics, the approach is unstructured, with members setting the agenda, usually addressing their personal concerns.

Self-help or support groups are an accepted model of *follow-up* for batterers who have completed a program and want continued support to prevent relapse, to continue the change process, or to have a place to address ongoing problems. Self-help groups are controversial as an *initial* intervention, however, because it is questionable whether former batterers—especially those who have been nonviolent for only a year—are qualified to conduct groups, unless they have been extensively involved with a program, have been trained, and are supervised. In addition, facilitators tend to use an aggressive, even belligerent, style of confrontation that more traditional programs view as inappropriate modeling of antagonistic behavior that borders on abuse. By contrast, other professionals are concerned that support groups run by former batterers may be insufficiently confrontational about members’ excuses for violence and too supportive of batterers’ hostility toward women.

deep-seated psychological issues on the other, the cognitive-behavioral approach simply focuses on the violent acts themselves and attempts to change them. The model also offers a straightforward intervention that can be implemented in a limited period of time.

The feminist perspective criticizes the cognitive-behavioral approach for failing to explain why many men with thought patterns or skills deficits that allegedly explain their domestic violence are not violent in other relationships, how culture or subcultures influence patterns of violence, and why some men continue to abuse women even when the behavior is not rewarded.³³ These criticisms are usually moot because most cognitive-behavioral programs integrate the feminist analysis of domestic violence, both in the cognitive component (for example, by examining thoughts that encourage wife-beating, such as “She should obey me. I’m the man of the household.”) and the social learning aspects (for example, by discussing how sexism in the media and in society provides models of social support for abusing and degrading women). (See exhibit 2-3, “Example of an Integrated Feminist/Cognitive-Behavioral Strategy.”)

Compatibility of the Models With Criminal Justice Goals

The feminist educational approach to batterer intervention is theoretically more compatible with a criminal justice perspective than either the family systems or psychotherapeutic approaches in several respects.³⁴

- The feminist educational view of domestic violence is that the behavior is criminal, not just the result of faulty couple interactions or mental illness.
- The feminist educational view is that consequences are appropriate. By contrast, the psychotherapeutic explanation results in a treatment approach that is designed to modify the inner emotional life of the batterer through insight and possibly medication. Changing the inner person and prescribing medication to alter behavior may be considered by some to be beyond the scope of a criminal justice intervention.
- The primary goal of feminist educational programs is to hold batterers responsible for their violence. While most psychological programs also make this claim, feminists believe that the psychotherapeutic view of batterers as victims of childhood trauma or other mistreatment undercuts a program’s ability to hold batterers

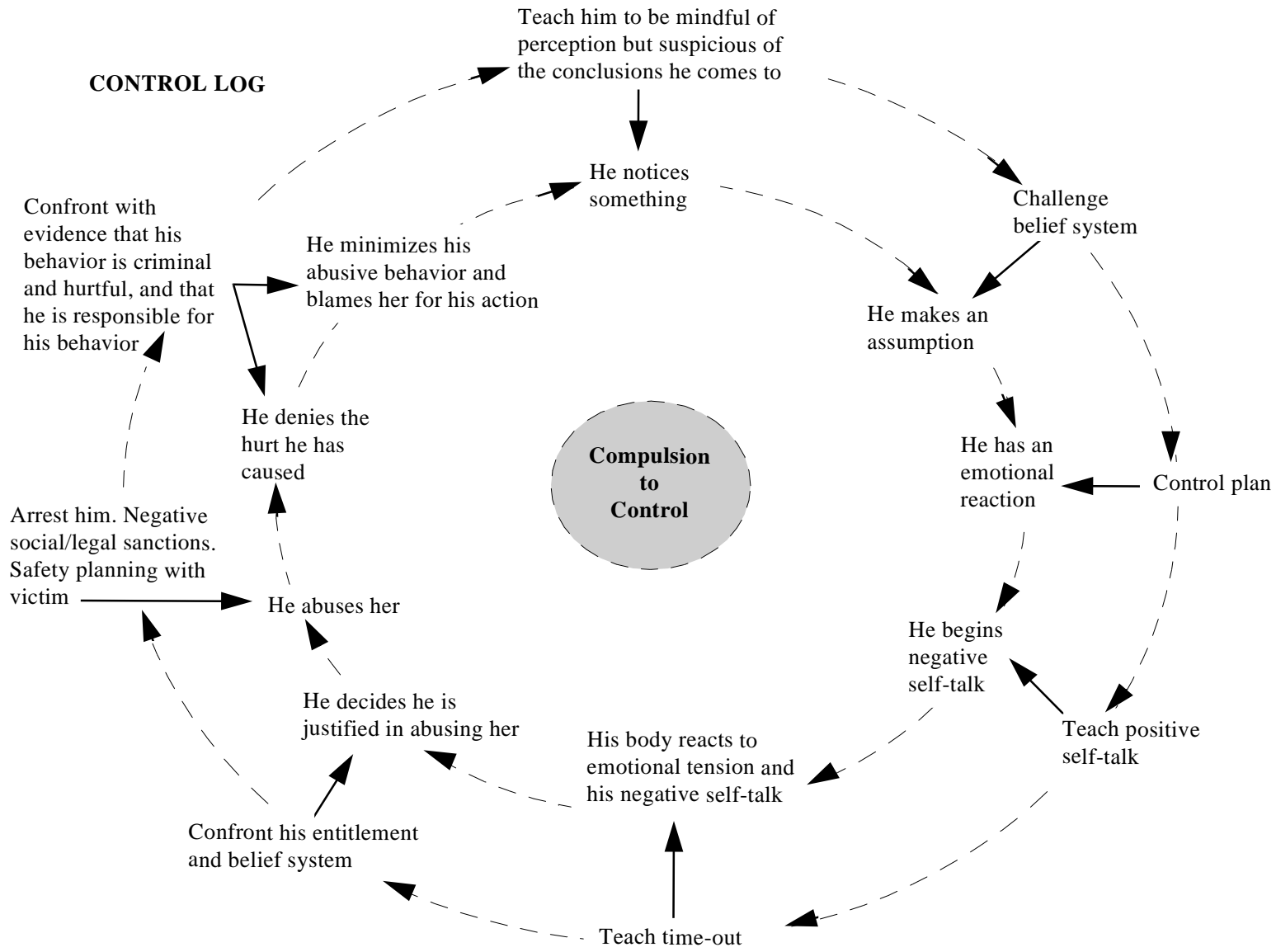
responsible. The family systems approach—unlike the criminal justice system—holds the victim as well as the batterer accountable.

- The explicit goal of feminist educational approaches is to end the abusive behavior rather than to heal the batterer (the psychotherapeutic goal) or to improve relationships (the family systems goal).

A case can be made, however, that psychological interventions can also meet the needs of the criminal justice system. The aim of the criminal justice system in sending men to batterer programs is to reduce recidivism; for this to happen, the intervention has to be effective. While advocates of the feminist educational model criticize the psychotherapeutic model for failing to hold batterers responsible for their behavior, advocates of the psychotherapeutic approach respond that educational interventions are not successful in deterring or rehabilitating batterers because they are too short and superficial and do not address the needs of batterers with severe mental illness, who may comprise up to 25 percent of all batterers.³⁵ Indeed, the “confrontational” and didactic process of the feminist model—as well as the feminist rhetoric in which it is framed—may alienate the batterer and increase his hostility and resistance. For example, an assistant group facilitator for the Compassion Workshop in Silver Spring, Maryland, reported that, when he was in treatment, feminist interventions had only increased his anger and denial, while subsequent, nonconfrontational, compassion-based treatment had helped him become nonviolent. His wife, a cofacilitator of the group whose role was to give the perspective of the victim, agreed that the feminist education model had exacerbated her husband’s abuse but that after psychologically oriented counseling, he was now violence free.

While the narrow treatment goals of the strictly educational feminist programs are compatible with the criminal justice view—simply stopping the abusive behavior as expeditiously as possible and holding the batterer responsible—the feminist theory of domestic violence also has broad social goals that may be seen as going beyond the purview of the criminal justice system. Because feminist theory locates the cause of domestic violence in social structures and the organization of society, social change may be seen as the ultimate goal of the curriculums. In a sense, though, even this broad goal is consistent with a criminal justice agenda in that it suggests that broad-based community education and a coordinated community response are necessary for preventing domestic violence. In contrast, it is difficult to identify a broad prevention strategy that follows from either

Exhibit 2-3: Example of an Integrated Feminist/Cognitive-Behavioral Strategy



Source: Wil Avery, House of Ruth, Baltimore, Maryland

the individualistic psychotherapeutic theory of domestic violence or the family systems model.

Finally, some practitioners and criminal justice professionals are beginning to regard any form of batterer intervention as a proxy for intensive probation. While the curriculum may not deter reoffenses over time, at least during program participation batterers are being monitored closely, and their victims are receiving at least minimal attention and referrals. This heightened vigilance with regard to the batterer's behavior and the victim's welfare is compatible with criminal justice goals.

As will be seen in the following chapters, however, theoretical compatibility with the criminal justice system is not the only important factor in selecting a batterer intervention. On a practical level, interventions must be able to retain batterers in treatment and address any obstacles to program participation.

Conclusion: Multidimensional Models Dominate the Field

Many practitioners accept that there are compelling features in more than one theoretical model. In practice, regardless of their primary perspective, most programs have adopted some tenets of the feminist model. For example, they view sexual inequality and masculine role expectations of dominance as core issues to address—along with cognitive-behavioral techniques for modifying behavior—and they teach batterers to use “time-outs” (a behavioral technique for controlling emotional outbursts). Longer-term programs may progress through the feminist and cognitive models in stages, and some even progress to a psychotherapeutic group process model for aftercare. These programs have a brief initial phase using a feminist educational model to tackle denial of responsibility, a longer second phase teaching cognitive-behavioral techniques for skill-building, and a third phase delving into individual psychological issues in an unstructured format for those men identified as having psychological problems contributing to battering. (See chapter 3, “Pioneers in Batterer Intervention: Program Models,” for a detailed description of various program models.) Other programs blend treatment modalities and approaches by combining individual, group, and couples treatment sequentially over an extended period of two to three years.

Programs may also use different models or materials to accommodate the special needs of specific types of batterers,

most commonly substance abusers, African Americans, Asians, Latinos, recent immigrants, female offenders, gay and lesbian batterers, or batterers with poor literacy skills. (See chapter 4, “Current Trends in Batterer Intervention,” for a discussion of culturally specific interventions.)

Some practitioners may resist incorporating consideration of individual psychology and cultural differences in interventions because they are concerned that the individual approach will eclipse consideration of the sociological factors emphasized by the prevailing feminist model. However, the critical issue from a criminal justice perspective is simply “what works”; if mixed-model interventions that incorporate psychotherapeutic elements or cultural competence are shown to be more effective in retaining and engaging batterers in treatment, questions of theory are likely to become secondary.

Discussions such as these are rapidly being translated into experiments in practice. Chapter 4, “Current Trends in Batterer Intervention,” discusses a range of innovations in batterer treatment that attempt to link individual characteristics of batterers to specific interventions or combinations of interventions in order to increase program retention and effectiveness.

Endnotes

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3. Schechter, S., *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*, Boston: South End Press, 1982.
4. Pence, E. and M. Paymar, *Education Groups for Men Who Batter: The Duluth Model*, New York: Springer, 1993.

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 7. O'Sullivan, C. and B. Birns, *Contested Custody Cases When Violent Marriages End*, Paper presented at the First National Conference on Children Exposed to Family Violence, Austin, Texas, June 1996.
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 10. Gondolf and Hanneken, "The Gender Warrior." The measure is Bem's Sex Role Inventory.
 11. Browne, Saunders, and Staecker, "Process-Psychodynamic Groups for Men Who Batter."
 12. Dutton, D., "Patriarchy and Wife Assault: The Ecological Fallacy," *Violence and Victims*, 9 (2) (1994): 167-182.
 13. Harrell, A., "Evaluation of Court Ordered Treatment for Domestic Violence Offenders," Final Report, Washington, DC: The Urban Institute, 1991.
 14. A 1990 evaluation of the Duluth Domestic Abuse Intervention Project (DAIP) found that program participation had no impact on recidivism. Shepard, M., "Predicting Batterer Recidivism Five Years After Community Intervention," Report, Duluth, Minnesota, 1990.
 15. Giles-Sims, J., *Wife-battering: A Systems Theory Approach*, New York: Guilford, 1983.
 16. While it is true that many victims who seek services want to maintain the relationship while eliminating the abuse, and that most programs report that 30 to 40 percent of the men in treatment are separated, no long-term data show what percent of relationships in which there has been battery last. See Sirles, E.A., S. Lipchik, and K. Kowalski, "A Consumer's Perspective on Domestic Violence Interventions," *Journal of Family Violence*, 8 (3) (1993): 267.
 17. Bowker, L., *Ending the Violence: A Guidebook Based on the Experience of 1,000 Battered Wives*, Holmes Beach, FL: Learning Publications, 1986.
 18. Russell, "Wife Assault Theory."
 19. Specific disorders that have been found in batterers are post-traumatic stress disorder (probably due to childhood trauma), depression, low self-esteem, and personality disorders. Personality disorders usually mentioned by therapists who work with batterers are antisocial personality disorder, narcissism, and borderline personality disorder. In addition, passive-aggression, paranoia, obsessive-compulsive disorder, and intermittent explosive disorder have been said to foster aggression. A psychotherapeutic reference describes the personality disorders as follows: People with antisocial personality disorder are irresponsible, irritable, and aggressive; they are not sadistic but are reckless and have no remorse; they are unable to maintain friendships or romantic relationships. Narcissists are hypersensitive but lack empathy; they have difficulty with relationships because they expect others to meet their special needs. Borderline personalities are characterized by instability of identity, self-image, and relationships; they want to be alone but fear abandonment; they are often moody and
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- depressed and, in severe cases, self-destructive and suicidal. Reid, W.H. and M.G. Weise, *The DSM-III-R Training Guide*, New York: Brunner/Mazel, 1989. See also Dutton, D., "Trauma Symptoms and PTSD-like Profiles in Perpetrators of Intimate Abuse," *Journal of Traumatic Stress*, 8 (2)(1995): 299–316; and Maiuro, R., T.S. Cahn, P.P. Vitaliano, B.C. Wagner, and J.B. Zegree, "Anger, Hostility, and Depression in Domestically Violent Versus Generally Assaultive and Nonviolent Control Subjects," *Journal of Consulting and Clinical Psychology*, 56 (1) (1988): 17–23.
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 26. Hamberger, K.L. and J. E. Hastings, "Court-Mandated Treatment of Men Who Assault Their Partner: Issues, Controversies, and Outcomes," in *Legal Responses to Wife Assault*, ed. Z. Hilton, Newbury Park, CA: Sage Publications, 1993: 188–229.
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 29. Dutton, D., *The Domestic Assault of Women: Psychological and Criminal Justice Perspectives* (revised), Vancouver: University of British Columbia, 1995.
 30. Two studies showing a recurrence of violence among program participants who said they used anger management to reduce their violence are: Gondolf, E., "Men Who Batter: How They Stop Their Abuse," Paper presented at the Second National Conference for Family Violence Researchers, Durham, NC, 1984; and Kelso, D. and L. Personette, *Domestic Violence and Treatment Services for Victims and Abusers*, Anchorage: Altam, 1985.
 31. Daniel O'Leary's studies comparing single-sex group and couples-group interventions were unable to retain couples when the batterer had a history of severe violence. Rosenbaum, A. and K. D. O'Leary, "The Treatment of Marital Violence," in *Clinical Handbook of Marital Therapy*, ed. N.S. Jacobsen and A.S. Gurman, New York: Guilford, 1986. Gondolf studied 12 men who had been through a men's group program and were deemed to be fully reformed (versus 38 who were not). Several of these highly motivated men had sought professional help before coming to the batterer program but they had found no improvement after individual or couples therapy. According to their self-reports, the batterer group they subsequently attended gave them what they needed to stop battering. Gondolf and Hanneken, "The Gender Warrior."
 32. Edelson, J. L. and M. Syers, "Relative Effectiveness of Group Treatments for Men Who Batter," *Social Work Research and Abstracts*, (June 1990): 10–17.
 33. According to social learning theory, a retaliatory attack should decrease future abuse. However, two national surveys found that when women resist violently, the

batterer's violence usually increases in severity. This result is consistent with the feminist view that the intent of physical abuse is to punish resistance and disobedience. Bowker, L., *Ending the Violence: A Guidebook Based on the Experience of 1,000 Battered Wives*, Holmes Beach, FL: Learning Publications, 1986; Feld, S. L. and M.A. Straus, "Escalation and Desistance From Wife Assault in Marriage," in *Physical Violence in American Families*, ed. M.A. Straus, and R.J. Gelles, New Brunswick, NJ: Transaction, 1990: 489–505.

34. Edelson and Syers, "Relative Effectiveness of Group Treatments for Men Who Batter." This article reports an experiment in which all comers to a program were

assigned to a brief or intense intervention and to one of three models: the Duluth "educational" model, a self-help group, and a combined group process-educational model. The results showed no difference between the brief and intense programs, except for the few men of color who were less likely to recidivate if they completed the long program; the structured feminist educational model was found to be most effective.

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Chapter 3

Pioneers in Batterer Intervention: Program Models

Key Points

- This chapter describes program services in the larger, more well-established programs visited for this report.
- Specialized innovative programming is discussed in chapter 4, “Current Trends in Batterer Intervention.”
- Common mainstream program procedures include:
 - **Intake:** First contact with batterer referred by the criminal justice system.
 - **Assessment:** Client agrees with terms of program and is assessed for dangerousness, extent of abuse, substance abuse, mental illness, illiteracy, or other obstacles to treatment.
 - **Victim Contact:** Partners may be notified about batterer’s status in the program and any imminent danger, and referred to victim services.
 - **Orientation:** An initial phase of group intervention that may be more didactic than later meetings.
 - **Group Treatment:** May involve a set educational curriculum or less structured discussions about relationships, anger-management skills, or group psychotherapy.
 - **Leaving the Program:** Batterers may complete the program, be terminated for noncompliance, or be asked to restart the program.
 - **Follow-up:** May consist of informal self-help groups of program graduates or less frequent group meetings.
- Program content varies, but all the well-established programs discussed in this chapter include feminist educational approaches that may be combined with cognitive-behavioral or psychotherapeutic approaches.

This chapter provides an overview of program services and procedures in five communities visited for this report. The chapter’s primary focus is on larger mainstream batterer interventions. The following chapter, “Current Trends in Batterer Intervention,” discusses smaller specialized interventions in detail (see box, “Selection of Programs Studied,”

and appendix B, a listing of individuals interviewed at each site).

No mainstream program approach or curriculum has yet been proven to be more effective in reducing recidivism than any other.¹ As a result, many program directors and criminal

justice professionals stress structure over content; they believe that regardless of a program’s philosophy or methods, any responsible intervention that requires weekly contact can help contain batterers’ abuse through close monitoring of their behavior (see chapter 5, “Criminal Justice Response”).² According to Andrew Klein, chief probation officer for the Quincy, Massachusetts, District Court, “If only appropriate clients are referred—people who know they did wrong, have some motivation to change, are under external pressure to change, and are sober—if the program monitors behavior, not attitude, and if the program lasts long enough, then the content doesn’t matter. . . . To be considered effective, the program must stop the battering and keep offenders from battering again for at least one year.”

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—Andrew Klein, Chief Probation Officer, Quincy, Massachusetts, District Court Model Domestic Abuse Program

Program Procedures

The following discussion draws on program practices at the five sites with special emphasis on issues of common concern.

Intake and Assessment

The batterer’s first contact with the program occurs when he arranges for an intake interview. At this time, the client signs release forms that give the program permission to contact his probation officer and his partner. The program then notifies the probation office that the client has chosen it for treatment. (See appendix D for sample intake and assessment forms.)

The first step of the intervention is the intake assessment, a process that can span one to eight weekly sessions.³ The initial session may be done as an individual interview or as part of a group orientation. Intake sessions serve several purposes:

- to get the client to agree with the terms and conditions of treatment and to sign the program contract;
- to begin to assess the nature and extent of the batterer’s abusive behavior; and
- to screen for other problems such as substance abuse, mental illness, and illiteracy.

In addition to specific questions about domestic violence, the assessment typically includes questions about the batterer’s family history, propensity for violence outside the family, and substance abuse. Ideally, the session begins to foster rapport between the clinician and the batterer, in addition to initiating the actual intervention. For example, details about the nature of the abuse are often gleaned through questions regarding the first, the most recent, and the most severe battering incidents. Describing this behavior in detail can increase the batterer’s awareness of the extent of his violence, and this can form a foundation for later, more in-depth discussions of the abuse and its consequences. Similarly, programs usually ask about a range of behaviors that are psychologically or sexually abusive. This questioning helps the batterer broaden his definition of abuse.

Programs vary in how clinical their assessments are and to what extent they measure the batterer’s psychological makeup in an effort to identify other problems that could interfere with the intervention. Some programs screen for possible problems by using simple checklists and then referring the client for formal psychological evaluation if a substance abuse or mental health problem is suspected. Other programs, such as AMEND and The Third Path, use standardized instruments like the Millon Clinical Multiaxial Inventory (MCMI) to do clinical assessments themselves. The director of one of the AMEND programs⁴ explains, “We use the MCMI both as a diagnostic tool and a treatment planning tool, and to start thinking about the majority of our clients who have personality disturbances as falling along a continuum from mild personality dysfunction to more pronounced conditions.”

Selection of Programs Studied

Thirteen programs in five communities were selected to represent a range of approaches to batterer intervention.

- Two of the largest and most established programs in the country—EMERGE in Quincy, Massachusetts, and AMEND in Denver—were chosen to represent pioneers that continue to modify their models in keeping with the most recent trends in batterer intervention.
- The Domestic Abuse Intervention Services (DAIS) of Des Moines represents one of the many programs that use the “Duluth model,” a popular curriculum developed by the Domestic Abuse Intervention Project of Duluth, Minnesota.
- Family Services of Seattle, a subsidized provider of batterer intervention to low-income clients, was founded as an anger management program but shifted its emphasis to follow the Duluth model.
- The Harborview Medical Center in Seattle, Washington, was chosen to represent a public health model of batterer intervention. The center runs a self-styled “eclectic” program for batterers as outpatients in a private hospital setting that emphasizes psychotherapy.
- House of Ruth, in Baltimore, another Duluth-based intervention, was chosen to represent programs that prefer “colorblind” interracial groups in contrast to the current trend toward specialized single-race or culture interventions that take into account the racial and cultural context of the violence (see chapter 4, “Current Trends in Batterer Intervention”).
- Colorado’s The Third Path, founded by Michael Lindsey, was included for its innovative use of psychological treatment and batterer typology, as well as its focus on high-risk offenders.
- The Compassion Workshop of Silver Spring, Maryland, was chosen for its innovative approach to batterer intervention, which uses cognitive restructuring techniques to prevent violent responses to emotional pain and to cultivate compassionate, nonviolent relationships.

A number of smaller programs that serve specialized populations were observed in Seattle. Zegree, Ellner and Berrysmith conducts two therapy groups for batterers as part of its mental health practice. Anne Ganley, a pioneer in batterer treatment, directs a program for veterans that utilizes the Duluth curriculum at the Mental Health Clinic of the Seattle Veterans Administration Medical Center. Ina Maka, a Native American-operated intervention, uses the context of Native American cultural lore as part of a family-preservationist model of batterer intervention. Sexual Minorities Counseling Services targets gay and lesbian batterers. Women’s Refugee Alliance sponsors individual and group batterer counseling for recent Southeast Asian immigrants. These specialized programs are discussed in chapter 4, “Current Trends in Batterer Intervention.”

“We use the MCMI both as a diagnostic tool and a treatment planning tool, and to start thinking about the majority of our clients who have personality disturbances as falling along a continuum from mild personality dysfunction to more pronounced conditions.”

—Gary Gibbens, Director of Arapahoe County, Colorado, Chapter of AMEND

Programs may refer batterers who are found to have other psychological problems, like clinical depression, elsewhere for psychiatric treatment or individual counseling. However, referrals are not considered a substitute for the batterer intervention program. Rather, psychotherapy is delivered concurrently with the batterer intervention, as is also typically the case when substance abuse is the problem. Programs try not to screen out batterers with multiple problems as long as they comply with the concurrent treatment. For example, batterers who are clinically depressed may continue in the program as long as they take their psychiatric medication, while batterers with substance abuse problems must remain sober and submit to random urine screenings or breathalyzer tests. In the Quincy, Massachusetts, District Court, for example, batterers must take weekly urine tests. The batterer pays \$5 per test, but the probation office will pay if the offender cannot.

Many programs do deny services to certain batterers. One of the most common reasons for turning batterers away at intake is if they are part of a cultural or language group that another program can serve better. While established programs are striving to develop the culturally sensitive methods discussed in chapter 4, “Current Trends in Batterer Intervention,” other programs have chosen to develop alliances with grassroots organizations serving specific cultural communities, such as non-English-speaking immigrants. Family Services of Seattle, for example, refers Spanish-speaking batterers to a local organization formed to serve Hispanic immigrants, and it refers batterers in same-sex relationships to a local gay and lesbian counseling agency. EMERGE, on the other hand, offers special in-house groups for African American male batterers and for lesbian batterers, and it has Latino and Asian American counselors on staff to serve batterers from these cultural groups.

Another common reason for rejecting clients at intake is unwillingness or inability to pay. Intake fees may be \$50 or

more. Rather than pay, many clients prefer to return to probation or the court to request a change in their conditions. To get batterers past this initial barrier to treatment, Sid Hoover, supervisor of Seattle’s Municipal Probation Domestic Violence Unit, offers “especially worthy” batterers a limited-time discount coupon to reduce the cost of intake from \$45 to \$25. Family Services of Seattle, one of several local interventions that receive city funds to reduce the cost of providing services to indigent clients, allows the probation office to designate which clients will be offered reduced-rate intake. (See chapter 4, “Current Trends in Batterer Intervention,” for a discussion of program fees and indigence.) According to Hoover, “Getting people into intake is half the hurdle; if you can get them into the intake, their fear about the whole enterprise starts to decline. Their comfort level goes up because they’ve been in there. They’ve seen the people, they realize that it’s relatively painless, and the program people aren’t dehumanizing them.”

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—Sid Hoover, Supervisor, Domestic Violence Probation Unit, Seattle

Some programs consider a batterer inappropriate for treatment if he unequivocally denies that he committed any violence. A probation officer in Seattle noted batterers’ difficulty in adjusting to their new roles as court-mandated clients: “We’re kind of breaking the news to them—you’re going to a DV treatment program—so they can start to turn themselves from defendants into health care consumers. They’ve got to switch hats from fighting the system to taking responsibility for their life.” At intake, the batterer has just been referred from the criminal justice system where, in the role of defendant, he was expected to insist on his innocence. Now that he has agreed to a plea bargain, it is no longer appropriate for him to deny his guilt. The batterer may not have much time to make this adjustment—some courts give the defendant less than a week to make contact with the program. The lack of time to change his mindset, combined with the batterer’s tendency to minimize and deny his

violence, forms the first obstacle to treatment. Apart from information gathering and initial indoctrination to program rules, overcoming this obstacle is the primary task of the intake session. In Des Moines, the intake counselor uses the police report to confront the batterer with the facts of the case. Other programs postpone confronting batterers until treatment begins.

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Victim Contacts

A number of States require that batterer programs contact partners (see appendix A, "State Standards Matrix"). At a minimum, partner notification is needed at four points:

- when the batterer begins attending the program;
- if and when he has been terminated from treatment for noncompliance;
- when he has completed the program; and
- if an imminent threat to victim safety arises (see below).

Programs with a strong advocacy policy will typically contact the partner every two to three months as long as the batterer remains in the program.

Since batterers typically minimize or deny their abusive behavior, assessments and ongoing monitoring often involve separate interviews with the victim to gain additional information about the relationship. As part of the client contract, batterers may therefore be required to sign releases that permit counselors to contact current and past partners. (Some States, like Iowa, avoid the need for consent by exempting counselors from ordinary client confidentiality requirements when it comes to victim contacts.) A trained victim liaison usually interviews victims by telephone for

The Impact of State Standards on Intervention Strategies

Each of the five communities visited for this report developed its own response to domestic violence. The responses were influenced in part by the statutory standards of care in each State.

The State standards in Iowa, for example, require that the Duluth curriculum be used in all batterer interventions. As a result, the probation office in Des Moines finds it easiest to ensure that the Duluth model is being followed by referring all batterers to a single provider, the Domestic Abuse Intervention Services (DAIS) program of Des Moines. In contrast, Washington and Colorado allow providers to implement a variety of treatment approaches as long as they follow specified procedures related to intake assessment, frequency of victim contacts, and duration of program participation. This flexibility allows more than a dozen programs of varying sizes and theoretical approaches to provide services to cities like Seattle and Denver. Some of Seattle’s programs serve distinct populations using curriculums designed especially for Asians, veterans, Latinos, Native Americans, gays and lesbians, or recent immigrants (see chapter 4, “Current Trends in Batterer Intervention”). By contrast, EMERGE, one of two programs that receive referrals from Quincy, Massachusetts, District Court, provides services to diverse populations under one umbrella agency. Finally, in Baltimore, where State standards are still being debated, an established Duluth-style program currently receiving the bulk of referrals will soon compete with a controversial new program for court referrals.

reasons of safety and efficiency. The liaison assures the victim of absolute confidentiality; nothing she says will be repeated to her partner or his counselor without her consent. At EMERGE, the victim liaisons make it clear to victims that the program’s primary concern is the safety of victims and

their children. If the victim is willing to discuss the abuse, the advocate may also ask about the duration, frequency, and severity of the abuse in order to assist in the batterer's treatment. However, liaisons make clear that furthering the batterer's treatment is only a secondary goal of the victim contact. A victim liaison from AMEND expressed a similar view:

When I first started working here, we were getting more background on the batterer from his partner, such as what his childhood was like. That was helpful for the therapist in treating him, but at the same time I don't think it was so helpful for her to have to dredge up all that information about him. So we've moved away from that in our conversation and started talking more about the victim and her plans and trying to educate her about domestic violence.

In addition to helping with safety planning, the victim liaison can describe to the victim the basic features of the batterer intervention program as well as its limitations (see below).

Victim liaisons (many of whom are called "advocates") interviewed for this report expressed surprise that most of the partners they contact have never sought services from a battered women's agency. These victims come to light only as a result of legal intervention with their abusers; they may not even be aware that services are available to them. Contacting the partner when the batterer enters the program therefore offers the opportunity to raise the victim's awareness of her situation and to begin to help her think about her own and her children's safety. As the director of battered women's services in Des Moines added, "For every batterer who gets arrested, his victim will have some sort of contact from battered women's services, whether it's legal advocacy, like warning of his release from jail or explaining pretrial hearings, or basic safety planning."

"For every batterer who gets arrested, his victim will have some sort of contact from battered women's services, whether it's legal advocacy, like warning of his release from jail or explaining pretrial hearings, or basic safety planning."

—Director of a battered women's shelter, Des Moines

Because this contact may be the first chance the victim has ever had to tell her story to a helping professional, it is crucial that the contact be handled sensitively by another woman who has experience working with battered women. The EMERGE partner pamphlet lists the following examples of questions to ask the victim:

- Are you always trying to second-guess your partner to avoid an argument?
- What does your partner do when he loses his temper?
- Do you have holes in your walls or broken possessions from times when your partner lost his temper?
- Has he ever hurt you physically or threatened you?
- What would it take for you to get away?
- Do you know that there are many other women who have experienced what you are going through and that help is available?

The House of Ruth in Baltimore invites victims to a separate open house to discuss the program's goals and methods and to provide an opportunity for victims to learn more about the House of Ruth's victim and children's services, including legal counseling and referral to other service agencies. The following two sections highlight program techniques for working with victims.

Raising Victim Awareness

In order to develop rapport with the victim, the victim liaison must affirm the victim's experiences and communicate respect for the victim's right to make her own decisions. The victim liaison shows concern for the victim's safety by speaking to her when the batterer is not present and assuring her complete confidentiality. Victim advocacy starts by offering support, assuring the victim that other women have also faced similar circumstances. "Mainly we try to focus the conversations on her, try to reach her that way," one liaison said. "We ask her what she'd like us to address—whether it's the kids, or continued abuse, or drug and alcohol issues." The victim liaison makes sure that the victim knows that services are available to her and tells her how she can contact the local battered women's shelter and support group. While stressing that the interview is voluntary, the

liaison asks if the victim is willing to describe the incident that resulted in her partner's entering the program. The victim liaison tries to learn all she can not only about the extent of the physical violence but also about any emotional and sexual abuse. Just as the intake worker tries to broaden the batterer's definition of abuse, the victim liaison attempts to help the victim become aware of the broader context of the abuse. She lets her know that other victims have reported similar experiences of being humiliated, berated, threatened, or intimidated into complying with their partner's wishes.

“Mainly we try to focus the conversations on her, try to reach her that way. We ask her what she'd like us to address—whether it's the kids, or continued abuse, or drug and alcohol issues.”

—Victim Liaison, AMEND

Some program group leaders have difficulty convincing some victims from other cultures that they have a right to live without violence and to be treated as their husband's equal. An Asian counselor described the dilemma of being an Asian immigrant and a victim: “For Asians, the family is the most important thing, not the individual, as it is for most Americans. The Asian culture believes that talking to someone outside the family about private matters shames the family.” For those coming from countries with strong patriarchal values that completely disempower women, programs take pains to educate the victim about American laws and cultural norms.

Another important reason to contact the victim when the batterer enters treatment is to guard against false hopes that the program can make him change. The program stresses that it is up to the batterer to take responsibility for his violent and controlling behaviors, and acknowledges that many batterers are not willing to stop being abusive. The liaison tells the victims (just as counselors tell the batterer) that there is no quick fix—change takes a long time and requires a genuine commitment by the batterer. Victim liaisons assure the partner that she is in no way responsible for making him stop and that the responsibility to change is the batterer's and his alone.

Making independent contact with the victim also ensures that she gets accurate information about the program's goals

and methods. Particularly during the first few weeks of treatment, batterers often use the program to manipulate the victim, distorting what has been said in group to blame her for the abuse. For example, one victim liaison from AMEND recalls, “The therapist got into describing what bipolar is. Then these guys go home and say to the victim ‘My therapist said you're manic depressive,’ allowing the focus to shift to the victim rather than remain on his behavior.” In explaining the general goals of the intervention and the standard techniques the batterer will be taught, the liaison can circumvent the batterer's distortions beforehand. Victim liaisons also warn the victim that batterers often use their entry into treatment as a justification for pressuring their partners to stay in the relationship and that such pressure is another sign of continuing nonphysical abuse.

Ongoing Advocacy and Safety Planning

The victim liaison has the difficult task of balancing cautions against false hopes with respect for the victim's right to make her own decisions. Should the victim decide that she wants to remain with the batterer, the liaison needs to respect that choice but still help her plan for her safety. One victim liaison usually tells the victim, “Well, you know we can't guarantee he's going to change. . . . So what are you going to do just in case he doesn't change?” The liaison advises the victim to identify the absolutely essential items she would need if she suddenly had to leave home. Then the liaison helps her develop a plan to have these things available, preferably through a trusted neighbor, relative, or friend. For instance, the victim might plan to give someone an extra set of her car keys, copies of her and her children's birth certificates, and the originals of other important documents and prescriptions.

“I usually tell the victim, ‘Well, you know we can't guarantee he's going to change. . . . So what are you going to do just in case he doesn't change?’”

—Victim Liaison, AMEND

Safety planning can also be more long term. Victim liaisons may continue to support the victim over the course of the batterer's treatment, and this support may help her to prepare to leave him. On the advice of the victim liaison, programs like EMERGE, AMEND, Family Services of Seattle, and

Zegree, Ellner and Berrysmith all agree that they sometimes maintain a noncompliant batterer in treatment in order to give the victim extra time to leave safely. In addition, batterers are also occasionally retained in treatment as a form of supervision and monitoring intended to increase victim safety. For example, a liaison at AMEND noted, “There are cases we have kept on that we felt we could have terminated because we knew that there was going to be no success in rehabilitating the batterer. But it was better—for victim safety—for us to have some containment, because at least we knew then what was going on with them.”

“[T]he ‘victim informant’ position is difficult for victims. If the victim gives [the program] information about the batterer’s abuse or other lapses, the batterer may retaliate against her. Her abuser may then see it as her fault—not his—that he has to keep going to the program.”

—Lucinda Cervantez, Community Advocate, New Beginnings, Seattle

While all the programs visited for this report had some form of contact with victims over the course of the batterer’s treatment, some victim liaisons oppose this blending of batterer and victim services. A battered women’s advocate in Seattle suggested that “the ‘victim informant’ position is difficult for victims. If the victim gives [the program] information about the batterer’s abuse or other lapses, the batterer may retaliate against her. Her abuser may then see it as her fault—not his—that he has to keep going to the program.” Other victim advocates and liaisons agree that contacting victims can be a delicate matter, as an AMEND liaison explained:

A lot of times we get information that we can’t confront him on—for example, the victim will call and say, “He’s been drinking, but I don’t want you to confront him on it. I just wanted you to know.” So then we tell the therapist, and the therapist tries to figure out how he can incorporate this information into the guy’s treatment without violating her confidentiality and safety. And some therapists can do that better than others, finding a back way of confronting him and getting it to come out another way.

Because of these concerns for the victim, some State standards prohibit or discourage batterer programs from contacting the victim directly.

Orientation

Established programs have adapted their interventions over the years to continue the assessment process during the initial phase of group intervention. New clients meet together for one or more orientation sessions during which the reeducation process begins; at the same time, counselors use the sessions to make a more accurate appraisal of the extent of the batterer’s violence and substance abuse than may have been possible during intake.⁵ For example, the Arapahoe County, Colorado, chapter of AMEND requires that its clients be alcohol- and drug-free during the entire six-week orientation period as a test of their sobriety. Batterers who do not comply with the abstinence rule are placed in special groups for substance-abusing batterers. The group leaders, certified both as batterer group leaders and chemical dependency counselors, provide drug counseling, such as relapse prevention techniques, in combination with the standard AMEND intervention. The program typically requires random urine screens and the use of Antabuse.

AMEND also added alcohol education to its orientation curriculum because some clients have drinking problems that neither their probation officers nor the intake assessment has brought to light. As one of AMEND’s co-directors explains, “Because a lot of our people have alcohol and drug problems, we’ll go through a basic kind of alcohol education [during everyone’s orientation]. . . . One of our goals that first four to six weeks is to find out who has a problem and get them dried out.”

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—Gary Gibbens, Director of Arapahoe County, Colorado, Chapter of AMEND

Besides improving the program’s ability to assess the client, the orientation serves to establish rapport between participants and counselors. Staff who conduct orientation seek to reduce the batterers’ initial defensiveness. As one program director put it, “We try to reassure them that we’re here to help them, not to beat them up. We try to form an alliance

Ongoing Lethality Assessment

Victim liaisons and batterer counselors routinely inform clients that all staff have an ethical and legal duty to warn the victim if they believe she is in imminent danger of further abuse. While they cannot predict dangerousness, practitioners are told to watch for signs that a batterer intends to harm someone. Some of these signs may be revealed during the intake assessment and the initial partner contact. When either the batterer or his partner indicates that these signs are present, the counselor must warn the batterer's partner and probation officer about the potential danger.⁶ Warning signs based on the batterers' previous behavior include:

- the severity of previous injuries to the partner;
- incidents of forced sex with the partner;
- prior threats to kill, especially those involving the brandishing of a gun or other weapon;
- history of alcohol or drug abuse, or a major mental illness such as schizophrenia, manic depression, or personality disorder;
- obsessive jealousy or possessiveness, or stalking behaviors like spying on the victim; and
- suicide threats, especially if the batterer has attempted suicide in the past.

In addition to considering indicators based on past history, practitioners also conduct ongoing risk assessments during the intervention, looking, for example, for any recent escalation of violence or victim expressions of fear for her life. If, during the course of treatment, the batterer reveals he has or is developing a plan (as opposed to a fantasy) to harm his partner, the practitioner has an ethical and legal duty to warn—and even take steps to protect—the potential victim.⁷ The batterer can be said to have a plan, as distinguished from a fantasy, if he has expressed an intention to take concrete steps to carry out violence (e.g., purchase a weapon, save money toward the objective) or has actually carried out one or more steps. Counselors' legal duty to protect potential victims varies by State law and, in some cases, by State batterer intervention standards or protocols.

In *Tarasoff v. The Regents of the University of California*,⁸ the U.S. Supreme Court ruled that therapists who have determined—or should have determined—that a client is a threat have a duty to use reasonable care to protect an intended victim by, for example, warning the victim, hospitalizing the client, and warning police. In the case of batterer program staff, duty to warn may include the victim, her victim advocate, the batterer's probation officer, the courts, or police.

Subsequent Federal cases have set even stricter standards.⁹ Identifying a potential threat to the victim allows law enforcement authorities to conduct a risk assessment, evaluate the situation, and develop a case management plan to preempt the threat by vigorous prosecution of existing offenses or engaging the assistance of other mental health or social services staff.¹⁰

with each person . . . suggesting that maybe there are things he can learn here to improve his relationships with his partner and kids.”

“We try to reassure them that we’re here to help them, not to beat them up. We try to form an alliance with each person . . . suggesting that maybe there are things he can learn here to improve his relationships with his partner and kids.”

—Meg Craeger, Former Director, Family Services, Seattle

The session then turns to the program goals and the rules for participating in the group. Some of the rules relate to attendance, punctuality, and payment of fees; others are related specifically to the group process, such as confidentiality, abstaining from alcohol and other drugs 24 hours before each group session, and participating constructively in group discussions. Other rules may prohibit sexist or degrading language and insulting or intimidating counselors or other group members, and require waiting in turn to speak. Finally, the program explicitly states the expectation that batterers will refrain from all violent, intimidating, or threatening behavior toward their partners.

In addition to indoctrinating new members about program rules, orientation sessions are used to teach batterers the underlying assumptions of the program.

- Counselors establish a broad definition of abuse that includes psychological and sexual abuse.
- To motivate batterers to change, counselors highlight the consequences of the batterer’s abusive behavior for his children—often the best motivation to change.
- Counselors also begin to build empathy for their partners among batterers by discussing the consequences of abuse for the victim.
- Depending on the treatment approach, these sessions may also cover societal beliefs and norms that support

violence, place physical abuse along a continuum of other controlling behaviors, or focus on the batterer’s typical thought patterns preceding an abusive incident.

Two of the eight beginner classes, as they are called, of EMERGE are devoted to demonstrating that there is no “quick fix” to domestic violence. Batterers learn to acknowledge the long-term effects of their abuse on their partners and the strategies they have used to keep her in the relationship. The codirector of EMERGE notes that group members can readily list such quick-fix strategies as apologizing, buying her gifts, and even enrolling in a treatment program, but they are less able to offer longer-term solutions that require them to take responsibility for their own violence and respect their partner’s wishes.¹¹

Orientation sessions tend to be more like didactic classes than later sessions, which may take on a more therapeutic tone. One reason for the lecture-type format is to maintain order among new members who would sidetrack group discussions by turning attention away from their own behavior with complaints about their partner or the criminal justice system. Another, more subtle, reason for the structured format is to firmly establish norms for how to participate in group discussions before members graduate to more informal groups. The sessions also set a tone of active participation, making clear that clients will not be allowed to attend class without really participating in group discussions.

Finally, the orientation phase—especially if it is extended over a number of weeks—can also serve as a screening device for the more therapeutic ongoing groups. By requiring attendance at six to eight intake group sessions as a prerequisite for continued participation, programs like Family Services of Seattle and EMERGE of Quincy weed out more disruptive clients, who would eventually drop out regardless of the intervention. Remaining in the orientation sessions demonstrates a commitment to a long-term solution to their pattern of abuse.

Most of the programs visited require that each batterer admit to his violence by describing to the group the abusive incident that led to his enrollment. As one program director explains, “If a man insists that he has been falsely charged, I will send him away saying, ‘If you haven’t done anything wrong, you need a lawyer, not a batterers program. This program is for men who have a violence problem, not a legal problem.’ ”

“If a man insists that he has been falsely charged, I will send him away saying, ‘If you haven’t done anything wrong, you need a lawyer, not a batterers program. This program is for men who have a violence problem, not a legal problem.’”

—Antonio Ramirez, ManAlive, San Francisco

If the batterer refuses to admit wrongdoing, or shows patterns of disruptive or resistant behavior during class, he is usually dropped from the program at that point. The requirement that he admit to his violence, combined with mandatory attendance at multiple orientation sessions, sets a minimum standard that all participants must meet in order to continue in the program as a member of an ongoing group.

Leaving the Program

Batterers may leave programs because they are requested to terminate program attendance due to noncooperation, violence, nonpayment of program fees, or other failure to follow program rules; because their probation has been revoked; or because they have met the program’s completion criteria. Some programs offer aftercare for program graduates.

Penalties for Noncompliance

Clients can fail a program in a number of ways. The most common is a failure to attend group regularly. Another is by violating crucial program rules—like being disruptive or aggressive in group or coming to group under the influence of alcohol. If the client was identified in the assessment as having a substance abuse problem, failure to follow through on a referral for alcohol or other drug treatment (or continued use of substances) would be another serious infraction. Of course, violating a restraining order or repeating any form of violence could also be grounds for termination. (For a full discussion of program communication with probation officers and the courts, see chapter 4, “Current Trends in Batterer Intervention.”)

Programs may take a range of actions against a client who has failed. Before resorting to terminating the client, the program may issue a warning or require the batterer to begin

the program again. For the majority of clients whose treatment is court-ordered, the program reports failure to attend or a resumption of violence to their probation officer. For batterers with a substance abuse problem, another reportable violation condition may be failure to maintain sobriety. For these clients, AMEND staff report directly to the probation officer any indications of any use, whether from random urine testing or the client’s or victim’s reports. With the cooperation of probation and the courts, the client’s time in treatment may be extended.

A victim advocate from AMEND emphasized the importance of support from the probation officer in court-mandated cases: “When we want to restart them, sometimes [probation officers] aren’t real supportive of that, and that really hampers our decision-making process a lot. Or, I know that this probation officer may not be able to extend treatment because the judge isn’t going to back up the probation officer, so we have to terminate the batterer.” By contrast, when batterers reoffend in Massachusetts, State standards require a six-month extension of treatment. Even if the infraction is less serious than repeated abuse, the violation can be used to restart the treatment clock. A court-ordered client of the Des Moines DAIS program who has too many absences (missing 4 sessions in a 12-week period) is required to start the program over again.

“When we want to restart them, sometimes [probation officers] aren’t real supportive of that, and that really hampers our decision-making process a lot. Or, I know that this probation officer may not be able to extend treatment because the judge isn’t going to back up the probation officer, so we have to terminate the batterer.”

—Victim Advocate, AMEND

Programs are cautious about terminating a batterer because of the danger it may pose to the victim. However, they must send a clear message that clients are required to make constructive use of treatment in order to remain.¹² Program staff are also concerned that the victim not be lulled into a false sense of security if the batterer attends groups but does not try to change. Nonetheless, programs ideally consult with the victim before terminating a client. Programs may also need to terminate a batterer who poses a threat to staff.

At AMEND, one batterer (who had been arrested for holding his wife hostage and attempted murder) turned his threats and anger on program staff and the victim liaison when his wife informed him that she had reported continued physical and sexual abuse to an AMEND victim advocate. The batterer was terminated, and program staff helped the victim to move out-of-state.

Completion

While some programs use attendance as the sole criterion for successful completion, Washington State requires that each program have specific exit criteria. Family Services' exit criteria require the batterer to write a "responsibility letter" and an "empathy letter."

- The batterer pretends he is writing the responsibility letter to his partner and children (if any), accepting full responsibility for his abusive behavior and identifying and acknowledging the painful consequences to them.
- In the empathy letter, the batterer writes as though he were the victim, describing his feelings (as the victim) about the abuse.
- The batterer then reads the letters aloud to the group, although he decides whether to share them with his family.

AMEND also makes a distinction between having completed treatment by attendance only and a more successful discharge. If a batterer has attended a minimum of 36 weekly sessions, he has fulfilled his sentence and is dismissed with an "administrative" discharge. If, however, he has accomplished his treatment goals, remained sober, and respected his partner's wishes for no contact, if applicable, the client receives a successful or "clinical" discharge. While either way the court-mandated client is no longer required to attend further treatment, the program's final report to probation will indicate whether or not the therapist believes the client has worked successfully with the program. If the client receives only an administrative discharge and later reoffends, the court may sentence him to jail rather than allow him to enter treatment again.

Follow-up

Some programs offer follow-up or aftercare in the form of ongoing support groups for clients who complete the program successfully. Washington State standards require a full year of contact with the program, but only 26 weekly sessions, so that programs offer monthly meetings as a separate follow-up phase to the standard treatment. Although not required to by State standards, the Des Moines DAIS program offers a weekly support group for men who have successfully completed its 16- or 24-week program. The program director is committed to providing aftercare so that batterers who have completed the program have the opportunity to meet with other men who are recovering from violence, to get support for maintaining a nonviolent lifestyle, and to continue to practice the conflict resolution and anger management skills the program taught them. One program director voiced concern, however, that most men are not being trained to deal with the hypothetical "ultimate situation" that could trigger relapse for them: "Batterers need to be prepared, to know 'What would you do? Who would you call for help?' " Relapse prevention and support for former batterers is important, according to AMEND director Rob Gallup, because "often the perpetrator is as isolated as his partner."

Program Content: Established Interventions Using Weekly Groups

The group modality is the intervention of choice in dealing with batterers for several reasons.¹³

- The group combats the implicit social approval of abusive behavior that many batterers perceive from family and friends. By sending consistent messages that do not condone any form of abuse and encourage nonviolent alternatives, the group serves as a healthy support system for batterers who wish to change.
- Successful group members can serve as role models to batterers who are just beginning to confront their own violent behavior, helping to break through a new member's minimization of his abuse.
- By providing a new source of support, the group reduces the batterer's excessive dependence on his partner to meet all his emotional needs.

However, group leaders must be alert and ready to intervene when batterers try to commiserate with one another, forming unhealthy bonds that excuse abusive behavior. As one set of group leaders advised, “Be vigilant about male bonding—batterers love to stick up for each other against their partners.”

“Be vigilant about male bonding—batterers love to stick up for each other against their partners.”

—Group Leader, DAIS, Des Moines

Some programs are strictly structured, such as those using the Duluth curriculum (described below), prescribing the order in which topics are to be addressed. Other programs give discretion to group leaders to choose from a range of program content, while confronting batterers’ behavior more directly. Program directors warned that some leaders may resort to a more flexible approach because they lack the skill to keep group discussions focused on the planned curriculum. It is important, therefore, to distinguish between a flexible curriculum and uncontrolled digressions from the set discussion schedule.

Whatever the structure or treatment approach, each group session typically begins with a round-robin style check-in, followed by the selected topic or educational piece for the meeting, ending with goal setting and check-outs. Check-ins are a way to introduce new members to the group and reinforce the program’s focus on the batterer’s behavior. They can be brief (each person states his name and one of the rules of the group) or more lengthy (each member describes his most recent or severe abusive behavior). In more therapeutically oriented programs, the check-ins can lead to discussions that take up the bulk of the session. For example, the group may discuss possible solutions to conflicts recounted by group members. For more educational programs, the check-ins are followed by a more structured presentation from the curriculum. Regardless of emphasis, at the end of the session programs typically assign homework that is designed to encourage each client to apply the session’s topics directly to his life. Check-outs help participants summarize what they learned and clarify their behavioral goals for the coming week.

Advantages of Open-Ended Group Interventions

For practical reasons, group membership is typically open-ended, with new clients cycling in as other clients graduate. Program administrators argue that having a new member join ongoing groups offers distinct advantages because new members:

- benefit from joining a group that has already established norms for accountability;
- serve as reminders for those who have been attending group of the consequences of violence; and
- act as mirrors to other members of how much progress they have made since they entered the program.¹⁴

Accountability as the Foremost Goal

Most batterers deny or avoid accepting responsibility for their actions—that is, they refuse to view battering as a choice. As a result, one of the main goals of all reputable batterer intervention programs is to get the batterer to become accountable for his abusive behavior.¹⁵ The challenge of the intervention is to force the batterer to acknowledge his violence in terms of the full range of abusive acts he has committed, thereby broadening his understanding of what constitutes unacceptable behavior.

Program staff have divided the most common tactics batterers use to avoid accountability into three categories:

- denying the abuse ever happened (“I didn’t lay a hand on her; she made the whole thing up”);

- minimizing the abuse, either by downplaying the violent acts (“It was just a slap”) or underestimating its effects (“She bruises easily”); and
- blaming the abuse on the victim (“She drove me crazy”), drugs or alcohol (“I was drunk, I don’t remember anything”), or other life circumstances (“I was at the end of my rope ‘cause I was working 16 hours a day”).

Because these tactics are so common, group leaders in nearly all programs watch for them and confront batterers whenever they try to use them. For example, some facilitators will use the police report of the attack to bring the severity of the batterer’s actions into perspective. Group leaders also guard against what they call “sidetracking,” referring to batterers’ attempts to turn the discussion away from their behavior by complaining about their partner, the criminal justice system, or racial or social injustice (see chapter 4, “Current Trends in Batterer Intervention”). As one group leader suggested, “Don’t get sucked into their stories; only give them attention when they talk about their behavior.” Whatever the treatment approach, batterer interventions keep the focus on the batterer’s behavior and its consequences.

“I’d advise new group leaders: ‘Don’t get sucked into their stories; only give them attention when they talk about their behavior.’ ”

—Group Leader, DAIS, Des Moines

Cognitive-Behavioral Techniques

The majority of programs visited for this report incorporated cognitive-behavioral techniques into their group interventions. As discussed in chapter 2, “The Causes of Domestic Violence,” a common intervention is to offer the batterer specific tools that help him see that his acts of violence are not uncontrollable outbursts but rather foreseeable behavior patterns he can learn to interrupt. Cognitive-behavioral techniques help the batterer recognize how he stokes his own rage through irrational “self-talk,” the internal dialogue that the batterer uses to build himself up to an abusive incident.¹⁶ Examining the thoughts and feelings that precede the abuse helps the batterer to realize that he did not just “lose his temper.” Rather, he felt that his partner had disappointed

him in some way, began telling himself negative things about her, and then used that negativity to justify his violence. If she is ten minutes late coming home from work, for example, he may tell himself, “She is seeing another man, she is a slut, she’s made a fool out of me.” He may have negative thoughts about what his partner is saying or doing (“She’s like a broken record”) or think of ways to blame her for his violence (“She’s really asking for it now”). The batterer repeats these negative thoughts to himself until he no longer thinks of her as his wife or girlfriend; she becomes an object that failed to perform as expected, and so violence becomes justified in his own mind.¹⁷

In brief, cognitive-behavioral techniques target three elements:

- what the batterer thinks about prior to an abusive incident;
- how the batterer feels, physically and emotionally, as a result of these thoughts;
- what the batterer does, such as yelling and throwing things, that builds up to acts of violence.¹⁸

The group helps members to recognize and interrupt these thought patterns and the anger associated with them. The batterer learns to use his negative thoughts and feelings as cues to prevent future violent episodes. When he notices himself beginning the pattern—thinking negatively about his partner and starting to feel angry—some programs teach him to take a “time-out.” This gives him a chance to interrupt the internal dialogues and substitute reality checks and positive coping statements. At the same time, he is taught to reduce his state of physiological arousal through relaxation techniques (e.g., deep breathing exercises, bio-feedback) or noncompetitive forms of physical exercise such as walking or bicycling. However, rather than use time-outs to reflect on their self-talk and reduce their anger, some batterers misuse them as an excuse to interrupt an argument. Victims advocates point out that this is a good reason to have ongoing contact with victims, to learn about and confront such distortions illustrated by a batterer who himself reported, “We have time-outs. They’re going great. She sits on the couch when I tell her to.” Several programs have developed rules that are also explained to the partner to make sure the batterer uses standard time-outs constructively.¹⁹ Rules include limits on the length of the standard time-out, revisiting the issue at stake at a mutually agreeable time later, and not watching television or using alcohol or other drugs while taking a time-out.²⁰ At EMERGE,

time-outs are not taught because, according to co-director Susan Cayouette, “Time-outs are still abusive to women—they tell her, ‘If I stay with you, I will be abusive.’ ”

“One batterer said, ‘We have time-outs. They’re going great. She sits on the couch when I tell her to.’ ”

—Victim Advocate, AMEND

The Duluth Curriculum: Issues of Power and Control as Primary Targets

Many batterer intervention programs adhere to, or borrow from, a psychoeducational and skills-building curriculum that is a component of the Duluth model. Developed in the early 1980’s by the Domestic Abuse Intervention Project (DAIP) of Duluth, Minnesota, the model emphasizes the importance of a coordinated community response to battering and places battering within a broader context of the range of controlling behaviors illustrated in the “The Power and Control Wheel” (see exhibit 1-1).²¹ The wheel depicts how physical violence is connected to male power and control through a number of “spokes” or control tactics: minimizing, denying, blaming; using intimidation, emotional abuse, isolation, children, male privilege, economic abuse, and threats. According to the Duluth model, the batterer maintains control over his partner through constant acts of coercion, intimidation, and isolation punctuated by periodic acts of violence.

The curriculum is taught in classes that emphasize the development of critical thinking skills around eight themes: 1) nonviolence, 2) nonthreatening behavior, 3) respect, 4) support and trust, 5) honesty and accountability, 6) sexual respect, 7) partnership, and 8) negotiation and fairness. Depending on the total length of the program, two or three sessions are devoted to each theme. The first session of each theme begins with a video vignette that demonstrates the controlling behavior from that portion of the wheel. Discussion revolves around the actions that the batterer in the story used to control his partner; the advantages he was trying to get out of the situation; the beliefs he expressed that supported his position; the feelings he was hiding through his behavior; and the means he used to minimize, deny, or blame the victim for his actions. At the close of each session, the

men are given homework: to identify these same elements in an incident when they exhibited similar controlling behaviors. During subsequent sessions devoted to the theme, each group member describes his own use of the controlling behavior, why he used it, and what its effects were. Alternative behaviors that can build a healthier, egalitarian relationship are then explored.

Putting the Duluth curriculum into practice requires considerable skill on the part of group leaders. One group observed for this report strayed dramatically from the evening’s agenda, as members succeeded in sidetracking the discussion away from their behavior onto complaints about the curriculum and about their partners. Even when the agenda is adhered to, the classroom-style format can allow some members to sit back and not participate in discussions or even reflect on their behavior. Group leaders have to be vigilant against both the active and passive ways batterers avoid taking responsibility for their abuse, both inside and outside of group. Furthermore, directors of several programs noted that the tenor of the group intervention varies substantially depending on the style of the group leaders and how they view their role (e.g., as educators who teach new skills or as therapists who confront the men’s inappropriate behavior).

EMERGE and AMEND: More In-depth Group Counseling

Two other programs stand out for their longevity and model reputations, EMERGE of Quincy, Massachusetts, and AMEND of Denver, Colorado. However, unlike the Duluth model, both programs include more in-depth counseling in addition to reeducation and skills building. Similarly, the director of the DAIS program in Des Moines expresses particular concern that its Duluth-style program may not be enough to reform or deter more high-risk or chronic offenders. In fact, the Des Moines DAIS worked with the local domestic violence coalition to secure a special waiver from the State standards so that it could pilot test a more therapeutic model with high-risk offenders.²²

The director of EMERGE argues that any treatment that fails to span at least 4 to 6 months runs the risk of never breaking through the batterer’s facade of compliance.²³ Many batterers, often known for being manipulative and intelligent, can readily adapt to a short-term intervention, quickly learning to “talk the talk.” If the intervention is too short, it may end during this “honeymoon” phase, leaving the provider satisfied with a job seemingly well done but with the

Program Summaries for Three Mainstream Batterer Intervention Models

Program models for the three major program approaches discussed in this chapter share many similarities, but they also have a few significant differences.

The Duluth Curriculum

Program Structure — Program length varies by local standards but generally involves 2 or 3 sessions on each of eight themes:

- nonviolence;
- nonthreatening behavior;
- respect;
- support and trust;
- honesty and accountability;
- sexual respect;
- partnership; and
- negotiation and fairness.

Approach: Each unit begins with a video illustrating the abusive behavior targeted for change. Discussion is didactic and confrontational. The Duluth model (which incorporates the curriculum) emphasizes that batterer intervention must take place in the context of a coordinated community response to domestic violence.

The EMERGE Model

Program Structure — 48-week program divided into two stages: 8 weeks of orientation, and 40 weeks of group work. EMERGE recommends additional time in the program for approximately one-third of the batterers. Orientation topics include:

- defining domestic violence;
- negative versus positive “self-talk”;
- effects of violence on women—“quick fixes” (e.g., apologies, promises) versus long-term solutions (e.g., taking responsibility for their abuse, developing respect, genuine changes);

(continues)

- psychological, sexual, and economic abuse;
- abusive versus respectful communication; and
- effects of partner abuse on children.

Second stage groups meet weekly for two hours. Group sessions typically include:

- a short “check-in” for old group members and a long “check-in” for any new group members. Short check-ins recount any conflicts during the week; long check-ins detail the last abusive episode and focus on batterer responsibility;
- longer discussions concerning issues raised during check-in that focus on alternatives to violence; and
- development of individualized goals based on current and past abuse.

Approach: EMERGE emphasizes the broader relationship between batterer and victim: it targets not only physical but also emotional and psychological abuse for reform. Exercises to develop respect and empathy for the victim are used. Group leaders use confrontation.

The AMEND Model

Program Structure — Period of intervention is variable, from 36 weeks (the standard period for batterers mandated to treatment) to five years for the most difficult cases. AMEND prefers a long treatment period. AMEND takes a “multimodal” approach to batterer intervention centered on group therapy, but it may also include some individual counseling or couples work.

Approach: AMEND’s philosophy has seven tenets:

- belief in the feminist “power and control” theory of battering is central;
- intervention with batterers cannot be value-neutral—violence is a crime;
- violence and abuse are choices, and the victim is not responsible for the violence;
- counseling has two aims: 1) teaching behavior change to stop violence and abuse, and 2) addressing the psychological features of the batterer’s problem;
- ending violence is a long-term process, from one to five years;
- ending violence is complex and requires “multimodal intervention”; and
- the treatment of batterers requires special skills and training.

abusive behavior fundamentally unchallenged and unchanged. As a result, the EMERGE program lasts a minimum of 48 weeks (including orientation). The founders of AMEND believe chronic offenders may require from one to five years of treatment to genuinely change the abusive behavior,²⁴ with their 36-week program constituting the minimum period of time necessary. However, preliminary findings from a multisite evaluation currently under way for the Centers for Disease Control (CDC) do not support the notion that longer is better: graduates from a 3-month intensive program fared as well as those who completed 9 months of treatment in terms of reoffenses at a 12-month follow-up.²⁵

The founders of both EMERGE and AMEND also argue that psychoeducational approaches alone do not address the true nature of the problem. If the batterer's problem were simply a deficit in skills, he would be far less functional in the broader world outside the family. The director of EMERGE argues, "Batterers know how to get along with their bosses, for instance; they just don't use these same social skills in their intimate relationships."²⁶ Focusing solely on the batterer's thoughts, feelings, and reactions—by teaching anger management techniques, for example—can inadvertently reinforce the batterer's egocentric view of the world. As a result, EMERGE and AMEND strive to balance cognitive-behavioral techniques with confrontational group process to force the batterer to accept responsibility for his abusive behavior and its consequences.

While it is important to give batterers specific tools to interrupt their abusive behavior patterns, they need more than new skills. Like the Duluth model, EMERGE and AMEND believe that batterers need resocialization that convinces them they do not have the right to abuse their partner, a process AMEND refers to as "habilitating" the batterer.²⁷ For AMEND, this means redressing batterers' maladaptive moral development. For EMERGE, as explained below, the focus is more on the abusive relationship and the emotional consequences of the abuse for the victim.

The EMERGE Approach

Batterers who successfully complete the program's orientation phase of eight didactic and skills-based sessions, and admit to at least some form of domestic violence, graduate to an ongoing group (see exhibit 3-1, "The EMERGE Model"). The groups blend cognitive-behavioral techniques with "accountability-focused group therapy," which is more flexible and interactive than programs that adhere strictly to a preset curriculum, such as the Duluth

model. The ongoing groups use confrontation and feedback.

New members introduce themselves to the ongoing group through a so-called "long check-in." First, the new member describes the incident that brought him to the program, typically the most recent abuse. The batterer has to focus on his own behavior, without talking about what his partner did to supposedly provoke the abuse. One group facilitator interrupts batterers' attempts to sidetrack the issue with phrases like, "Right now, I just want to know what *you* did. . . . I'm not interested in what you think she did wrong before you hit her. . . . *Your* behavior is the reason you're here."

"Right now, I just want to know what you did. . . I'm not interested in what you think she did wrong before you hit her. . . . Your behavior is the reason you're here."

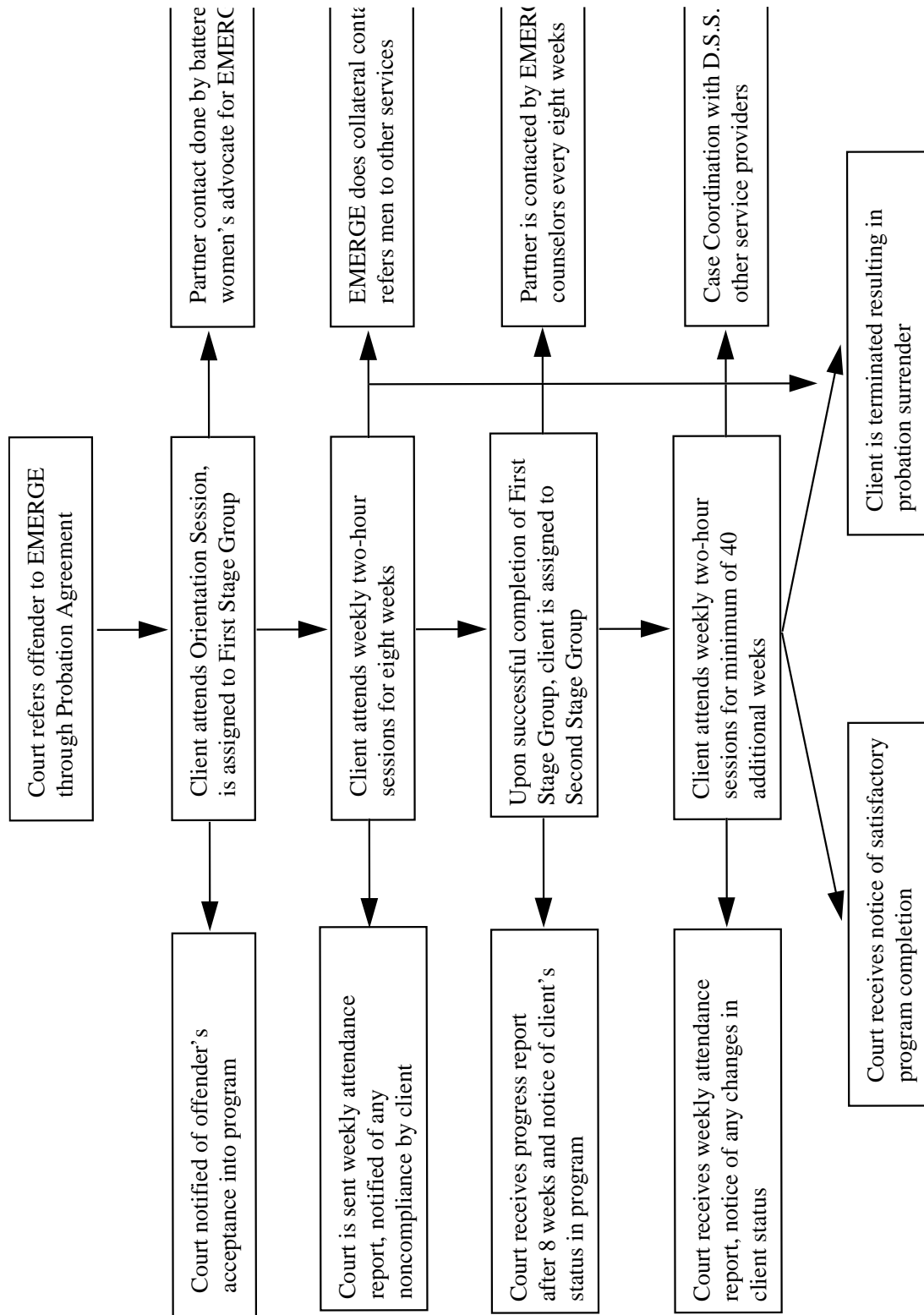
—Group Facilitator, EMERGE

Through the long check-in, which may last ten to twenty minutes, the new member has to admit to his violence in front of the group. The group facilitator asks close-ended questions to elicit details about which specific acts of violence were committed, such as:

- Did you punch her with your fist?
- Did you knock her down?
- Did you have anything in your hand when you hit her? Any kind of weapon?

Long check-ins are repeated with any member the therapist suspects of using violence again based on something the batterer has said in group or the partner has reported to the advocate. After the check-ins from new members, each ongoing group follows with short check-ins for regular members centering on their interactions during the past week, particularly situations involving conflict or tension with their past or current partners. Group therapists may probe for information regarding other controlling behaviors, verbal abuse, or alcohol and drug use, as well as any positive principles the client may have practiced. Members are reminded to concentrate on their own behavior rather than their partners'.

Exhibit 3-1: The EMERGE Model



Source: EMERGE, *Program Manual, First Stage Groups for Men Who Batter*, Cambridge, MA, 1992.

After check-ins are completed, a member may ask for a turn, or the group facilitator may call on a member, to follow up on something he disclosed during check-in. Typically, the person taking the turn describes the recent conflict or incident in detail, focusing on his thoughts, feelings, and actions. Other group members are taught to give appropriate feedback that avoids “quick-fix” advice. Appropriate feedback includes listening attentively, asking questions that determine the sequence of events, and confronting the person when he tries to avoid accepting responsibility for his behavior. Once the facts of the event are clear, the group turns to brainstorming alternatives to how the person behaved with his partner, and he then evaluates the usefulness of the options proposed. The turn concludes when the person practices the alternative he thinks will work best, sometimes in role-play with another group member. Each session concludes with goal setting for the coming week and check-outs.

The EMERGE approach focuses on the broader relationship between the batterer and the victim, addressing other concerns of the partner in addition to stopping the physical violence. To build empathy, the therapist may instruct the client to do a special check-in involving the narrating of an abusive incident as though he were his partner. Clients are instructed always to refer to their partner by her first name (rather than as “my wife” or “my girlfriend” or “the wife”) as a reminder not to think of the women as possessions or objects. To address broader concerns in the relationship, follow-up questions in a client’s turn may center on the partner’s thoughts and feelings during the conflict, with the group leader balancing learning about the broader context of the conflict against being sidetracked by complaints about her behavior. To maintain this balance, the therapist asks questions about the batterer’s responsibility for his behavior and the feelings the victim has expressed about his actions.

Group therapists also incorporate the partner’s concerns, as expressed to them or the victim liaison, in establishing the client’s individual treatment goals. In addition to the standard goals of no physical or sexual abuse toward the victim or the children, each client develops behavioral goals that address his favorite control tactics. For instance, the partner may have expressed concerns about a client’s extreme jealousy. The group would then help the client develop specific behavioral goals, such as: “I will not ask jealous questions of my partner when she gets home late,” or “I will not call to check up on my partner while she is at work.” The goals would also incorporate positive alternatives, such as: “The next time I catch myself thinking jealous thoughts, I

will use positive self-talk,” or “Instead of checking up on my partner, next time I’ll take a walk.” The main features of the goals are that they continue to direct attention to the client’s behavior and that the partner is in agreement with them.

The AMEND Approach

The designers of AMEND share the commitment to longer-term treatment with the founders of EMERGE. AMEND also aims to establish accountability, increase awareness of the social context of battering, and build skills. Group therapists at AMEND use the Duluth “Power and Control Wheel,” cognitive-behavioral techniques, and other anger management tools. However, the AMEND model uses therapeutic group process to address psychological factors. But, whereas an ordinary therapy group might try to support the client and help him express his feelings, AMEND group leaders are “moral guides” who assume more directive, value-laden positions—in particular, taking a firm stand against violence and confronting the client’s behavior as unacceptable and illegal.

AMEND identifies four stages in the long-term therapeutic process of recovery from violence: crisis group, advanced group, self-help/support group, and political action group. Most men do not continue past the first two therapeutic stages.

- ***Stage I (Crisis Group).*** The first 12 to 18 weeks of group therapy are devoted to breaking through the batterer’s denial. Through education and confrontation, the batterer begins to accept some responsibility for his violence.
- ***Stage II (Advanced Group).*** After four or five months of group therapy, assuming the client has been actively engaged in reflecting on his patterns of abuse and in practicing anger management techniques, his cognitive distortions begin to decline and his denial breaks down. The batterer begins to recognize his own rationalizations. He will still try to minimize and deny his violence (or blame his partner for it), but when confronted in group, he will begin to admit the truth—that he chose to be violent to get what he wanted from his partner. The director of AMEND noted how often batterers might admit during this stage, “The funny thing is, I wasn’t even that mad. I just wanted to show her who’s boss.” These periodic breakthroughs define the second stage of recovery.

The director of AMEND noted how often batterers admit, “The funny thing is, I wasn’t even that mad. I just wanted to show her who’s boss.”

—Robert Gallup, Executive Director, AMEND

However, the work of the group does not stop there; batterers continue to vacillate between accepting and avoiding responsibility for their behavior. They may have learned to “talk the talk,” but they may also continue to be manipulative or verbally abusive to their partners. They may also present a good face to the group, reporting only what went right during the week. Unless the therapist can totally break through the batterer’s facade, the risk of relapse remains. This is one of the reasons ongoing partner contacts are important to the AMEND intervention. Through victim advocates, therapists can learn about verbal abuse or other intimidating or threatening behavior and then confront the batterer about these more subtle forms of abuse.

The final phase of recovery for those in the advanced group is the beginning of genuine, profound personal change. The batterer in this phase has reformed outwardly; he no longer tries to control his partner through violence or intimidation. This is a painful and frightening time for clients because they begin to feel long-suppressed emotions, such as those from childhood traumas. Group therapists at AMEND call this time “the tunnel” because clients are midway through the change process: they do not know whom they are changing into, but they do not want to return to the person they used to be. The group process shifts to a warmer and more supportive tone at this stage, more akin to conventional insight or client-centered therapy. In addition, the therapist continues to teach more sophisticated skills like relaxation techniques and ways to manage conflict.

Those who choose to continue in therapy may become overly attached to the therapist, so that setting and maintaining boundaries become especially important. (For example, one group leader mentioned that clients might want to continue the discussion after group or feel that it was appropriate to follow a facilitator home to talk further.)

As the client prepares to end therapy, he is encouraged to develop a responsibility plan that includes a support network that will help him continue to practice healthy communication skills and avoid future violence (Stage III, Self-Help/

Support Group). A few men will go beyond self-help groups to become more involved in community service and political action aimed at ending domestic violence (Stage IV, Political Action Group).

Implementation Issues

The more in-depth approaches of EMERGE and AMEND require more sophisticated group therapy skills than, say, psychoeducational programs that adhere strictly to the Duluth curriculum. The designers of the EMERGE approach recommend that groups be led by a male-female team to model nonabusive interactions between the sexes and to guard against more subtle male bonding or victim blaming, which a male group leader alone might inadvertently encourage. Because batterers can be such difficult clients, the codirector of AMEND also recommends close clinical supervision of all group leaders. For example, the Arapahoe County, Colorado, chapter of AMEND devotes a two-hour staff meeting once a week to case reviews with therapists and victim advocates to ensure the quality of the intervention.

Conclusion

The programs discussed in this chapter represent mainstream approaches to batterer intervention. All the programs share a common interest in assuring the safety of the victim and stopping violent behaviors by the batterer. The question of how best to achieve nonviolence is critical from a criminal justice standpoint. While confrontational approaches are appropriate as a reminder to batterers that violent behavior is illegal and socially unacceptable, less punitive approaches, such as those advocated by psychologists, may produce greater retention in treatment and lower rates of recidivism. Until more evaluations are available, however, all batterer interventions can promote criminal justice goals by intensively monitoring the behavior of mandated batterers and reporting violations of probation conditions or any imminent threat to the victim to the proper criminal justice authorities.

Endnotes

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 9. See *Lipari v. Sears, Roebuck and Co.*, 497 F.Supp. 185 (D. Neb. 1986) and *Jablonski v. United States*, 712 F2d 391 (Ninth Circuit, 1983), which held that therapists may be liable even when a specific victim is not identified.
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Chapter 4

Current Trends in Batterer Intervention: Innovations From the Field and the Research Community

Key Points

- Many researchers and practitioners have concluded that a “one-size-fits-all” intervention cannot accommodate the diverse population of batterers entering the criminal justice system.
- The development of more specialized approaches to batterer intervention is not in conflict with the trend toward the development of State standards or certification criteria for batterer interventions, so long as those standards allow for a diversity of responsible programming.
- Two new trends in batterer intervention reflect the perceived need for more specialized approaches:
 - interventions tailored to specific types of batterers (batterer typology), such as high-risk offenders, those with psychological problems, or substance abusers; and
 - interventions with curriculums or program policies intended to accommodate sociocultural differences in batterers, such as poverty, poor literacy, race, ethnicity, nationality, gender, and sexual orientation.
- By contrast, the originator of one new cognitive-behavioral intervention argues that the problems of diverse batterers can be addressed in a “one-size-fits-all” format that treats heterosexual male and female batterers, gay and lesbian batterers, victims, and child abusers with one didactic cognitive-behavioral curriculum.

Both practitioners and academics have long been concerned that a “one-size-fits-all” intervention approach is neither effective nor appropriate for the diverse population of batterers entering the criminal justice system. Program directors and probation officers interviewed for this report frequently observed that battering was not a “monolithic” or “unitary” phenomenon, as had been argued previously by some theorists and treatment professionals: they saw no *one* type of batterer and found no *one* intervention or treatment

to be effective with all batterers. In response to this diversity, two categories of program refinements are emerging from practitioner innovations and cooperative field research among practitioners, criminal justice agencies, and academics:

- interventions that are tailored to specific types of batterers (“batterer typology”) based on the batterer’s psychological profile, criminal history, substance abuse history, or assessment of lethality; and

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- intervention models that tailor curriculums and program policies to accommodate batterers' sociocultural differences, such as poverty, poor literacy, race, ethnicity, nationality, gender, or sexual orientation.

In addition, a new theory of the origins of battering has been advanced, together with an unconventional treatment approach. The merit of many of the models and curriculums continues to be debated. However, the need for innovation is also increasingly recognized and accepted. Researchers interviewed for this report emphasized that the development of new or the refinement of older batterer intervention models need not conflict with the adoption of State standards or certification criteria for batterer interventions. Standards need only be flexible enough to permit responsible variation among programs and to provide guidelines for the safe development of new approaches.

Interventions Based on Batterer Typologies

Evidence that individual factors play a role in battering is easily found. Not everyone who grows up witnessing domestic violence becomes a batterer, and not all batterers grew up witnessing domestic violence; most males exposed to a "culture of violence" and male dominance do not batter. The questions remain whether and, if so, *how* the individual attributes that contribute to violence should be treated and whether programs can diversify to meet the needs of every typology.

Mounting Evidence of the Need for Typologies

Arguments that intervention should be tailored to accommodate individual psychological characteristics are not new.¹ However, research findings pointing to the need for batterer typologies have generally failed to alter treatment programs, both because feminist-based programs view the focus on psychological attributes of batterers unfavorably and because researchers do not agree on what a typology of batterers might look like.

Psychological Typologies

Unfortunately, no consensus concerning psychological categories for batterers has emerged from the research community although several overlapping typologies have been proposed. For example, Gondolf's 1988 study using 525

battered women as informants yielded three types of batterers: sociopathic, antisocial, and typical.² However, as noted in chapter 1, Gondolf's current research on batterers—which includes psychological assessments using the Millon Clinical Multiaxial Inventory-III (MCMI), a diagnostic tool used by a number of programs—has yielded an extremely varied picture of batterer psychology that does not fit neatly with earlier research: 25 percent showed evidence of a severe mental disorder; 25 percent showed narcissistic personality traits; 24 percent showed passive-aggressive traits; and 19 percent were clinically depressed. Over half the men appeared to have abused alcohol.³ Other researchers have arrived at the following tripartite classification scheme for batterers:⁴

- *The "Family Only" Batterer* is characterized as rigid, perfectionist, and conforming, with limited social skills. The family-only batterer did not experience much physical abuse in childhood and is mildly to moderately violent toward his family.
- *The Dysphoric/Borderline Batterer* is very emotional, experienced parental rejection and fears abandonment, and is extremely abusive psychologically but not severely violent physically.
- *The "Generally Violent/Antisocial" Batterer* tends to abuse alcohol, lacks empathy, has rigid gender role attitudes, and is narcissistic—that is, expects special treatment and deference. He was physically abused in childhood and engages in other crimes, viewing violence as the appropriate method of solving problems.

Donald Dutton has recently proposed yet another tripartite scheme that is similar, but not identical, to the others.⁵ Dutton classifies batterers as emotionally volatile, psychopathic, or overcontrolled/explosive.

The Third Path and AMEND use the MCMI to produce profiles of pathology that allow for the classification of batterers to aid treatment.⁶ At The Third Path, psychological traits are addressed in group, and groups are structured so that a mixture of personality types is present.

While psychological typologies are interesting from a theoretical standpoint, they offer little assistance to the criminal justice system as yet because of the in-depth assessment needed to identify these characteristics and the paucity of typology-based interventions available in the field. The criminal justice-based typologies discussed below offer a more practical frontline approach to batterer triage;

nonetheless, the more subtle distinctions made possible by psychological typologies may be of great use to jurisdictions and program providers that are willing to integrate group process intervention with the educational model used by most programs (see “Typology in Action: Colorado’s 18th Judicial District,” p. 61). For example, in Iowa, State officials have consulted with Michael Lindsey, founder of Colorado’s AMEND and The Third Path, to explore options for using batterer typology to identify high-risk offenders for private counseling, or alcohol treatment, or extended interventions that would address psychological factors as well as provide education, although Iowa State Standards mandate the use of the Duluth curriculum.

Criminal Justice-Based Typologies

While courts, probation officers, prosecutors, and program screeners in all jurisdictions routinely make decisions concerning the dangerousness of offenders and the appropriateness of various interventions for individual batterers, few jurisdictions have systematic assessment tools based on an articulated theory of batterer typology. Typical of the majority of jurisdictions visited for this report was the Quincy, Massachusetts, Court Model Domestic Abuse Program, which provides probation officers with a manual containing specific guidelines to help them assess the dangerousness of offenders and a discussion of intervention issues but no standardized diagnostic form or referral protocols. Recent research by John Goldkamp may offer a practical, more standardized approach to offender classification. Using demographic information, criminal histories, and substance abuse data from his study of the Dade County Domestic Violence Court, Goldkamp proposes several classification strategies to assist in the disposition of batterers.⁷ Goldkamp’s typologies focus on predicting batterer retention in treatment and the likelihood of reoffending, both with the same victim and with other women (see exhibit 4-1, “Predictive Classification of Rearrest”). Goldkamp’s approach is attractive from a criminal justice perspective because, as listed below, the information necessary to predict retention in treatment and recidivism should be already available to most prosecutors, probation officers, and judges in rap sheets and probation reports without having to do a special assessment of the offender. These provide:

- *basic demographic information* concerning the offender, such as race/ethnicity, age, relationship to the victim, and victim gender;

Typologies Focusing on Rage

Roland Maiuro, of the Harborview Medical Center in Seattle, has argued for a clinical diagnosis of “intermittent explosive disorder” for some batterers. A small proportion of batterers explode with rage. Research points to some offenders who are either generally violent toward everyone or who episodically lack impulse control toward both intimate partners and other people.

However, as a practical matter, this type of batterer frequently is already receiving specialized treatment. A number of probation departments consider batterers with extensive histories of violent criminal behavior or domestic violence inappropriate for traditional batterer programs, recommending instead incarceration, intensive probation, or very long-term, intensive interventions that incorporate psychological evaluation and counseling. Similarly, many standard programs already integrate an “anger management” component, which uses readings and cognitive-behavioral exercises designed to help men recognize the physiological signs of anger and develop skills to reduce arousal and avoid violent behavior.

Maiuro suggests that this approach may be especially helpful with batterers who are diagnosed as having intermittent explosive disorder. However, programs need to make clear to batterers with this diagnosis that what may appear to be uncontrollable anger may in fact be controllable with cognitive-behavioral techniques, so that they do not use the diagnosis as an excuse for battering (see “Prohibited Methods/Theories” in appendix A.3, “State Standards Matrix”).

- *a detailed criminal history*, such as current offense, any prior civil court cases, convictions, and number and types of arrests—assault and battery arrests, same-victim arrests, and domestic-violence-related arrests; and
- *information about drug and alcohol involvement*, including types of drugs abused.

Goldkamp's analysis found that "[t]he probability of rearrest was far greater for persons with any prior convictions, any prior assault and battery arrests, and indications of involvement with other drugs of abuse (not alcohol)."⁸ This analysis is consistent with Gondolf's finding that monthly drunkenness triples an offender's likelihood of rearrest.⁹

Using a matrix that categorized defendants and probationers by dropout risk on one dimension and rearrest risk with the same victim on the other, Goldkamp was able to draw some potentially useful distinctions among offenders that go beyond assessing dangerousness: "[M]ore than one-third (37 percent) of the sample would fall into the lowest dropout risk and lowest same-victim rearrest categories. (In other words, they should be great treatment prospects and pose little risk to the victim.) But some defendants who pose little threat to the victim (low risk of rearrest) are not classified as likely to stay in treatment. About seven percent of all defendants/probationers are in the high dropout risk category, even though they are in the lowest victim risk category."¹⁰ This sort of analysis would be extremely helpful to probation officers, prosecutors, and judges in determining sentences and assigning batterers to specialized programs. After assignment to a specific program, the batterer could then be subject to additional intake assessment, including a psychological evaluation, if the program was geared to address psychological issues.

"The probability of rearrest was far greater for persons with any prior convictions, any prior assault and battery arrests, and indications of involvement with other drugs of abuse (not alcohol)."

—John Goldkamp, Professor of Criminal Justice,
Temple University

The following discussion presents an approach to batterer classification that combines both psychological and criminal justice factors to create offender profiles as an aid to sentencing and supervision.

Typology in Action: Colorado's 18th Judicial District

The 18th Judicial District Probation Department in Colorado has implemented a unique batterer assessment and intervention assignment process based on Michael Lindsay's research concerning batterer typology. Frank Robinson, consultant clinical social worker to the probation office, and Michael Lindsey have collaborated on an assessment tool, the Domestic Violence Behavioral Checklist, which catalogs the batterer's history of intimate relationships, parenting, criminality, substance abuse, and social and psychological dysfunction to assign the batterer to one of three offender groups: low, medium, or high level of risk. The one-page assessment tool includes 38 questions and requires approximately 45 minutes to administer. Probation officers or volunteers can be easily trained to implement it.

Low-risk offenders must not have caused any physical injury and must not have committed any previous violent offenses against the victim. The offender's claim that this was the first episode of violence—not merely the first episode to be *reported*—needs to be corroborated by the victim. In addition, low-risk offenders must:

- have no history of verbal or psychological abuse (as reported by the victim);
- have no history of "chaotic or dysfunctional behavior";
- not have committed the offense during a period of separation;
- have no children involved in the dispute; and
- have no more than two—of a possible seven—low-risk criteria checked (see box, "The Domestic Violence Behavioral Checklist," p. 62).

This group of offenders is likely to be offered deferred prosecution wherein they are allowed to enter a guilty plea with the understanding that if they complete an accredited batterer program and do not reoffend for three years, the plea

The Domestic Violence Behavioral Checklist

The Domestic Violence Behavioral Checklist, a copyrighted assessment tool developed by Michael Lindsey, founder of AMEND and The Third Path, and Frank Robinson, a consultant clinical social worker to the Department of Probation in the 18th Judicial District outside of Denver, Colorado, is a compilation of weighted psychological and criminal justice risk indicators intended to classify the batterer for the purposes of assignment to specialized or mainstream interventions (see chapter 6, “Sources of Help and Information”).

- **Low-risk factors:** a child custody dispute; multiple relationships (cohabitations/marriages); arrests for non-domestic violence disturbance; and dysfunction in school, work, finances, or other relationships (e.g., few friends).
- **Medium-risk factors:** having lost contact with one’s children; restricted visitation with one’s children; multiple separations; a partner who left hurriedly with no warning; a volatile relationship; aggressive victim-blaming; arrests with an underlying domestic-violence basis; a criminal history apart from domestic violence; violation of a restraining order; no friends or an alienated family; an admitted pattern of abusive behavior; multiple charges over a short period of time; a family history of mental illness, violence, substance abuse, child abuse, or multiple living arrangements; admission of guilt to a lesser charge than the crime; or suicidal thoughts.
- **High-risk factors:** batterers who are looking for their partners; have difficulty eating, sleeping, or working; commit offenses while separated; have other domestic-violence-related arrests; stalk their victims; were on probation at the time of arrest; are suicidal or homicidal; have a history of substance abuse or were intoxicated at the time of the offense; deny any crime; or refuse to “let their partner go.”

will be withdrawn and the charges dropped. The prospect of no criminal record is often a compelling motivation for first-time batterers who are professionals or middle-class to complete a program.

Medium-risk offenders are those with more than two low-risk factors, or one or more medium risk factors (see above). Probation recommends that medium-risk offenders be sentenced to probation with a condition of program completion and assigns them to a probation volunteer for close tracking (see chapter 4, “Current Trends in Batterer Intervention,” for a discussion of the use of volunteers for probation supervision).

High-risk offenders include any batterer with even *one* high-risk indicator (see above). For the purposes of intervention, probation divides the high-risk group into two subgroups:

1. batterers who are out of control despite consequences or interventions, and
2. batterers whose lives are chaotic and dysfunctional and who are obsessed with their victim.

Those in the first group are not appropriate for participation in batterer programs; probation recommends that they be incarcerated. The second group, which is supervised by a specially assigned probation officer with a reduced caseload, is recommended for both long-term (more than 36 weeks) and intensive (more than one session per week) program interventions that are structured to address the challenge of high-risk offenders. Although the court uses several programs, many of the high-risk offenders are referred to The Third Path, where Robert McBride, program director, conducts a detailed intake assessment that identifies offenders with personality disorders so that therapists can better understand and attempt to change their behaviors.

Probation officers also note on the checklist other factors that may suggest assigning the offender to a specific intervention, such as the batterer's gender, sexual orientation, primary language, need for substance abuse or child abuse treatment, or other special needs. In this manner, the Domestic Violence Behavioral Checklist integrates assessment of batterer typology and lethality with assignment to culturally appropriate interventions.

Cultural Specificity: The Influence of Class, Race, and Subculture

Factors that can affect the expression of domestic violence and response to treatment include socioeconomic status, racial or ethnic identity, country of origin, and sexual orientation.

- While a national survey of a random sample of married couples found domestic violence in all social milieus, the survey revealed a higher prevalence among poorer families.¹¹ Low-income men may be subject to greater stress in everyday life, and their lack of economic power and possible financial dependence on female partners may threaten their sense of masculinity, perhaps increasing the motive to assert dominance and control through physical violence.
- Wealthy batterers are less visible because they enjoy greater privacy in their family lives and have more resources for dealing with problems without involving the police or social services. Should they be prosecuted, they can afford a private attorney who may get them a lighter sentence, and they can pay for private counseling or psychotherapy in lieu of a batterer group. Most men in mandated batterer programs visited for this report had relatively low levels of income and education.
- Men of color are also mandated to treatment in numbers disproportionate to their representation in the local population. Researchers attribute this overrepresentation to a correlation with low socioeconomic status, lingering discrimination in the criminal justice system, and greater exposure to violence in the community. Resistance to treatment may be higher among minority men: some African American men have attributed their being mandated to programs to racism, a charge that facilitators have had to recognize without accepting it as an excuse for battering.

- Research suggests that men of color—including African American and Latino men—have a lower program completion rate than other cultural or racial groups.¹² As a result, some researchers and practitioners have proposed that the effectiveness of interventions will be enhanced among minority men if programs are not merely culturally sensitive, but, as discussed below, culturally competent.¹³ All the jurisdictions visited for this report had at least limited access to specialized treatment groups for batterers of different races, ethnicities, and sexual orientations, and most—but not all—agreed that specialized interventions enhanced the engagement of batterers in treatment.

Adapting Interventions to Accommodate Differences in Socioeconomic Status

Although no program contacted for this report attempted to segregate its clients by socioeconomic characteristics, most programs reported concerns about client poverty and illiteracy.

Program Fees

Most programs offer a sliding scale for program fees. In some cases, “reasonable” fees and sliding fee scales are mandated by State standards for batterer programs or accrediting agencies for service providers (see appendix A). For example, Family Services of Seattle is subsidized by local government so that their intake fee can be reduced to \$25, as compared with the \$45 or more payment required by the majority of batterer programs in Seattle. Often, however, sliding scales and fee reductions are not enough. In Baltimore, despite a sliding scale that ranges from \$5 per week for those making \$198 or less per month to \$65 for those making over \$2,400 per month, a large number of batterers are rejected because they cannot afford to pay.

Program directors report that fees are critical to the survival of most programs, and no one claims that interventions are profitable. While few programs contacted for this report rely on a mix of public funding and grants (see appendix C), the majority rely on payments from batterers for between 40 and 100 percent of their program income. Program directors across the country also emphasized that some minimum payment for program participation is necessary so that batterers understand that treatment is valuable and thus develop a personal investment in its being successful. Nevertheless, requiring mandatory payments from unemployed

or low-income batterers remains controversial. Some probation officers worry that inability to pay excludes a large number of men who would otherwise benefit from intervention. Baltimore probation officer Willie Saunders expressed concern that too many batterers were falling outside the system: “The sliding scale should go to zero. The unemployed *cannot* pay.” Saunders suggested that programs might accept “sweat equity” (that is, working at the program in exchange for program services), an approach recommended by a number of State standards. Oliver Williams, who studies batterer intervention with African Americans, expressed concern that financial issues are used disingenuously to exclude low-income men from interventions. Williams observed, “If it’s a survival issue [for the program], O.K., or a fine, O.K., but don’t say exclusion [for nonpayment] is for the good of the client.” However, program administrators tend to attribute nonpayment to lack of commitment to program goals. “Anybody can find \$5 per week,” one program director said, “Stop smoking. Walk instead of taking the bus. Borrow it from a friend. If they can document that it’s coming out of food for the children, then we’ll talk about it.” Wil Avery at Baltimore’s House of Ruth equates program fees with fines and points to their deterrent effect: “One man who had completed the program came to me and said, ‘You know, I was going to hit my wife, but then I thought of all that money I’d have to pay again, and I stopped. Then I thought about all the things you taught us.’”

“One man who had completed the program came to me and said, ‘You know, I was going to hit my wife, but then I thought of all that money I’d have to pay again, and I stopped. Then I thought about all the things you taught us.’”

—Wil Avery, Program Director, House of Ruth, Baltimore

Program directors and probation officers alike suspect that batterers’ refusal to pay and claims of economic hardship are often used as an easy way out of batterer intervention. When judges see batterers for failing to register, they may be swayed by stories of economic hardship and delete the condition of program attendance from the sentence. In jurisdictions where no alternative sentences such as

community service exist for battering, judges are often reluctant to jail a batterer for inability to pay. In response to the dearth of options for indigent batterers, probation officers in Baltimore’s domestic violence intensive supervision unit, the Family Assault Supervision Team or “FAST Unit,” were organizing the Batterers Termination Intervention Group to provide free in-house batterer treatment to batterers who were rejected by local programs because of their inability to pay (as well as those terminated for probation violations or considered too dangerous for community-based programs).

Literacy

Although many programs assign homework and readings, all contend that their curriculums can be adapted to suit batterers with poor or no reading and writing skills. For example, Ina Maka, a Native American intervention in Seattle, has assembled a wide selection of simply written articles for batterers and their families. Programs using the Duluth model report assigning homework or reading lessons in pairs. They do not ask for homework to be turned in, only read aloud in group. At the House of Ruth, batterers with low literacy levels are encouraged to draw pictures as their homework assignments and then to “read” from the pictures. Wil Avery noted that this approach is so effective that group leaders are sometimes unaware of who is illiterate until the program evaluation is completed at the end of the course.

With the vocabulary and conceptual complexity of a college-level course, The Compassion Workshop lectures and homework would be challenging to many participants; nonetheless, an assistant group facilitator insists that the material can be made accessible to participants who listen attentively and that assistants are available to read homework to batterers and to review the program content. He warned, however, that “participants who can’t read probably won’t get as much out of the program.” Steven Stosny, originator and director of The Compassion Workshop, argues that the elevated educational tone of the course engages batterers by showing respect for their ability to understand the material and, as they begin to master the somewhat technical terms and concepts, boosts their self-esteem. Stosny noted that he had experimented with simplifying the language in the program’s curriculum but found that clients preferred to be challenged.

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