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A M E N D M E N T

OFFERED IN THE SENATE:
SCS CSBB 91(SA)

By: Senate HESS

To: _____ SENATE BILL No. _____

HOUSE BILL No. _____

PAGE: 4

LINE: 21 & 22

page 4, line 21: after the word "defendant" delete ", or a person related within the second degree by blood or marriage to the defendant"

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc
 Updated 3/17/81
 Updated 3/19/81

PROGRAM	FY 81 FCC BEFORE GOV.'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT (PRELIM. REQUESTS)	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>SHELTERS</u>									
* AWAIC (Anch.)	\$386,100	343,000	33,936	376,936		601,000	603,846 (incl. Men)		
* AWARE (Juneau)	250,500	225,500	7,300	232,800		405,819	436,154		
* WIC-CA (Frbks.)	350,000	300,580	8,711	309,291		354,446	384,483		
* TUNDRA WOMEN (Bethel)	199,300	167,000	7,459	174,459		340,695	340,697		
* BERING SEA (Nome)	154,900	138,000	4,865	142,865		377,100	377,100		
* WISH (Ketchikan)	112,500	110,000	17,347	127,347		357,346	393,080		
* KOTZEBUE WOMEN (9 mos.)	62,800	44,990	0	44,990		193,916	193,916		
* ARTIC WOMEN (Barrow)	0	0	0	0		14,328	141,377		
* BRISTOL BAY (Dillingham) (Men's resid/ treatment)	0	0	0	0		250,000	76,891		
* AL/PRIIBILOF ASSOC.	25,000	22,000	0	22,000		125,000	59,272		
Sub-Total	1,541,100	1,351,070	79,618	1,430,688	1,459,155	3,019,650	3,679,822		
<u>SAFE HOMES / WRC</u>									
* KENAI/ CRISIS/ WRC	79,100	66,000	14,718	80,718		161,715	161,735		
* KODIAK/CRISIS/WRC	60,000	50,000	7,792	57,792		173,357	180,694		
* SITKA/ CRISIS/ WRC	20,000	20,000	0	20,000		76,951	76,761		
* ADV./ VIOL./VICTIMS (Valdez)	0	0	0	0		100,000	76,813		

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc

PROGRAM

FY 81 FCC
 - BEFORE GOV'S ACTION

FY 81
 CONTRACT

LEAA
 FY 81

TOTAL
 FY 81:

FY 82 GOV.
 BUDGET

FY 82 LETTERS
 OF INTENT
 Prelim. Requests

FY 82
 GRANT REQUESTS

FY 82
 FCC

FY 82
 GRANTS

Safe Homes - Cont.

VALLEY WOMEN'S RESOURCE
 (Palmer)

0

0

0

0

69,736

111,297

SO. PENINSULA WOMEN
 (Homer)

0

0

0

0

55,500

81,257

Sub - Total

159,100

136,000

22,510

158,510

146,880

637,259

688,557

MALE BATTERERS

MEN EMERGING NOW

(Juneau / 10 mos.)
 (Other Male Programs
 incl. : AWAIC, Sitka,
 Barrow, Kotz., Kodiak,
 Bering Sea & WIC-CA)

60,000

42,340

0

42,340

139,596

141,096

SEXUAL ASSAULT / RAPE

STANDING TOGETHER
 AGAINST RAPE (STAR)

89,400

72,500

0

72,500

274,450

261,360

All other non/Anch.
 Shelters /Safe Homes
 work with Rape & Incest
 Victims.

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc

PROGRAM	FY 81 FCC BEFORE GOV'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT Prelim. Requests	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>WOMEN'S RESOURCE CENTERS</u> (Adult Crisis Intervent:) (Displaced Homemaker)									
* ALASKA WOMEN'S RESOURCE (Anch.)	190,000	159,000	Ø	159,000		343,340	342,783		
* JUNEAU WOMEN'S RESOURCE	85,000	45,000	Ø	45,000		140,778	142,918		
WOMEN'S RESOURCE CENTER (Seldovia)	Ø	Ø	Ø	Ø		20,000	20,000		
Sub - Total	275,000	204,000	Ø	204,000	220,320	504,118	505,701		
<u>MISCELLANEOUS</u>									
COOK INLET NATIVE ASSOC.	Ø	Ø	Ø	Ø		189,000	189,000		
TANANA CHIEFS	Ø	Ø	Ø	Ø		110,000	97,800		
AL. INST./HUMAN DEVELOP.	Ø	Ø	Ø	Ø		150,000	Ø		
UNIV./ALASKA/FRBKS.	Ø	Ø	Ø	Ø		17,500	Ø		
ALASKA HOSPITAL	Ø	Ø	Ø	Ø		?	Ø		
NW EDUC. ARTS & THERAPY (Juneau) 9 mos.	41,800	35,530	Ø	35,530		75,000	74,827		
Sub - Total	41,800	35,530	Ø	35,530	38,372	541,500	361,627		
GRAND TOTALS	2,166,400	1,841,440	102,128	1,943,568	1,988,754	5,116,573	5,638,163		

POSITION PAPER
ON
CS FOR HOUSE BILL NO. 91 (Finance) am

"An Act relating to domestic violence, sexual assault and crisis intervention and prevention programs."

CS for House Bill No. 91 (Finance) am would transfer the Domestic Violence programs presently funded by the Department of Health and Social Services to a Council on Domestic Violence and Sexual Assault placed, for budgetary purposes, under the Department of Public Safety. The Council would act as an interdepartmental planning and coordinating agency of the Departments of Health and Social Services, Public Safety and Law.

The Council would consist of five voting members appointed by the Governor; three of those persons would be appointed from a list provided by the Network on Domestic Violence and Sexual Assault, two persons from the general public and representatives of the Departments of Health and Social Services and Public Safety; the Department of Law would be a non-voting member.

The Council would be empowered to: hire an executive director and staff, establish program standards, develop and implement a standardized data system, conduct studies on issues relating to domestic violence, develop a resource library of community education as well as a curriculum for use in public schools, award grants to programs, receive state and federal funds, and monitor programs.

The Department of Health and Social Services has some concerns about this Bill:

- 1) The Attorney General's Office has noted concerns regarding certain provisions of this proposed legislation and has prepared the attached memorandum on this topic.
- 2) While we recognize the importance of coordination and involvement of the criminal justice systems as well as other systems and agencies in addressing the problem of domestic violence and sexual assault, this Department is concerned with moving domestic violence programs from a human service treatment agency into a police model which has a primary focus on safety, and not treatment. We perceive a possible conflict of purpose to have the arresting agency and the treatment agency in the same organizational structure. There are differing philosophies in the domestic violence arena with regard to compulsory prosecution of the perpetrator and how that affects treatment of all members of the family unit.
- 3) We question the long range benefit of placing a social service function in a traditionally public safety oriented department. Research by the Center for Women Policy Studies in the summer of 1980 finds that of the 27 states that have services to violent families, 25 states place the lead responsibility in a human service agency. Of the remaining two, Minnesota places it in the Commission of the Department of Corrections; Ohio has joint responsibility shared by the Attorney General's Office and the Department of Economic and Community Development, Division of Criminal Justice Services.

- 4) The Council of State Governments in its publication 1980 Suggested State Legislation places the council on domestic violence problems in a department of health and social services.
- 5) Since the intention of the Bill is to authorize the support of programs which are presently receiving state funding, there appear to be several inconsistencies in some of the language: the title of the Act relates to domestic violence, sexual assault and crisis intervention and prevention programs. The following changes should be made in order to be consistent:
 - a) Page 1, Line 10 Chapter 66. COUNCIL ON DOMESTIC VIOLENCE, [AND] SEXUAL ASSAULT, CRISIS INTERVENTION AND PREVENTION.
 - b) Page 1, Line 11 and Line 12: The same changes as above.
 - c) Page 4, Lines 20-22 provide services approved by the council to victims of domestic violence or sexual assault, their families, or perpetrators of domestic violence or sexual assault or their families or to perpetrators of domestic violence or sexual assault without regard to ability to pay[.] and provide services approved by the council to individuals experiencing personal or professional transition; and
- 6) In order to make consistent the granting, standard setting and auditing provisions of this bill, we would recommend that AS 18.66.050 (a) (7) be modified to insure that the Council establishes standards and awards grants only for programs funded by the Council under this Chapter. This would eliminate confusion at the local level when a program might receive a grant from one agency, but yet be liable to meet standards established by both the granting agency and the Council. For example, a sexual assault program such as the Center for Children and Parents board might receive a grant from our Department. As a condition of receiving these monies, our Department would require the Center's board to meet certain standards. If this legislation were passed as written, the Center's board could be required also to meet the standards set by the Council. We do not believe that this is the intent, but rather the Council was indeed planned to be directly responsible only for those programs that receive funds from it. We would therefore recommend that the following change be made:

Page 3, Lines 9-11, Amend AS 18.66.050 (7) to read:

 - (7) award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs[;] with monies appropriated under this chapter;
- 7) Since the Bill as written would not be effective, if passed, until 90 days after the Governor's response, rather than July 1, 1981, the interim period will be a crucial time, possibly involving recommendations on the funding level of grants, new program acceptability, and the establishment of new systems, such a transition may place programs and their clients at risk. If this Bill becomes law, the Department of Health and Social Services will work cooperatively with the Department of Public Safety so that in the interest of clients and the state, services will not be interrupted.

The Department of Health and Social Services is pleased with the emphasis in the proposed legislation on the coordination aspects; certainly it is increasingly apparent that domestic violence issues involve several departments. The Department is also pleased that, if passed, legislative appropriations for support of the many programs presently being funded will be in authorized by statute as requested by the legislature last session.

The Department does prefer that the programs remain as the responsibility of our Division of Adult and Aging Services, since both prevention and treatment are provided through programs in our Department.

Recommendations: The Department of Health and Social Services recommends the establishment of a strong advisory council instead of an administrative council. Such an advisory council would have the power to recommend employment of staff, review and recommend regulations, review grant applications and recommend funding, etc. The actual administration would be under the authority of the department. This would relieve the Council of day to day administrative responsibilities so their efforts could go into long range planning and recommended policy development.

Recommended by: Elizabeth Muktarian
Elizabeth Muktarian, Director
Division of Adult and
Aging Services

Date: 5/12/81

Approved by: Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date: 5/14/81

MEMORANDUM

State of Alaska



to: Hon. Helen D. Beirne
Commissioner
Department of Health & Social
Services

DATE: April 23, 1981
FILE NO: J-66-698-81

TELEPHONE NO: 55-3600

FROM: WILSON L. CONDON
ATTORNEY GENERAL

SUBJECT: Proposed Council on
Domestic Violence
and Sexual Assault

By:

Rodger W. Pegues
Assistant Attorney General

You have asked whether establishment of a proposed Council on Domestic Violence and Sexual Assault poses any legal problems.

In the form proposed by the draft bill for an Act relating to domestic violence and sexual assault, the proposal violates the state constitution in two ways. */

The first constitutional infirmity in the proposed bill is that it unduly impairs the appointment authority of the chief executive, transferring it, as it were, to a special interest group under proposed AS 18.66.030(3). The proposed council's job is to carry out the law, and that function is vested by the constitution in the governor. To perform that function, he appoints subordinates to assist him. While reasonable qualifications may unquestionably be prescribed by law for those appointments, the power of selection cannot be shared except as the constitution itself provides. Bradner v. Hammond, 553 P.2d 1 (Alaska 1976).

Accordingly, in order to conform with the dictates of the state constitution, the requirement in proposed AS 18.66.030(3) that appointments be from a list should be changed to a requirement for consultation with the Network of Domestic Violence and Sexual Assault. (We are concerned that the network may lack a formal, corporate status, thereby making even consultation haphazard.)

The second constitutional infirmity is that the bill gives the council tenure and also the authority to super-

*/ There are other existing and proposed councils on ad hoc subjects which share one or both of these constitutional defects, for example, CSIB 198 (Fin), establishing a seafood market council.

visc and direct a unit of state government in carrying out a significant part of the law which, under the constitution, is expressly a function and responsibility of the governor. We are not dealing here with a regulatory or quasi-judicial council, the members of which under the constitution, need not serve at the chief executive's pleasure. Humphrey's Executor v. United States 295 U.S. 602 (1935); Buckley v. Valeo, 424 U.S. 1, 140-141 (1976) (dicta). We are dealing rather with persons who are being placed in charge of carrying on the duties of an executive department of the government, and such officers must be responsible to the chief executive. Myers v. United States, 272 U.S. 52 (1926); cf., Alaska State Operated School System v. Mueller, 536 P.2d 99 (Alaska 1975), Walker v. Alaska State Mtg. Ass'n, 416 P.2d 245 (Alaska 1966).

Accordingly, in order further to conform the bill with the dictates of the state constitution, the last sentence of proposed AS 18.66.040 should be amended to delete after the word "members," the words "shall be limited to no" and insert "serve at the pleasure of the governor and may not serve" instead.

There are other, technical changes which should be made. For example, the Attorney General, rather than the Chief Prosecutor, should be named to retain the parallelism. The Attorney General would have the option of naming a designee. It makes no sense to appoint a subcabinet, non-statutory officer to a statutory council.

Finally, experience teaches that the establishment of a line division on domestic violence and sexual assault in whichever department should handle the subject (with an advisory council of concerned and involved citizens) will have much more effect than the establishment of a separate council which will not be part and parcel of either department's operations. That is a practical matter rather than a legal one, and we do not insist on a change, but we strongly recommend one.

RWP/pjg

cc: Hon. W.R. Nix, Commissioner
Department of Public Safety

Hon. Donald Clocksin
House of Representatives

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SCS for CSHB 91 (SA)
 Title Domestic violence, sexual assault, crisis intervention
 Requested by _____ Date 5/19/81

II. FISCAL DETAIL

Agency Affected Public Safety
 Program Category Affected Administration of Justice
 BRU, Program, or Subprogram(s) Affected Council on Domestic Violence (Commissioner's office)
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		127.6				
200 TRAVEL		20.0				
300 CONTRACTUAL		115.0				
400 COMMODITIES		10.0				
500 EQUIPMENT		6.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		278.6				

FUNDING (Thousands of Dollars)

GENERAL FUND	278.6				
FEDERAL FUNDS					
OTHER (Specify Fund Source)					

POSITIONS

FULL TIME	3				
PART TIME					
TEMPORARY	1				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

100 PERSONAL SERVICES: 1 Executive Director, Range 23 56,699
 1 Grant Administrator 38,272
 1 Secretary 1, Range 10 25,034
 120,015
 Administration and Support BRU (DPS)
 1 Admin Support, Range 10 (4 mos) 7,592
 -106,362

200 TRAVEL: Council members 10,000
 Staff 10,000 20,000

300 CONTRACTUAL Phone, copying, postage, printing, rent 15,000
 Media communication 100,000

IV. DATE 5/19/81 PREPARED BY Vic Fischer
 AGENCY _____
 PHONE _____

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

400 SUPPLIES	Books, film library	7,500
	Office and duplication	<u>2,500</u>
		10,000
500 EQUIPMENT	New position equipm't	6,000

122,015
10,000
6,000
136,015
136
272

LETTER OF INTENT

It is the intent of the legislature that the Department of Health and Social Services and the Department of Public Safety should cooperate and coordinate to the fullest extent to implement the provisions of HB 91 in order to insure the ongoing functions of programs to be funded in fiscal year 1982. It is the intent of the legislature that funding for services to clients for domestic violence and sexual assault shall not be interrupted during the transfer of program responsibility from the Department of Health and Social Services to the Department of Public Safety.

*They have no record of this.
House Finance. Letter of Intent?*

May 15, 1981

Ms. Jane Weber
Mr. Scott Hansen
SR 10040
Fairbanks, Alaska 99701

Dear Ms. Weber and Mr. Hansen:

Thank you for your message of May 14 about HB 91.

I tend to support this bill as a refinement of our Domestic Violence Act of last year (HB 392). My Committee hearings around the State had made the need for a solution obvious.

Sincerely,

Charles H. Parr

WE SUPPORT THE GO FOR HB 91.

CHP:vc

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
 Bill/Resolution No. CSHB 91 (Fin) (Page 1 of 2)
 Title Domestic violence, sexual assault, crisis intervention
 Requested by Finance committee Date 5/7/81

II. FISCAL DETAIL
 Agency Affected Public Safety
 Program Category Affected Administration of Justice
 BRU, Program, or Subprogram(s) Affected Council on Domestic Violence (Commissioner's office)
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		106.4				
200 TRAVEL		20.0				
300 CONTRACTUAL		115.0				
400 COMMODITIES		10.0				
500 EQUIPMENT		6.0				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		257.4				

FUNDING (Thousands of Dollars)

GENERAL FUND		257.4				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		3				
PART TIME						
TEMPORARY		1				

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

100 PERSONAL SERVICES: 1 Project Coordinator, Range 18 41,020
 1 Research Analyst, Range 16 35,835
 1 Clerk-Typist, Range 7 21,915
 98,770

Administration & Support BRU (DPS)
 1 Admin Support, Range 10 (4 mos) 7,592
 106,362

200 TRAVEL:
 Council members 10,000
 Staff 10,000
 20,000

300 CONTRACTUAL Phone, copying, postage, printing, rent 15,000
 Media communication 100,000

IV. DATE 5/7/81 PREPARED BY [Signature]
 AGENCY _____
 PHONE _____

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

400 SUPPLIES	Books, film library	7,500
	Office & duplication	<u>2,500</u>
		10,000
500 EQUIPMENT	New position equip	6,000

January 19, 1981

Speaker of the House
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Mr. Speaker:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to domestic violence, sexual assault, and adult crisis intervention programs. Though \$1.8 million dollars were appropriated from the general fund by the legislature last session for these programs, legislation establishing responsibilities in the area has yet to be enacted. This bill authorizes the Department of Health and Social Services to monitor domestic violence, sexual assault, and adult crisis intervention programs, to adopt regulations to protect persons using those services, and to award grants to local community programs.

Sincerely,
S/SSH

Jay S. Hammond
Governor

Original sponsor: Rules/Governor

+ HESS FINANCE

1 IN THE HOUSE BY THE STATE AFFAIRS COMMITTEE
 2 SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)
 3 IN THE LEGISLATURE OF THE STATE OF ALASKA
 4 TWELFTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act relating to domestic violence, sexual assault,
 7 and crisis intervention and prevention programs."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 18 is amended by adding a new chapter to read:

10 CHAPTER 66. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

11 Sec. 18.66.010. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
 12 in the Department of Public Safety

13 There is established the Council on Domestic Violence and Sexual Assault;
 14 *The purpose of the Council is to provide for planning and co-*
 15 *ordination of services to victims, families, and perpetrators of*
 16 *domestic violence and sexual assault and to provide for crisis*
 17 *intervention and prevention programs.*
 18 ~~to provide for coordination of crisis intervention and prevention~~
 19 ~~programs and programs which provide services to victims of domestic~~
 20 ~~violence or sexual assault or their families or to perpetrators of~~
 21 ~~domestic violence and sexual assault.~~

17 Sec. 18.66.020. MEMBERSHIP, TERMS, VACANCIES, AND DISQUALIFICA-
 18 TION. (a) The council consists of

19 (1) three persons appointed by the governor after consulta-
 20 tion with the Network on Domestic Violence and Sexual Assault, a non-
 21 profit corporation; the Network on Domestic Violence and Sexual Assault
 shall submit a list to the governor of persons recommended for appoint-
 ment;

2 (2) the commissioner of public safety or the designee of the
 3 commissioner of public safety; and

4 (3) the commissioner of health and social services or the
 5 designee of the commissioner of health and social services

6 (4) the commissioner of education or the designee of the
 7 commissioner of education;

1 (5) the attorney general or the designee of the attorney
2 general.

3 (b) The term of office of a member appointed under (a)(1) of this
4 section is two years. A member appointed under (a)(1) of this section
5 serves at the pleasure of the governor and may not serve more than two
6 consecutive terms. A vacancy on the council shall be filled for the
7 unexpired term by appointment by the governor after consultation with
8 the Network on Domestic Violence.

9 (c) A person who receives compensation from or is an employee of
10 a domestic violence, sexual assault, or crisis intervention or preven-
11 tion program may not be appointed to the council.

12 Sec. 18.66.030. COMPENSATION AND EXPENSES. The members of the
13 council receive no salary but are entitled to transportation expenses
14 and per diem in accordance with AS 39.20.180.

15 Sec. 18.66.040. MEETINGS AND QUORUM. The council shall meet at
16 least four times a year. At least one meeting each year shall include
17 a statewide public teleconference hearing. The time and place of a
18 meeting shall be set by the presiding officer or by three members who
19 submit a written request for a meeting to the presiding officer. Four
20 members of the council constitute a quorum.

21 Sec. 18.66.050. DUTIES OF THE COUNCIL. (a) The council shall
22 (1) hire an executive director and necessary staff;
23 (2) elect one of its members as presiding officer;
24 (3) in consultation with authorities in the field, develop,
25 implement, maintain, and monitor domestic violence, sexual assault, and
26 crisis intervention and prevention programs, including educational
27 programs, films, and school curricula on the cause, prevention, and
28 treatment of domestic violence and sexual assault;

29 (4) coordinate services provided by the Department of Law,

1 the Department of Education, the Department of Public Safety, the
2 Department of Health and Social Services, and other state agencies and
3 community groups dealing with domestic violence, sexual assault, and
4 crisis intervention and prevention, and provide technical assistance as
5 requested by those state agencies and community groups;

6 (5) develop and implement a standardized data collection
7 system on domestic violence, sexual assault, and crisis intervention
8 and prevention;

9 (6) conduct public hearings and studies on issues relating
10 to violence, including domestic violence and sexual assault, and on
11 issues relating to the role of crisis intervention and prevention;

12 (7) receive and dispense state and federal money and award
13 grants and contracts to qualified local community entities for domestic
14 violence, sexual assault, and crisis intervention and prevention pro-
15 grams, with money appropriated under this chapter;

16 (8) oversee and audit domestic violence, sexual assault, and
17 crisis intervention and prevention programs which receive money under
18 this chapter;

19 (9) provide fiscal and technical assistance to plan, organ-
20 ize, implement and administer domestic violence, sexual assault, and
21 crisis intervention and prevention programs;

22 (10) make an annual report to the governor and the legisla-
23 ture on the activities of the council, plans of the council for new
24 services and programs, and concerns of the council, including recommen-
25 dations for legislation necessary to carry out the purposes of this
26 chapter;

27 (11) adopt regulations in accordance with the Administrative
28 Procedure Act (AS 44.62) to carry out the purposes of this chapter and
29 to protect the health, safety, well-being, and privacy of persons

1 receiving services financed with grants or contracts under this chapter.

2 Sec. 18.66.060. QUALIFICATIONS. A local community entity is
3 qualified to receive a grant or contract under this chapter if it
4 agrees to provide services approved by the council to victims of domes-
5 tic violence or sexual assault or their families or to perpetrators of
6 domestic violence or sexual assault without regard to ability to pay.

7 Sec. 18.66.900. DEFINITIONS. In this chapter:

8 (1) "council" means the Council on Domestic Violence and
9 Sexual Assault;

10 (2) "crisis intervention and prevention program" means a
11 community program that provides information, education, counseling, and
12 referral services to individuals experiencing personal crisis related
13 to domestic violence or sexual assault and to individuals in personal
14 or professional transition, excluding correctional half-way houses,
15 outpatient mental health programs, and drug or alcohol rehabilitation
16 programs;

17 (3) "domestic violence" means a crime specified in AS 11.41
18 when the victim is a spouse or a former spouse of the defendant, a
19 member of the social unit comprised of those living together in the
20 same dwelling as the defendant, or a person related within the second
21 degree by blood or marriage to the defendant;

22 (4) "domestic violence program" means a program that pro-
23 vides services to the victims of domestic violence, their families, or
24 perpetrators of domestic violence;

25 (5) "local community entity" means a city or borough or
26 other political subdivision of the state, a nonprofit organization, or
27 a combination of these;

28 (6) "sexual assault" means a crime specified in AS 11.41.-
29 410 - 11.41.450 or AS 11.51.130(a)(4);

(7) "sexual assault program" means a program that provides services to the victims of sexual assault, their families, or perpetrators of sexual assault.

* Sec. 2. AS 44.66.010(a) is amended by adding a new paragraph to read:

(10) Council on Domestic Violence and Sexual Assault --
June 30, 1985.

* Sec. 3. Of the first members appointed to the Council on Domestic Violence and Sexual Assault under AS 18.66.020(a) added in sec. 1 of this

(1) one member shall be appointed to serve a term of one year;

(2) two members shall be appointed to serve a term of two years.

MEMORANDUM

State of Alaska

TO: Walter Lawson, *Director*
Div. of Administrative Services
Div. of Public Safety
Dept.

DATE: May 20, 1981

FILE NO:

TELEPHONE NO: 465-3250

FROM: Betsey W. McGuire *BWM*
Family Violence Coordinator
Div. of Adult and Aging Services

SUBJECT:

May 21 1981

Commissioner Nix has asked me to submit another suggestion for a fiscal note for Senate CS for House Bill No. 91 (State Affairs) since I am unable to participate in the meeting with the Network on Friday.

Since the Council will have a number of mandates including being responsible for receiving and dispensing grant funds totaling, approximately \$3.5-4.0 million, and at least 20, if not more, programs will be funded, it is essential that the primary staff person be at a director level, (at least a Range 23, if not a range 24), since that position will be responsible for carrying out the total mandate of HB 91. Since the Council will also be made up of 4 Commissioners, in order for their executive to be effective in that position, it is necessary that the staff person be at a high range; Division Directors are either a Range 24 or 26. The Executive Director for the Commission on the Status of Women, which has far less responsibility and fewer funds to administer is a Range 23. The Executive Director of the Governor's Commission on the Administration of Justice is a Range 26; the Executive Director of the Historical Commission is a Range 26.

The Executive Director of the Domestic Violence and Sexual Assault Council will have, of necessity, the total responsibility for day to day decisions and is totally responsible to the Council for all the activities and responsibilities of the Council as defined in the proposed bill.

It should also be noted that since these positions will be employed by the Council, my understanding is that the positions would be Partially Exempt which is a slightly different range from Supervisory or General Government.

I have prepared a draft of a job description for the executive, and 3 options for staff; it seems essential to me that the staff consist of at least 3 professional people; Emergency Medical Services with a budget of \$1.4 million for grants has a staff of 6. As a result their accomplishments statewide have been many.

I have not included the non-personnel items, but consideration to the probable necessity of paying rent should be given; between 800 - 1,000 sq.ft. will be necessary; this building, for example, costs \$1.14 per sq.ft. (including custodial services). Costs for a phone system installation should also be included. It should be noted that this is not all new money; \$56.8 will be transferred from the DHSS/AAS budget to DPS for administration.

If you have further questions, please call Elizabeth Muktarian, Director of the Division of Adult and Aging Services or Marsha Hubbard, Director of DHSS Management and Budget in the next few days. I will return to the office on Wednesday, May 27th and will be anxious to hear the developments.

cc: Deborah Behr
Special Assistant; Office of
the Commissioner
DHSS

Caren Robinson, Director
AWARE

Marsha Hubbard, Director
Division of Management and
Budget

DEFINITION

Under the direction of the Chair of the Council on DV, SA ~~SA~~ plans, (AS 18.66.010) coordinates, administers and monitors programs funded by the Council; coordinates and administers the activities of the Council; supervises professional and support system staff.

EXAMPLES OF DUTIES

1. Establish new office, locate space, prepare P-402s, solicit and employ both professional and support system staff, plan use of office, purchase equipment, establish office policies and procedures and work guidelines, develop and implement training, supervise staff, prioritize and schedule work plans.
2. Develop fiscal policies and procedures; prepare Council budget; supervise the preparation of RFPs, grant and contract reviews; recommend funding levels to Council. Supervise the monitoring of expenditures and preparation of quarterly fiscal reports for Council.
3. Plan Council meetings and supervise the arrangement of schedule, travel and related details; provide liaison between Council and other state and federal agencies, as well as Alaska Network on Domestic Violence and Sexual Abuse as appropriate; maintain active communication system with Council members; prepare information, agenda, etc. as requested.
4. In consultation with authorities in the field, develop, implement, maintain, and monitor programs on the cause, prevention, and treatment of domestic violence and sexual assault;

DRAFT

5. Coordinate services provided by other state agencies and community groups dealing with domestic violence, sexual assault, and crisis intervention and prevention, providing technical assistance as requested;
6. Assist local community entities engaged in the delivery of domestic violence, sexual assault, and crisis intervention and prevention services through the award of grants and contracts;
7. Develop needs assessment process and procedures to determine extensions of programs in rural and urban areas;
8. Supervise the provision of fiscal and technical assistance to plan, organize, implement and administer new or existing programs;
9. Supervise the development of minimum standards for operation of programs eligible for funding; (FY 81 legislative Intent)
10. Supervise the development and implementation of a standardized data collection system compatible with other data collection systems.
11. Supervise studies on issues relating to violence, including domestic violence and sexual assault, and to the role of crisis intervention and prevention;
12. Supervise the development of resource materials to provide for education of the public about domestic violence, sexual assault, and crisis intervention and prevention, including films and school curriculum;
13. Conduct public hearings as needed;

14. Award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs;
15. Receive and dispense state and federal money to carry out the purposes AS 18.66.010;
16. Oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money from the Council.
17. Supervise the writing and adaption of regulations in accordance with the Administrative Procedure Act (AS 44.62) to carry out the purposes AS 18.66.010 and to protect the health, safety, well-being, and privacy of persons using the services provided under this chapter;
18. Prepare and make an annual report to the governor and the legislature on the activities of the council, plans for new services and programs, and concerns of the council, including recommendations for legislation necessary to carry out the purpose of AS 18.66.010

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of: Budgetary and financial controls, as well as the state fiscal, and accounting and budget process and procedures, including procedures and policies for contracts and grants; organization and management principles; group and human relations, including women's issues; criminal justice, and human resource services.

Ability to: work with a policy making Council, which will include both professional and lay people; establish and manage an office; maintain effective relationships with other agencies and the public, including the Alaska Network on Domestic Violence

DRAFT

and Sexual Assault as well as program people; participate effectively in conferences and meetings, as well as organize and plan meetings; [^]in public; analyze administrative problems and take appropriate action; write accurately and concisely; work under stress and time constraints.

Minimum Qualifications

Graduation from an accredited college or university with a degree in human services fields, such as education, psychology, sociology, anthropology, women's studies, etc. Must have 5 years of professional administrative experience and demonstrated ability in program development, community organization and managerial experience; preference will be given to a person having had experience either serving on Board or a Council, or having been a staff person for a Board or Council.

DRAFT

The Project Coordinator (Range 18) would be responsible to the Executive for the following under AS 18.66.010

- (1) receive and dispense state and federal money and award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs; with money appropriate under this chapter.
- (2) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;
- (3) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;
- (4) prepare regulations in accordance with the Administrative Procedure Act (AS 44.62) to carry out the purposes of this chapter and to protect the health, safety, well-being, and privacy of persons receiving services financed with these grants under this chapter.

DRAFT

The Grants Administrator (Range 17) would be responsible to the Executive for the following under AS 18.66.010

- (1) receive and dispense state and federal money and award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs; with money appropriate under this chapter;
- (2) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;
- (3) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;

WIC-CA CENTER

302 Charles Street
Fairbanks, Alaska 99701
452-2293

Shelters
?

April 24, 1981

Senator Charlie Parr
Pouch V
State Capitol
Juneau, AK 99811

I have been involved with Women in Crisis almost since it's inception, for 3 and one half years, as a volunteer and as a paid staff member. I am very familiar with our services, our needs, our struggles, our successes.

Many of us have known of the acute needs of battered women for years - the need for safety, protection and counseling. More recently, this acute need has come to the attention of the public, the state and the country.

I urge you to support the committee substitute for HB 91. This enabling legislation will set up a council, within the Department of Public Safety, which will regulate, assist allocate funds to programs, and establish guidelines for new family violence programs. The establishment of this Council, and an alliance with Public Safety, will greatly improve the efficiency and effectiveness of our networking. We will be better able to serve troubled families in our own communities and to address the problem of violent families accross the state. (Plus, of course, without the enabling legislation we will not receive our operating budgets for FY 81).

Operating Budget: We are asking very little more than we asked for last year. We are still, very much, a frugal, shoestring operation. Any expansion we are making this year (positions of child specialist and shelter services coordinator) are at the demand of our clients and community. This change also reflects our desire to streamline and upgrade our services. Our new focus on children reflects our intense desire to break the cycle of violence (parent hits child who grows up to hit spouse and child who... etc.).

Capital Budget: The purchase of our facility would assist us as we attempt to establish permanence in our community. An economic upswing would create a housing shortage and with that the possibility the building would be sold out from under us. It took us a year to find this facility. Interruption of services could kill us... and some of our clients.

I have tried to keep this brief. I could've included "horror" stories in an attempt to draw your attention, sympathies and support. Instead I've tried to limit my comments to the most salient points. Besides I want to get back to work!

I urge you to goin our efforts to reduce family violence. I urge you to do your part, to do your best.

Thank you,



Trish Livingston
Irish Livingston
Human Resource Manager

women in crisis - counseling & assistance

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

DECISIONS UNDER PRIOR LAW

Separate crimes. — Rape, assault with a dangerous weapon, and kidnapping were separate crimes with separate elements. *Lacy v. State*, Sup. Ct. Op. No. 2039 (File No. 3741), 608 P.2d 19 (1980).

Article 4. Sexual Offenses.

Section

410. Sexual assault in the first degree

440. Sexual abuse of a minor

Sec. 11.41.410. Sexual assault in the first degree. (a) A person commits the crime of sexual assault in the first degree if,

(1) being any age, he engages in sexual penetration with another person without consent of that person;

(2) being any age, he attempts to engage in sexual penetration with another person without consent of that person and causes serious physical injury to that person;

(3) being 16 years of age or older, he engages in sexual penetration with another person under 13 years of age or aids, induces, causes or encourages a person under 13 years of age to engage in sexual penetration with another person; or

(4) being 18 years of age or older, he engages in sexual penetration with another person who is under 18 years of age and who

(A) is entrusted to his care by authority of law; or

(B) is his son or daughter, whether adopted, illegitimate, or stepchild.

(b) Sexual assault in the first degree is a class A felony. (§ 3 ch 166 SLA 1978, am § 8 ch 102 SLA 1980)

Cross reference. — As to evidence of past sexual conduct in trials of sexual assault in any degree or attempt to commit sexual assault in any degree, see AS 12.45.045.

Effect of amendment. — The 1980 amendment, effective June 21, 1980, inserted "or aids, induces, causes or encourages a person under 13 years of age

to engage in sexual penetration with another person" near the end of paragraph (3) in subsection (a).

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Effect of amendment. — The 1980 amendment, effective June 21, 1980, rewrote the section.

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS

CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Sec. 11.46.620. Misapplication of property.

(d) Misapplication of property is

(1) a class C felony if the value of the property misapplied is \$500 or more;

(2) a class A misdemeanor if the value of the property misapplied is less than \$500.

(am § 15 ch 102 SLA 1980)

Effect of amendment. — The 1980 amendment, effective June 21, 1980, rewrote subsection (d).

As the rest of the section was not affected by the amendment, it is not set out.

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSB 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Chapter 51. Offenses Against the Family.

Section

130. Contributing to the delinquency of a minor

Sec. 11.51.120. Criminal nonsupport.

DECISIONS UNDER PRIOR LAW

An illegitimate should normally be considered the child of both his parents. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct. Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

And is entitled to support and maintenance. — Under former AS 11.35.100, an illegitimate child was as much entitled to support and maintenance as any other child. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct.

Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

Illegitimate may enforce obligation of support against parent. — An illegitimate child has an inherent right, apart from any statute, to enforce against its parent an obligation of support. *S.L.W. v. Alaska Workmen's Compensation Bd.*, Sup. Ct. Op. No. 736 (File No. 1333), 490 P.2d 42 (1971).

Sec. 11.51.130. Contributing to the delinquency of a minor. (a) A person commits the crime of contributing to the delinquency of a minor if, being 19 years of age or older, he

(1) aids, induces, causes, or encourages a child under 18 years of age to do any act prohibited by state law;

(2) Deleted.

(3) aids, induces, causes, or encourages a child under 18 years of age to enter or remain in the same room in a building where the unlawful sale of a drug occurs; or

(4) engages in sexual contact with a child under 16 years of age but 13 years of age or older; or

(5) aids, induces, causes, or encourages a child under 18 years of age to be absent from the custody of a parent, guardian, or custodian or to be repeatedly absent from school, without just cause.

(b) Contributing to the delinquency of a minor is a class A misdemeanor. (§ 5 ch 166 SLA 1978; am § 16 ch 102 SLA 1980)

Effect of amendment. — The 1980 amendment, effective June 21, 1980, substituted "aids, induces, causes, or encourages" for "permits" at the beginning of paragraphs (1) and (3) of subsection (a), deleted the provisions contained in paragraph (2) of subsection (a), inserted "in the same room" preceding "in a building" near the middle of paragraph (3) of subsection (a), added "or" at the end of paragraph (4) of subsection (a), and added present paragraph (5) of subsection (a).

Legislative history report. — For a report on Chapter 102, SLA 1980 (HCS CSSE 511), see 1980 Senate Journal Supplement, No. 44, May 29, 1980, or 1980 House Journal Supplement, No. 79, May 29, 1980.

Alaska's revised Criminal Code drastically changed and narrowed the contributing statute. *Holton v. State*, Sup. Ct. Op. No. 1967 (File No. 4038), 602 P.2d 1228 (1979).

DECISIONS UNDER PRIOR LAW

As to constitutionality of former statutory, etc.

In accord with original. See *Holton v. State*, Sup. Ct. Op. No. 1967 (File No. 4038), 602 P.2d 1228 (1979).

When accused could be liable under former section. — Under former AS 11.40.130, if an accused had a reasonable belief that the person with whom he had sexual intercourse was 16 years of age or older, he could not be convicted of statutory rape. If, however, he did not have a reasonable belief that the victim was 18 years of age or older, he could still be criminally liable for contribution to the delinquency of a minor. *State v. Guest*, Sup. Ct. Op. No. 1709 (File No. 3533), 583 P.2d 836 (1978).

Specific intent is not an ingredient, etc.

Anderson v. State, Sup. Ct. Op. No. 156 (File No. 271), 384 P.2d 669 (1963), is overruled to the extent that its holding is inconsistent with the views expressed in *State v. Guest*, Sup. Ct. Op. No. 1709 (File No. 3533), 583 P.2d 836 (1978), holding that an honest and reasonable mistake of fact as to the victim's age may serve as a defense to a charge of statutory rape. — Ed. note.

Persons having illegal, etc.

Anderson v. State, Sup. Ct. Op. No. 156 (File No. 271), 384 P.2d 669 (1963), is overruled to the extent that its holding is inconsistent with the views expressed in *State v. Guest*, Sup. Ct. Op. No. 1709 (File No. 3533), 583 P.2d 836 (1978), holding that an honest and reasonable mistake of fact as to the victim's age may serve as a defense to a charge of statutory rape. — Ed. note.

And mistaken belief as to age, etc.

Anderson v. State, Sup. Ct. Op. No. 156 (File No. 271), 384 P.2d 669 (1963), is overruled to the extent that its holding is inconsistent with views expressed in *State v. Guest*, Sup. Ct. Op. No. 1709 (File No. 3533), 583 P.2d 836 (1978), holding that an honest and reasonable mistake of fact as to the victim's age may serve as a defense to a charge of statutory rape. — Ed. note.

As actual knowledge of age, etc.

Anderson v. State, Sup. Ct. Op. No. 156 (File No. 271), 384 P.2d 669 (1963), is overruled to the extent that its holding is inconsistent with the views expressed in *State v. Guest*, Sup. Ct. Op. No. 1709 (File No. 3533), 583 P.2d 836 (1978), holding that an honest and reasonable mistake of fact as to the victim's age may serve as a defense to a charge of statutory rape. — Ed. note.

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STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADULT AND AGING SERVICES

SB 91 file
members

JAY S. HAMMOND, GOVERNOR

POUCH H-01C
JUNEAU, ALASKA 99811
PHONE: (907) 465-3250

Document# 145-81 →

May 28, 1981

The Honorable Charles Parr
Chairman, Senate HESS
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

At the Senate Health, Education and Social Services Committee meeting on Monday, May 25, 1981, Senator Kelly requested the Department's opinion on the definition of Sexual Assault, as defined in Senate CS for CS for House Bill No. 91 (State Affairs). The Department would like to recommend that in order to be consistent with the Criminal Code or any amendments which may be made to the Code in the future, the following definition be used:

"Sexual assault" means a crime specified in AS 11.41.410 & 11.41.30 (a) (4). This was the definition used in the original House Bill 91.

If you would like any additional information, please let me know.

Sincerely,

Elizabeth Muktarian

Elizabeth Muktarian
Director

*Typo
11.51*



Alaska Network on Domestic Violence and Sexual Assault

POSITION PAPER: Senate CS for CSHB91 (State Affairs)

Senate CS for CSHB91 establishes an administrative council in the Department of Public Safety. It empowers that council to hire staff; conduct studies on issues relating to domestic violence, sexual assault, and crisis and prevention programs; conduct public hearings; develop and implement a standardized data collection system; develop a resource library for community education and a curriculum for use in public schools; receive and disburse state and federal monies through the award of grants to programs it regulates; and to monitor and audit those programs.

The Network recognizes that the incidence of domestic violence and sexual assault in Alaska is a statewide tragedy and that current means of dealing with its manifestations are band-aids at best. It is important to provide the victims of those types of abuse with shelter and counseling, but that alone is not sufficient to significantly affect the reoccurrence of these crimes. Only by combining the resources of the state, both governmental and private, can inroads be made in the prevention of and punishment for the crimes of domestic violence and sexual assault, and for the treatment of the victims of those crimes. Therefore, the Network supports the establishment of an administrative council on domestic violence and sexual assault.

The Network feels that only by empowering such a council with administrative functions can significant progress be realized. The council must have the authority to make use of governmental resources, as well as the expertise available in the public sector. By including three Commissioners (Departments of Health and Social Services, Public Safety, and Education) and the Attorney General on the council a broad-based representation of state agencies concerned with domestic violence and sexual assault and the prevention thereof is assured. Senate CS for CSHB91 also provides for the appointment of three knowledgeable public members who have expertise in the field. The Network is confident that, given this composition, the council will execute the functions outlined in this bill in a reasonable and responsible manner.

If it is the intention of the legislature to significantly impact the alarming rate of the incidences of violent crime in Alaska, it is imperative that the council be able to implement its policy and enforce its recommendations; to effectively initiate legislation addressing the necessary reforms in the existing social service and criminal justice systems; and to have the actual authority to be the interdepartmental planning agency for all programs and agencies delivering services to the victims of these violent crimes.

Recognizing that there are important differences between criminal justice and social service remedies, the Network supports the placement of the council in the Department of Public Safety. We acknowledge the need for criminal justice intervention to further ensure the physical safety of the victims and the prosecution of the perpetrators, and to officially recognize that these acts are not solely manifestations of anti-social behavior but are in fact violent personal crimes.

POSITION PAPER

SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

"An Act relating to domestic violence, sexual assault and crisis intervention and prevention programs."

Senate CS for House Bill No. 91 (State Affairs) would transfer the Domestic Violence, Sexual Assault and Crisis Intervention and Prevention programs presently funded by the Department of Health and Social Services to a Council on Domestic Violence and Sexual Assault placed under the Department of Public Safety. The Council would act as an interdepartmental planning and coordinating agency of the Departments of Health and Social Services, Public Safety, Law and Education.

The Council would consist of seven voting members appointed by the Governor; three of those persons would be appointed in consultation with the Network on Domestic Violence and Sexual Assault, and representatives of the Departments of Health and Social Services, Public Safety, Law and Education.

The duties of the Council would be to: hire an executive director and staff, develop and implement a standardized data system, conduct studies on issues relating to domestic violence, develop a resource library of community education as well as a curriculum for use in public schools, award grants to programs, receive state and federal funds, and monitor programs.

The Department of Health and Social Services is pleased that the Bill specifically addresses the issue of coordination with major departments involved in issues of violence, particularly in the area of domestic violence and sexual assault. There is no doubt that more public awareness, even at the early educational years, is necessary in order to begin to eliminate some of the cycles of violence which have become established in some families.

The Council's role to coordinate services could have a noticeable impact on violence issues in the state. However if this council is burdened with the responsibility of grants and program management for only one segment of the programs which address the issue of domestic violence and sexual assault it will divert it from its major function of inter-departmental coordination and advisement.

The Department is also pleased that, if passed, legislative appropriations for support of the many programs presently being funded will be authorized by statute as requested by the legislature last session and submitted by the Department and Governor in the original version of House Bill No. 91.

The Department of Health and Social Services has some concerns about this Bill:

- 1) While we recognize the importance of coordination and involvement of the criminal justice systems as well as other systems and agencies in addressing the problem of domestic violence and sexual assault, this Department is concerned with moving domestic violence and women's resource program from

a human service treatment agency into a police model which has a primary focus on safety, and not treatment. We perceive a possible conflict of purpose to have the arresting agency and the treatment agency in the same organizational structure. There are differing philosophies in the domestic violence arena with regard to compulsory prosecution of the perpetrator and how that affects treatment of all members of the family unit.

- 2) We question the long range benefit of placing a social service function in a traditionally public safety oriented department. Research by the Center for Women Policy Studies in the summer of 1980 finds that of the 27 states that have services to violent families, 25 states place the lead responsibility in a human service agency. Of the remaining two, Minnesota places it in the Commission of the Department of Corrections; Ohio has a joint responsibility shared by the Attorney General's Office and the Department of Economic and Community Development, Division of Criminal Justice Services.

Recommendation: The Department of Health and Social Services recommends the establishment of a strong advisory council with review authority on state policy regarding domestic violence and sexual assault. We believe an advisory council, rather than an administrative one, is indeed the appropriate structure to facilitate the accomplishment of the major goal of the council, which is interdepartmental policy, advice and coordination. We believe the Council having the responsibility of handling traditional administrative duties, such as grants dispersion, may find itself without sufficient time, energy and attention to adequately address these all important policy direction coordination issues.

Recommended by:

Elizabeth Muktarian
Elizabeth Muktarian, Director
Division of Adult and
Aging Services

Date:

5/25/81

Approved by:

Helen D. Beirne
Helen D. Beirne, Commissioner
Department of Health and
Social Services

Date:

5/25/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate CS For CS For House Bill No. 91 (State Affairs)
Title "An Act relating to domestic violence, sexual assault and crisis intervention and
Requested by prevention programs." Date May 20, 1981

II. FISCAL DETAIL

Agency Affected Department of Public Safety

Program Category Affected _____

BRU, Program, or Subprogram(s) Affected Council on Domestic Violence

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		47.9				
200 TRAVEL		6.8				
300 CONTRACTUAL		1.7				
400 COMMODITIES		.4				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		1988.8				
TOTAL	-0-	2045.6				

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	2045.6				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	-0-	1				
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Department of Health and Social Services FY'82 requested funds would be transferred to the Department of Public Safety in a new BRU.

IV. DATE 5-20-81 PREPARED BY Dorothy Walt

Original: Legislative Finance AGENCY Division of Adult and Aging Services

cc: Budget and Management PHONE 465-3250

Prime Sponsor (First Legislator Named) M&B Approval Marshall Hubbard Date 5/27/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Senate CS For CS For House Bill No. 91 (State Affairs)
 Title "An Act relating to domestic violence, sexual assault and crisis intervention and
Requested by prevention programs." Date May 20, 1981

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services
 Program Category Affected Division of Adult and Aging Services
 BRU, Program, or Subprogram(s) Affected Adult Services
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		(47.9)				
200 TRAVEL		(6.8)				
300 CONTRACTUAL		(1.7)				
400 COMMODITIES		(.4)				
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.		(1988.8)				
TOTAL	-0-	(2045.6)	-0-	-0-	-0-	-0-

FUNDING (Thousands of Dollars)

GENERAL FUND	-0-	(2045.6)				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME	-0-	(1)				
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Department of Health and Social Services FY'82 requested funds would be transferred to the Department of Public Safety.

IV. DATE 5-20-81 PREPARED BY Dorothy Walt
 AGENCY Division of Adult and Aging Services
 PHONE 465-3250
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named) M&B Approval _____ Date _____

#891 file

TELECOPY COVER SHEET

SENATOR CHARLES DARR

TO: SENATE HESS COMMITTEE PHONE: 465-4907

FROM: KAY ACKERMAN PHONE: 486-6171

INSTRUCTIONS: _____

RECEIVED: DATE: 5/27/81 TIME: 1:15 p.m.

SENT: DATE: 5/27/81 TIME: 1:20 p.m.

BY: (YOUR OFFICE AND PHONE NO.) MODIAK INFO. OFF. 486-4881

DISPOSAL OF ORIGINAL: _____ THROW AWAY

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NUMBER OF PAGES: 2 (NOT COUNTING THIS COVER SHEET)

*Kodiak
Women's
Resource
Center*

CUSTOMER LINE PHONE — 486-3625 BUSINESS PHONE — 486-6171 POST OFFICE BOX 2122, KODIAK, ALASKA 99513
487-5088

27 May 1981

Senator Charles Parr
Alaska State Legislature
Pouch Y (MS 3100)
Juneau, Alaska 99811

Dear Senator Parr,

I am writing to urge you to support House Bill No. 91 as it stands at present, and to promote its progress through the Senate HESS Committee.

As an agency working directly with victims of of violent crime, we feel strongly that an administrative council, rather than an advisory council, must be established to plan and coordinate services to victims of domestic violence and sexual assault, and to their families.

It is also clear to us that such a council belongs properly within the Department of Public Safety rather than the Department of Health and Social Services.

The Kodiak Women's Resource Center, as a part of the Alaska Network on Domestic Violence and Sexual Assault, sees a need for a council with administrative, not just advisory functions, in order to have our full effectiveness as a vehicle to interrupt the cycle of violence, we need a council with the power to initiate effective legislation to address needed reforms in the Social Service and Criminal Justice Systems. A council with mere advisory powers has no ability to follow through with needed reforms or legislative action, and our efforts to effect change could possibly be wasted if an advisory council's recommendations were not heeded.

We also feel strongly that the Department of Public Safety is a more appropriate place for an administrative council to address domestic violence and sexual assault, for several reasons.

Our agency already works far more closely with the Department of Public Safety, through case by case networking, shared training, and shared information resources, than with the Department of Social Services on the local level. Because we spend a major part of our time giving service to crime victims, we have developed a shared approach to domestic violence and sexual assault with our law enforcement in the Kodiak area. We view these acts of violence first and foremost as crimes, not only requiring the attention of counselors and social workers, but also requiring justice for the victims and prosecution for perpetrators.

I would also like to point out that many phases of our local program would be significantly assisted by established ties to the Departments of Public Safety and the Department of Education, particularly in the area of long-range planning. Training to police officers and to teachers in the area of child sexual abuse, for example, can be more efficiently organized at the departmental, rather than local level.

Sincerely,

Kay G. Ackerman

Kay G. Ackerman,
Director

May 27, 1981

Senator Charles Parr
Alaska State Legislature
Pouch V
Juneau, Ak. 99811

Dear Senator Parr, / Senate HESS Committee members Stinson, Colletta, Fisdar, Kelly

This letter is in regard to SCS CSHB91, serving as enabling legislation for domestic violence, sexual assault, crisis intervention and prevention programs.

As a program director, and a member of the Alaska Network on Domestic Violence and Sexual Assault, I am in total support of the current version of this bill for two primary reasons:

1) The establishment of an Administrative Council, which can have the authority to implement change in the manner in which services are provided to victims of violence and of crisis. This line of authority will definitely have a more far-reaching effect, and a more timely effect, than the advisory procedures currently established by the Department of Health and Social Services. The composition of the Council can incorporate the expertise of many governmental branches into well-planned and organized courses of action in the effort to halt violent crimes. Including the commissioner of Education and the Attorney General can support the Network efforts toward prevention of violent crimes by instructing those parts of the system in effective methods of prevention. Cooperation between all of these State branches can be truly beneficial to victims. An administrative council can also have the benefit of having actual authority in inter-departmental planning for programs and agencies delivering services to victims of violent crimes.

It is the consensual feeling of the Network that empowering a Council with administrative functions and powers is the only way in which significant progress can be realized in bringing an end to violent crimes.

2) The establishment of the Administrative Council within the Department of Public Safety. In examining the philosophies of both the Department of Public Safety and Department of Health and Social Services, and in examining their remedies to victims of violent crimes, I find our program more frequently concurring with public safety. I see a distinct need for criminal justice intervention for the safety of victims and prosecution of perpetrators. The acts of perpetrators are not solely manifestations of anti-social behavior, but are, in fact, violent acts.

Domestic Violence and Sexual Assault are occurring in massive proportions in the State of Alaska. Providing shelter and counselling to victims are necessary acts, but cannot fully impact violent crimes until combined with

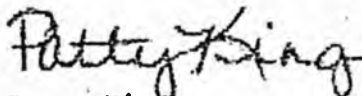
efforts of all of these branches of government.

Establishment of the Council within the Department of Public Safety and NOT the Department of Health and Social Services has my personal support.

Too often, health and social service agencies become massive bureaucracies, devoting large percentages of their time, energy, and money to over-sized administration of those agencies, and not to serving clients. The current DHSS administration seems not to have deviated from this pattern. When services are so necessary at this time, it would be sad to see a simple advisory council become lost in the Health and Social Services paper shuffle, in turn mandating the same activity from programs like ours.

Senator Parr, I encourage you to support SCS CSHB91, with it's Administrative Council within the Department of Public Safety, as a means of bringing an end to violent crimes against women and children.

Thank you,



Patty King,
Director

cc: Senate HESS committee members
Representative Malone
Representative O'Connell
Senator Gilman
Alaska Network on Domestic Violence & Sexual Assault



Keith Wiger

Wiger helps men halt violence

By SARAH MOTT
Daily News reporter

Keith Wiger's soft-spoken words carry an uncomfortable message: Men are trained to be violent. And beyond that, he continues, violence is condoned as a means of solving problems.

Wiger should know. He spends his working day counselling batterers — men who beat their wives.

"These men aren't crazy or abnormal, they have merely learned that violence 'works' for them," he says.

Wiger is the director of the Male Awareness Project, an arm of Abused Women's Aid in Crisis (AWAIC), the local agency providing services for battered women.

He's been working with the project for 11 months now and has seen some 130 men — batterers — who want to change their behavior pattern and stop resorting to violence to solve problems.

Wiger begins by looking at what he calls the "masculinity baggage" with which he feels men are brought up, and examines why violence is used. The men, he says, have a sense of isolation and possessiveness. Usually they have seen violence in their parents' homes. They feel victimized by the world, never getting "the breaks" they believe they deserve.

The women they batter are the only things over which they have control and

when that control is threatened, they lash out.

They can't express themselves, so they become frustrated and react in anger. That anger turns into physical violence. And that physical violence brings them control over their world — the women they batter.

Wiger and his groups meet for eight- to 12-week sessions, once a week for two hours, at the AWAIC administrative offices at 417 W. Eighth Ave. He initially sees the men individually, but most of the time is spent in group discussions with about 10 batterers. The counseling is done in groups, he says, to combat the isolation, factor and build a support network, as well as to break down what he refers to as the "expert system."

The men talk about relationships and power dynamics while working on effective ways of communicating. Most important, they admit that they have a problem.

No one can stop a batterer, says Wiger, until the man truly wants to change things: "That's his issue."

An important tenet of the program is to learn other ways of coping with stress — and that often means leaving the situation that creates it.

Wiger agrees with a reformed batterer he recently heard speak in Boston, who advised all women who were victims of

battery to leave. Once violence is part of a relationship, he asserts, there are relatively few chances of reconciliation. "It gets real messy," says Wiger.

National figures show that batterers come from every economic, racial and age group. Wiger sees a lot of younger married men who are involved in their first relationship. Many have been or are currently in the military.

His clients come through the courts, from AWAIC's shelter for women or from word of mouth. The police seldom recommend his program, largely, Wiger feels, because they don't want to get involved in domestic violence. Hopefully, the new criminal code will change things, he adds.

"We have a lot of one-timers in the program," admits Wiger. The impulsiveness of the client — and the batterer's difficulty in taking responsibility for his violence — makes for a high attrition rate.

"Intuitively," he says, "I think it's a successful program. I know that as long as they're seeing me, they're not battering. That's an improvement."

He wants to focus on community education in the future. For him, the object is to end violence. And that he sees as a community issue.

"Men's violence is a male problem," he says. "Being neutral about violence against women is to condone it."

FISCAL NOTE

I. REQUEST

Bill/Resolution No. SCSOSB 91 (State Affairs)
 Title An Act Relating to Domestic Violence, Sexual Assault, and Crisis Intervention
 Requested by State Affairs Committee Date 5/22/81

II. FISCAL DETAIL

Agency Affected Department of Public Safety
 Program Category Affected Administration of Justice
 BRU, Program, or Subprogram(s) Affected Council on Domestic Violence (Commissioner's Office)
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.) and Administration & Support

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		95.0	105.6	116.2	127.8	140.3
200 TRAVEL		14.0	15.4	16.9	18.6	20.5
300 CONTRACTUAL		24.0	26.4	29.0	31.9	35.1
400 COMMODITIES		2.5	2.8	3.1	3.4	3.8
500 EQUIPMENT		6.5	-0-	-0-	-0-	-0-
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		143.0	150.2	165.2	181.7	199.4

FUNDING (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
GENERAL FUND		145.0	150.2	165.2	181.7	199.4
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
FULL TIME		2	2	2	2	2
PART TIME						
TEMPORARY		1	1	1	1	1

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

The bill will establish "Council on Domestic Violence and Sexual Assault" within the Department of Public Safety.

The Council will provide programs and services for victims of domestic violence or sexual assault, their families, and perpetrators of domestic violence and sexual assault, and provide crisis intervention and prevention programs.

These functions, on a very limited scale, are now being performed by the Department of Health and Social Services through its Division of Adult and Aging. PCN 7055 within the Department of Health and Social Services and budgeted associated costs should be transferred to the Council and is in addition to the requested additional cost.

The powers and duties of the Council are outlined under Sec. 18.66.050.

IV. DATE 5/22/81 PREPARED BY Joe Malgranti
 AGENCY Public Safety
 PHONE 214-5-4279
 Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

Fiscal Note Analysis (cont)

SCSCSHB 91

Page Two

Among other duties, the Council will award grants and contracts to qualified local community entities, probably spread among 25 programs. The Council will have authority to receive and disburse Federal grants.

Section 18.66.050(a), subsections 1 through 11, outlines the range of duties of this "new" council. To accomplish these tasks and to provide for the administrative costs of the Council, composed of 8 members (5 appointed and 3 ex-officio), the following resources are requested. Sec. 18.66.050 empowers the Council to hire an Executive Director and staff.

i) Council Staff:

1 Executive Director, Range 23	\$56,699
1 Secretary I, Range 10	25,034
Subtotal	<u>\$81,733</u>

ii) Administration & Support BRU (DPS)

1 Admin. Support (Finance), Range 10 (non-permanent for 4 months)	7,592
Subtotal	\$88,355

Total is 3 permanent full-time and 1 non-permanent position. (including 1 position, PCN 7055, appropriated to and established within the Division of Adult and Aging Services, Department of Health & Social Services)

Associate Costs:

200, Travel:

8 Council meetings (4 meetings @ 1750 each)	\$14,000
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Executive Director and staff travel will be accomplished using available funding that will be transferred from the Department of Health and Social Services (\$6800).

300, Contractual:

Phone, copying costs, postage, printing, rent	\$14,000
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Data Processing equipment of Health & Social Services, Public Safety and Education will be used to develop data needed to the decision makers. A minimum amount of \$10,000 is included for Contractual Services help.

Professional Service for the development of data	\$10,000
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Subtotal	\$24,000
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Fiscal Note Analysis (cont)

SCSCSHB 91

Page Three

400, Supplies:

Office and duplicating supplies \$2500

500, Equipment:

3 desks @ \$550 each	\$1650	
1 credenza & side table	750	
7 chairs @ \$225 each	1575	
3 file cabinets @ \$200 each	600	
1 typewriter	1250	
1 calculator	250	
3 book shelves	300	
1 typewriter table	100	\$6475

Summary of Costs (FY 82)

	<u>Council</u>	<u>Div. of Admin. Services</u>	<u>Transfer/Div. Adult & Aging*</u>
100	88.4	7.6	47.9
200	14.0	-0-	6.8
300	24.0	-0-	1.7
400	2.5	-0-	0.4
500	<u>6.5</u>	<u>-0-</u>	<u>-0-</u>
	135.4	7.6	56.8

TOTAL \$199.8

The amount of \$199.8 requested for FY 82 is strictly for the program operating costs of the Council and the Central accounting, budgeting and other administrative costs. The Fiscal Note, however, requests only \$143.0 in additional funds. (\$56.8 should be transferred from the Adult and Aging Services BRU within the Department of Health and Social Services - includes 1 PCN)

*In addition, grant funds appropriated to Division of Adult and Aging Services will also be transferred to the Council Budget, either through the budgetary process now or through RSA between Department of Health and Social Services and Public Safety in FY 82.

HB 91 file



Abused Women's Aid in Crisis, Inc.

May 28, 1981

Legislative Information Office

1024 W. 6th

Anchorage, Alaska 99501

Please send the following letter to these listed Senators:

Don Bennett

Ed Hankworth

Artias Sturgulewski

Frank Ferguson

John Sackett

Dick Blason

Charles Parr

Terry Stinson

Vic Fischer

Tim Kelley

Mike Coletta

Thank you.

(13)

Dear Senator

I am writing to support the basic concepts embodied in HB 91 and asking your support for no further amendments to these fundamental aspects.

I wish to address two specific issues. First, why we feel the council is best placed in the Dept. of Public Safety as opposed to the Dept. of Health and Social Services, and secondly, why it is important that the council be administrative in scope rather than advisory.

There are important differences in focus between the criminal justice system and Social Services. The former centers upon the protection and safety of citizens, the prosecution of those who commit violent crimes and the prevention of such crimes. Social Services, by statute, is mandated to provide services to families and in attitude views removal of endangered family members as a potential conflict to that mandate. Intervention in acts that are violent interpersonal crimes to insure protection and safety of an individual family member is, in fact, most appropriately a function of the Dept. of Public Safety. Long-range services for aid to families so affected should be, and are, coordinated with DHSS.

Past history, as well as on-going policy statements issued verbally and in writing by DHSS, have made it clear to us that we cannot expect firm support in the prosecution of violent offenders, particularly where wife abuse is coupled with the sexual abuse of minor children. Nor will the Dept. accept responsibility for vigorous investigation and legal follow-up of these inter-family crimes. Case in point. A severely battered and disturbed shelter resident threatened to kill a child (one of six) to free him of his possession of the devil. The first case conference (in seven years of DSS involvement) among school nurses, principals, teachers, church members and Social Services was called by AWAIC and findings indicated that the children were abused by the father and should not be returned to his residence. Yet DHSS refused to commit the mother for psychiatric help and place the children. Ultimately we, a shelter, were forced to commit the mother, one female child was battered in the head and face, to the point of hospitalization, by the father who was subsequently arrested for assaulting a police officer.

The Department of Public Safety supports intervention, protection and safety as the first step in dealing with violent families, not the last resort. This is far more

consistent with the ten years of nationwide and five years of Alaskan experience and expert recommendations that are those held by DHSS.

Our stand on the second issue also emerges from years of statewide experience. Effectiveness is based on accurate, knowledgeable information and the authority to act on that information. This belief is at the root of the creation of HB 91 and through it a council of actively informed persons vested with the authority to propose guidelines, standards and regulations, as well as the powers to disburse funds, coordinate training and oversee the creation of educational programs appropriate to our varied communities. It creates the authority to be an inter-departmental planning council for all agencies delivering services and implementing legislation affecting families afflicted by domestic violence. A cursory review of just the legislation introduced this year will reveal various amounts of money spread throughout the bureaucracy for services, education and training; only HB 91 provides for the oversight and coordination of these expenditures. No advisory council, placed within any one department, would have the authority to coordinate the effective planning and spending of these sums.

We currently have allocations placed in a minimum of three departments within the bureaucracy. Each department might reasonably be expected to plan, disburse and administer its pot of domestic violence money. However, there is no administrative power except contained in HB 91 to insure the long-range coordinated planning and evaluation of the total impact and improvements those monies are meant to provide.

I ask your consideration of these basic issues: the most appropriate placement for the Council on Domestic Violence and Sexual Assault and its most effective scope of authority. I ask not because our program or any other would gain particular funds or influence. We would not. The families and communities we serve would, however, most assuredly gain by ending fragmentation of philosophy and services.

Sincerely

Kit Evans,

Executive Director

Abused Women's Aid in Crisis, Inc.

417 West Eighth Avenue

Anchorage, Alaska 99501

WIC-CA CENTER

302 Charles St.
Fairbanks, Alaska 99701
452-2293

Parr, Stimson,
Colletta, Fisher
Kelly, Bennett,
Dankworth, Eliason
Ferguson, Sackett,
Stojanowski

HB 91 file

May 28, 1981

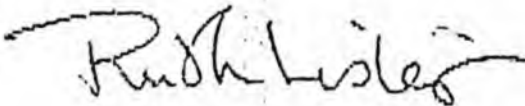
Dear Senator,

I am writing to ask your support of H.B. 91. This is the enabling legislation for the network of rape crisis and domestic violence centers in Alaska. As I'm sure you are aware the problem of sexual assault in Alaska is major and the solutions are not easy. The purpose of creating a council with administrative as opposed to advisory status is to enable that council to implement it's recommendations. By having four departments represented on the council it will have the authority and ability to be an interdepartmental planning agency.

There can be no question, however, that sexual assault is a violent crime, and the solutions are best implemented by the criminal justice system. For this reason placing the council within the Department of Public Safety is more appropriate than within the Department of Health and Social Services. While our past experience with DHSS has been good at some levels, the ability to develop a co-ordinated statewide plan has not evolved within DHSS. Nor do we foresee this as happening in the future. But how can we assure the safety of victims if we do not develop a good comprehensive program at a state level and have the ability to implement that program?

Again I urge you to pass H.B. 91 in its present form this year.

Sincerely,



Ruth Lister
Director
Women in Crisis - Counseling and Assistance

RL/mw



women in crisis - counseling & assistance

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE: 465-3030

May 29, 1981 Document# 148-81

The Honorable Charles Parr
Chairman
Senate HESS Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

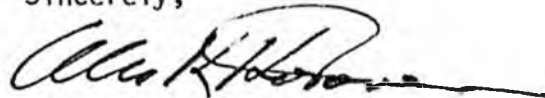
At the Monday, May 25, 1981 meeting of Senate HESS Committee, you requested the Department to supply the following information regarding Committee Substitute for House Bill 91:

- (1) assessment of the Department of Health and Social Services present and future operations of Domestic Violence programs (if an advisory board were established and additional necessary resources added to the program);
- (2) articles regarding impact of counseling in Male Treatment Programs; and
- (3) a recommendation for a definition for domestic violence. We have attached this information for your reference.

Ms. Betsey McGuire, Social Services Program Coordinator for the Division of Adult and Aging Services Domestic Violence and Sexual Assault programs, is available to address any questions you may have on this material. She may be reached at 465-3250.

We appreciate the opportunity to comment on this important matter.

Sincerely,



Helen D. Beirne
Commissioner

Enclosures

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

Division of Adult & Aging Services

JAY S. HAMMOND, GOVERNOR

POUCH H 01
JUNEAU, ALASKA 99811
PHONE: 465-3250

May 29, 1981

Document# 147-81

The Honorable Charles Parr
Chairman, Senate HESS
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

Dear Senator Parr:

I regret to say that an error was made in a letter to you yesterday concerning the recommended definition that was requested. At the Senate Health, Education and Social Services Committee meeting on Monday, May 25, 1981, Senator Kelly requested the Department's opinion on the definition of Domestic Violence, not Sexual Assault.

The Department would like to recommend that in Senate CS for CS for House Bill No. 91 (State Affairs), in order to be consistent with the Criminal Code, the following definition be used:

"Domestic Violence" means a crime under AS 11.41 committed against a spouse, a former spouse, or a member of the social unit comprised of those living together in the same dwelling as the respondent."

If you would like any further information, please let me know.

Sincerely,


Elizabeth Muktarian
Director

SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

POSITION PAPER

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUTIES OF THE COUNCIL

PRESENT OPERATIONS

ADVISORY BOARD AND BUDGET RECOMMENDATIONS

Sec. 18.66.050. DUTIES OF THE COUNCIL. (a) The council shall

At present there is no advisory council, but the Department does, to some extent, use the Alaska Network on Domestic Violence and Sexual Assault in providing expertise in the field and in recommending funding levels to the Commissioner; the present staff attends Network meetings

The Governor would appoint an advisory board which would also have membership on the Human Services Advisory Committee of the Department which meets quarterly. We would consider that make-up would be consistent with CS HB 91

(1) hire an executive director and necessary staff;

At present the Department of Health and Social Services, Division of Adult and Aging Services has one Social Services Program Coordinator who is responsible to the Director of the Division for all of the Domestic Violence, Sexual Assault and Adult Crisis Intervention Programs. Fiscal responsibilities are carried out by the Coordinator with support from Fiscal/Grant Administrative Section, Division of Adult and Aging Services. Clerical support is provided by the clerical support staff of the Division.

An Advisory Board would require considerable staff time: preparing information, reports, agenda, fiscal reports, planning meetings, arranging for travel, etc. Therefore, the staff should include the following:

Coordinator - Range 22, Grants Administrator - Range 17, Clerk IV, Range 9; daily fiscal support will be provided by the Division staff. (See attached fiscal note for details)

(2) elect one of its members as presiding officer; N/A

Advisory Board would elect its own officers.

(3) in consultation with authorities in the field, develop, implement, maintain, and monitor domestic violence, sexual assault, and crisis intervention programs, including educational programs, films and school curricula on the cause, prevention, and treatment of domestic violence and sexual assault;

Social Services Program Coordinator attends Network meetings and some of their scheduled training as time permits; staff uses Network for technical information when preparing legislative Position Papers on specific technical issues; staff has attended two conferences in order to gain more expertise in the field; has consulted with experts in Washington State;

Presumably the Advisory Board would have experts from the field as members; the Grants Administrator hopefully would be a person with expertise and program experience, not necessarily state managerial and administrative expertise.

development and implementation of programs is done at the local level;

With more knowledge of individual programs, and more data on needs/outcome, development of local programs could be more adequately planned and assessed;

16 programs are presently funded by the Department; present staff has visited 13 of those programs since February 1980; field visit reports have been written on some of those visits with program recommendations;

with more staff as well as the knowledge of local programs by some of the members of the Advisory Board, more specific monitoring could be accomplished by the central office; problem areas would be known presumably by the Advisory Board members; now problem areas come to the attention of the central office staff only when they request help from staff;

SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

POSITION PAPER

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUTIES OF THE COUNCIL

PRESENT OPERATIONS

ADVISORY BOARD AND BUDGET RECOMMENDATIONS

<p>(4) coordinate services provided by the Department of Law, the Department of Education, the Department of Health and Social Services, and other state agencies and community groups dealing with domestic violence and sexual assault, and crisis intervention and prevention, and provide technical assistance as requested by those state agencies and community groups;</p>	<p>programs submit to Central Office quarterly reports on program and fiscal activities on form development by present staff using Management by Objectives concept;</p> <p>educational programs from the central office consist of providing new publications/information to all local programs, including some information to Mental Health and Alcoholism programs; each local program has an educational component funded as part of their total program; the State library has a few films, but primarily films, library materials, etc., are the responsibility of each local program; funds for such activities are included in each program's budget, as requested and as funds are available;</p> <p>each local program works with the schools in their region, as funds allow and as school boards permit;</p> <p>At present staff of the Division of Adult and Aging coordinates with program/managerial staff of some of the Departments; there is no mechanism for coordination at the Commissioner level, nor is it mandatory; coordination with community groups is done extensively at the local level and encouraged by the central office; technical information on domestic violence is provided by the central office to mental health and alcoholism programs, as time and funds permit.</p>	<p>an Advisory Board would periodically receive updated information on each funded programs as well as anticipated future needs and therefore more adequate planning could take place;</p> <p>an Advisory Board could make recommendations to the Director and staff for improvement of coordinated educational planning.</p> <p>With more funding, a statewide curricula could be prepared on domestic violence and sexual assault for all schools. (by FY 84) This funding is included in the House Budget.</p> <p>With an Advisory Board with Commissioners on the Board, mandatory coordination would be evident;</p>
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SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

POSITION PAPER

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUTIES OF THE COUNCIL

PRESENT OPERATIONS

ADVISORY BOARD AND BUDGET RECOMMENDATIONS

<p>(5) develop and implement a standardized data collection system on domestic violence and sexual assault, and adult crisis intervention;</p>	<p>In FY 81, under the Division of Social Services, a preliminary data form was prepared and as required in each program's contract, is being used for quarterly reports; the Division of Adult and Aging Services does not have a data person at present; the preliminary form is in need of considerable revision, but at present no staff is available to work with individual programs of the Network to accomplish this mission. (See attached form)</p>	<p>If mandated, as part of the proposed legislation and if funds are available, a statewide data collection would be developed and maintained; this would provide a basis for planning future programs, more ability to coordinate with other programs such as alcoholism and mental health and the Departments of Law and Public Safety; presumably some information would be available on outcome/results which is not available now on a statewide basis;</p>
<p>(6) conduct public hearings and studies on issues relating to violence, including domestic violence and sexual assault, and on issues relating to the role of crisis intervention and prevention;</p>	<p>At present no staff or funding is available to conduct public hearings on the issues described. Staff has attended the Legislative Task Force Hearings on violence when time has permitted.</p> <p>The Department does not have specific mandates to conduct hearings on domestic violence sexual assault.</p>	<p>If mandated and funded, the Advisory Board could conduct hearings on issues of violence, statewide; also all Board meetings would be open to the public and presumably time would be planned at each meeting for public input; meetings would be hopefully planned in different communities statewide, if funds are available.</p>
<p>(7) receive and dispense state and federal money and award grants and contracts from appropriations for the purpose to qualified local community entities for domestic violence, sexual assault, and crisis prevention programs;</p>	<p>At present the Department of Health and Social Services negotiates and awards contracts with 16 programs; the Department cannot award grants until authorized by the legislature to do so. The Department can and has received federal and state funds for such purposes; in 1978-1980 the Department received federal (LEAA) funds from the Criminal Justice Planning Agency for start-up monies for some of the programs; at present, no federal funds are available except for children's programs within shelters. One program has applied for these funds.</p> <p>To become "qualified", while no "standards" presently exist, the Department in FY 81 and for FY 82 requested proposals from all interested programs. A review committee, with representation from the Network reviewed and commented on all proposals for FY 81; when the funding level was known prospective program directors met, negotiated, and made recommendations to the Commissioner, who after consulting with staff, determined funding levels.</p>	<p>If authorized, the Department would be able to award grants, rather than contracts; the Advisory Board would have the responsibility to review all proposals, as would the staff and some HSA's; recommendations would be made to the Commissioner on funding levels and programs to be funded; the Commissioner would continue to have the final authority for decisions. Qualifications for funding would be developed by the Advisory Council with staff assistance. Requests for proposals would, as established by regulation, continue to be made.</p>

SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

POSITION PAPER

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUTIES OF THE COUNCIL

PRESENT OPERATIONS

ADVISORY BOARD AND BUDGET RECOMMENDATIONS

(8) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;

At present, the staff has visited 13 out of 16 programs one time since February 1980; each program's contract requires a quarterly report - both fiscal and program, by objectives.

When programs have not complied with terms of their contract, letters of reprimand have been sent and filed with their contracts.

Two programs have been audited since 1980 by the Department's audit section.

(9) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;

The Division did provide one training session (1/2 day) on Management by Objectives for program Directors. Frequent phone consultation occurs concerning individual program fiscal questions and problems;

Much information about available training has been sent to each program such as new training schedules and opportunities become available; coordination with Division of Family and Youth Services training programs has been productive and appropriate training planned by that division, as well as the Office of Alcoholism and Drug Abuse has been made available to programs;

no funds are available specifically for training in the Central Office budget, but each program has both training and travel funds for meeting some of their own needs. The Network has assumed the responsibility for coordination of training; this has not been functional at all times.

A preliminary draft of a statewide plan for the establishment of a statewide policy on domestic violence, sexual assault and crisis intervention and prevention programs has been written.

The Advisory Board would provide input to the staff on concerns about the programs and regions some members will represent; the Board could recommend to the Director/Commissioner other standards for monitoring.

With more funds available for administration, and more staff all programs could at least be monitored annually.

The responsibilities of the Advisory Board would include preparing a plan of Goals and Objectives for domestic violence, sexual assault and crisis intervention and prevention programs. An Advisory Council would periodically review quarterly reports from the programs; recommendations for action would be transmitted to the staff and from them to the programs. Recommendations from the Board to the staff would be made on administration issues.

SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

POSITION PAPER

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DUTIES OF THE COUNCIL

- (10) make an annual report to the Governor and the legislature on the activities of the (Council) Board plans of the (Council) Board for new services and programs, and concerns of the (Council) Board, including recommendations for legislation necessary to carry out the purposes of this chapter;
- (11) adopt regulations in accordance with the Administrative Procedures Act (AS 44.62) to carry out the purposes of this chapter and to protect the health, safety, well-being and privacy under this chapter.

PRESENT OPERATIONS

At present the budget process provides a mechanism for reports to the Governor and the legislature for activities and accomplishments of a program.

At present the Department is not specifically authorized to promulgate regulations for the domestic violence and sexual assault programs; drafts of proposed regulations have been made for shelter programs, but have not been circulated nor subject to public hearings, until authorization takes place; no regulations have been considered for safe homes, sexual assault, (except as defined by Child Protection and Incest statutes); treatment programs for perpetrators, nor crisis intervention programs.

Because of the physical conditions of some of the facilities and because of the residents of the shelter facilities, the following clause was included in each shelter contract in FY 81:

Operate a program directed at serving victims of domestic violence and rape/sexual assault. The programs shall:

Provide shelter in a facility for victims of domestic violence, sexual assault and rape; the shelter shall be evaluated for life safety by the State Fire Marshall and the State Sanitarian or local equivalents by December 31, 1980; the Fire Marshall and the Sanitarian or local equivalents, shall submit to the Division of Social Services a written report describing the existing conditions of the facility and the improvements necessary to meet minimum state or local requirements, which ever are more stringent, for such a facility serving non-dependent adults and their children.

ADVISORY BOARD AND BUDGET RECOMMENDATIONS

An Advisory Board could make an annual report to the Commissioner of the Department of Health and Social Services, who in turn could make a report to the Governor and the legislature.

Staff time would, of necessity, be needed to prepare such a report.

An Advisory Board would have the responsibility of reviewing and commenting on any proposed regulations and making recommendations for approval to the Commissioner. They would also be responsible for holding public hearings on such proposed regulations. Staff would be responsible to the Board for preparation, including research, for such regulations.

This form has been developed for reporting services to persons which are provided by contractors with the Division of Social Services, Department of Health and Social Services, State of Alaska, in order that the department may meet federal and state requirements. Reports are due to the Division of Social Services Quarterly, within 15 days of the end of the quarter. Your cooperation is appreciated. You will receive the reports as published by the Division.

INSTRUCTIONS

- A. Report Title: Fill in the contractor name, contract number and reporting dates.
- B. Client Identification: If contractor has current client ID numbering system, please use it; if contractor does not currently use such a system, please establish one. For reasons of confidentiality, do NOT report client name. For shelter or safe homes services, when children are receiving services, please report as an individual person.
- C. Status: Use status code (new) only during the first quarter an individual receives services; use (continuing), (repeat), or (transfer) for all other services; use (transfer) code when a person is referred to another contractor of the Division of Social Services, such as Safe Home to Shelter. Status code (hotline) refers to crisis calls; fill in as much information as available.
- D. Client Characteristics: See Code Section at end of the form for race, marital status and referral. If unknown, mark "U".
- E. Reason For Service: Check the primary reason that the person is receiving services; check only one.
- F. Type of Service Provided: Indicate the type of service.. For shelter, residential or safe home service, fill in the number of nights. For Adult Day Care, fill in the number of days. For other categories, indicate a service by a check (x). More than one service may be provided and should be indicated.
- G. Referral From and Referred To: Use codes as described in box at right of form.
- H. Subtotals: Subtotal the number of new clients (those with new status codes) and number of continuing, repeating or transferred clients.
- I. Totals: Add the subtotals.

CONTRACT FOR SERVICES

Department of Health and Social Services

~~SAM~~ State of Alaska

This contract, to be effective as of the 1st day of July,
1980, between the State of Alaska, Department of Health & Social Services,
hereinafter called the "State", and WISH (Battered Women's Shelter)
(hereinafter called the Contractor) whose place of residence is:
P.O. Box 6552 - Ketchikan, Alaska 99901

WITNESSETH that:

Whereas, the State is entering into this contract by direct negotiation and not by competitive bids since this is a contract for "Professional services";

Whereas, the Contractor is willing to undertake the performance of this contract under the terms and general provisions hereto attached and made a part of this agreement;

Whereas, the State has the authority under AS 44.29.020 to enter this contract;

NOW THEREFORE, the parties hereto mutually agree as follows:

ARTICLE I. SERVICES TO BE PERFORMED:

(a) The Contractor shall, in accordance with the terms and provisions of Appendix A., Articles A-2 through A-12 and Appendix B, General Continuation and Additional Contract Provisions, perform the service herein described:

Operate a program directed at serving victims of domestic violence and rape/sexual assault in the Southeast Region. The program shall:

- 1) Provide shelter in a facility for victims of domestic violence, sexual assault and rape; the shelter shall be evaluated for life safety by the State Fire Marshall and the State Sanitarian or local equivalents by December 31, 1980; the Fire Marshall and the Sanitarian or local equivalents, shall submit to the Division of Social Services a written report describing the existing conditions of the facility and the improvements necessary to meet minimum state or local requirements, which ever are more stringent, for such a facility serving non-dependent adults and their children.

ARTICLE IV. AMENDMENTS/MODIFICATIONS

- (a) This contract may be amended, modified and/or extended by the mutual consent of the parties thereto;
- (b) An amendment and/or modification must be executed on or before the expiration date of this contract established in Article II, paragraph (a) or any extensions thereof;
- (c) An amendment and/or modification will be submitted and executed on a form prescribed by the State.

ARTICLE V. ADDITIONAL CONTRACT PROVISIONS

Appendix A, attached hereto and made a part hereof, sets forth additional general contract provisions of this contract.

ARTICLE VI. CHANGES AND CONTINUATION OF ARTICLE I

Appendix B, attached hereto and made a part hereof, sets forth any changes, additions, or continuations to and of Article I (include bids, proposals and any supportive documentation, etc.).

GENERAL CONTINUATION

- 2) Comply with the Goals and Objectives as defined in Appendix B and in accordance with the approved Budget, Appendix C.
- 3) Provide the Division of Social Services with quarterly data reports on Form #06-3376, Appendix D.
- 4) Provide the Division with quarterly fiscal reports within 15 days after the end of the quarter, on Form #06-5435-FV, Appendix E.
- 5) Provide the Division with quarterly program reports within 15 days after the end of the quarter on Form #06-1-FV, Appendix F; these reports shall be based on Program Goals and Objectives, Appendix B.
- 6) Request revised budgets, as necessary, on Form #06-5436-FV, if revision exceeds 10% of any approved line item, Appendix G.
- 7) Provide the Division with data on a quarterly basis on the Project's own form which shall include data as described in the approved proposal, and not included in DSS Form #06-3376, Appendix D.
- 8) Provide the Division with Request for Payment, Form #06-5434-FV, Appendix H, within 15 days after end of quarter.
- 9) Provide a certificate of liability insurance to the Division of Social Services for review and approval by the Risk Manager, Dept. of Administration, prior to approval of this contract.
- 10) Any newsletters, publications, public information which is paid for by general fund money, or prepared by staff on state general fund money shall be strictly informational and unbiased in content.

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST

Bill/Resolution No. Proposed Senate CS for CS for HB 91

Title An act relating to domestic violence, sexual assault, & crisis intervention /prevention

Requested by _____ Date _____

II. FISCAL DETAIL

Agency Affected Department of Health and Social Services

Program Category Affected Division of Adult & Aging Services

BRU, Program, or Subprogram(s) Affected Adult Services

(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 81	FY 82	FY 83	FY 84	FY 85	FY 86
100 PERSONAL SERVICES		67.1				
200 TRAVEL		15.2				
300 CONTRACTUAL		21.4				
400 COMMODITIES		2.1				
500 EQUIPMENT		4.5				
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		110.3				

FUNDING (Thousands of Dollars)

GENERAL FUND		110.3				
FEDERAL FUNDS						
OTHER (Specify Fund Source)						

POSITIONS

FULL TIME		2				
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

The Governor's FY 82 budget includes \$56,800 for the administration of the Domestic Violence and Sexual Assault programs within the Division of Adult & Aging services. This includes PCN 7055, a Social Services Program Coordinator .

5-28-81

Dorothy Walt
Dorothy Walt

IV. DATE May 28, 1981

PREPARED BY _____

AGENCY Dept. of Health & Social Services

Original: Legislative Finance

PHONE 465-3250

cc: Budget and Management

Prime Sponsor (First Legislator Named)

Marsha Hubbard

PROPOSED BUDGET REQUEST FOR PROPOSED
 COMMITTEE SUBSTITUTE
 SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)

	FY. 82 GOV. BUDGET FOR DOM. VIOL. & SEXUAL ASSAULT	ADD. FUNDS FOR COMPLIANCE WITH CSHB 91	TOTAL FY 82 BUDGET TO IMPLEMENT HB 91
<u>100 PERSONNEL</u>			
SOCIAL SERVICES PROGRAM COORDINATOR Range 20/C	47,900	(47,900)	
Reclass to : COORDINATOR RANGE 22		53,524	53,524
GRANTS ADMINISTRATOR Range 17/A		37,942	37,942
CLERK IV Range 9A		23,514	23,514
TOTAL	47,900	67,080	114,980
<u>200 TRAVEL</u>			
STAFF			
2 Network meetings @ \$350 = \$700 Per Diem - 3 days x \$70 = \$210 x 2 = \$420	1,120	1,120	1,120
Site visits - 20 x \$300 ave. travel = \$6,000 Per diem - 3 days x \$70 x 20 = \$4,200	5,680	4,520	10,200
COUNCIL			
7 members plus Coordinator / 4 meetings incl. 1 in Juneau x \$300 travel = \$6,300 Per Diem - 3 days x \$70 = \$210 x 3 x 8 people = \$4,410		10,710	10,710
	6,000	15,230	22,020

FY 82 GOV.
BUDGET FOR
DOM. VIOL.&

ADD. FUNDS
FOR COMPLIANCE:
WITH CSHB 91

TOTAL FY 82
BUDGET TO
IMPLEMENT HB 91

SEXUAL ASSAULT

300 CONTRACTUAL

COUNCIL - Increase phone, postane , xerox
Meeting room - \$150 x 4 = \$600

3,100

3,100

ADMINISTRATION - Phone, postage, rent
xerox, etc.

1,700

8,300

10,000

DATA PROCESSING -

Equipment of DHSS, DPS, DOE will be used to
to develop data ; a minimum of \$10,000
is included for contractual services assist-
ance.

10,000

10,000

TOTAL

1,700

21,400

23,100

400 SUPPLIES

Office supplies

400

Increased staff & responsibilities

2,100

2,500

TOTAL

400

2,100

2,500

500 EQUIPMENT

2 Desks @ \$550 /each \$1100

4 chairs @ \$225 900

2 file cabinets @ \$200 600

1 Typewriter 1250

1 calculator 250

3 book shelves 300

1 typewriter table 100

TOTAL

\$4500

0

\$4500

\$4500

FY 82 GOV.
BUDGET FOR
DOM. VIOL.&

ADD. FUNDS
FOR COMPLIANCE
WITH CSHB 91

TOTAL FY 82
BUDGET TO
IMPLEMENT HB 91

SEXUAL ASSAULT

GRAND TOTAL

56,800

110,310

167,110

COORDINATOR

ADVISORY BOARD ON DOMESTIC VIOLENCE, SEXUAL ASSAULT & ADULT CRISIS INTERVENTION & PREVENTION

DRAFT

DEFINITION

Under the supervision of the Director of Adult and Aging Services, coordinates, administers and supervises the monitoring of programs funded by the Department; coordinates and administers the activities of the Board; supervises professional and support staff.

EXAMPLES OF DUTIES

Under the supervision of the Director of Adult and Aging Services, prepares P-402s, solicits and makes recommendations for employment of professional and support staff, plans BRU management, arranges purchase of equipment, establishes BRU policies within the Division, develops and implements staff training as necessary, supervises staff, prioritizes and schedules work plans.

Manages and supervises fiscal activities and procedures; cooperates in annual budget preparation, supervises the preparation of RFPs, grant and contract proposal reviews; recommends funding levels to Board; supervises the monitoring of expenditures and preparation of quarterly fiscal reports for Board.

Plans Board meetings and supervises the arrangement of schedules, travel, agenda, etc.. Provides liason between Board and other state and federal agencies as well as the Alaska Network on Domestic Violence and Sexual Assault, as appropriate; maintains active communication system with Board members; prepares information as requested.

In consultation with authorities in the field, develops, maintains and monitors programs on the cause, prevention, and treatment of domestic violence and sexual assault. Coordinates services provided by other state agencies and community groups dealing with domestic violence, sexual assault and crisis intervention and prevention, providing technical assistance as requested.

DRAFT

Assist local community entities engaged in the delivery of domestic violence, sexual assault and crisis intervention and prevention services through the award of grants and contracts.

Develops needs assessment process and procedures to determine extension of programs in rural and urban areas.

Supervises the provision of fiscal and technical assistance to plan, organize, implement and administer new or existing programs.

Supervise the development and implementation of a standardized data collection system, compatible with other related data collection systems.

Supervise studies on issues relating to violence, including domestic violence and sexual assault, and the role of crisis intervention and prevention.

Supervise the development of resource materials to provide for the education of the public about domestic violence and sexual assault issues, including films and school curricula.

Conduct, as requested by the Board, public hearings on specific issues.

Award grants and contracts to qualified local entities for domestic violence, sexual assault, and crisis intervention and prevention programs.

Oversee and audit programs.

Supervise the writing and adoption of regulations in accordance with the Administrative Procedures Act (AS 44.62)

KNOWLEDGE, SKILLS AND ABILITIES

Knowledge of : Budgetary and financial controls, as well as the state fiscal, accounting and budgetary process and procedures, including policies and procedures for grants and contracts; organization and management principles; group and human relations, including women's issues; criminal justice and human resource services systems.

Ability to : work with an Advisory Board which will include both professional and lay people; manage and offive, maintain effective relations with staff, other agencies, the public , including the Alaska Network on Domestic Violence and Sexual Assault as well

program people; participate effectively in conferences and meetings, as well as organize and plan meetings; speak in public; analyze administrative problems and take appropriate action; write accurately and concisely; work under stress and time constraints.

MINIMUM QUALIFICATIONS

Graduation from an accredited college or university with a degree in human service field, such as education, psychology, sociology, anthropology, women's studies, etc.. Must have 5 years of professional administrative experience and demonstrated ability in program development, community organization and managerial experience; preference will be given to a person having had experience wither serving on a Board or Council or having been a staff person for a Board or Council.

DRAFT

The Grants Administrator (Range 17) would be responsible to the Coordinator for the following :

- (1) receive and dispense state and federal money and award grants and contracts to qualified local community entities for domestic violence, sexual assault, and crisis intervention and prevention programs; with money appropriate under this chapter;
- (2) oversee and audit domestic violence, sexual assault, and crisis intervention and prevention programs which receive money under this chapter;
- (3) provide fiscal and technical assistance to plan, organize, implement and administer domestic violence, sexual assault, and crisis intervention and prevention programs;

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF ADULT & AGING SERVICES

2/81
BWMc
Updated 3/17/81
Updated 3/19/81

PROGRAM	FY 81 FCC BEFORE GOV.'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT (PRELIM. REQUESTS)	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>SHELTERS</u>									
* AWAIC (Anch.)	\$386,100	343,000	33,936	376,936	370,440	601,000	603,846 (incl. Men)		
* AWARE (Juneau)	250,500	225,500	7,300	232,800	243,540	405,819	436,154		
* WIC-CA (Frbks.)	350,000	300,580	8,711	309,291	324,626	354,446	384,483		
* TUNDRA WOMEN (Bethel)	199,300	167,000	7,459	174,459	180,360	340,695	340,697		
* BERING SEA (Nome)	154,900	138,000	4,865	142,865	149,040	377,100	377,100		
* WISH (Ketchikan)	112,500	110,000	17,347	127,347	118,500	357,346	393,080		
* KOTZEBUE WOMEN (9 mos.)	62,800	44,990	0	44,990	48,589	193,916	193,916		
* ARTIC WOMEN (Barrow)	0	0	0	0	0	14,328	141,377		
BRISTOL BAY (Dillingham) (Men's resid/ treatment)	0	0	0	0	0	250,000	749,897		
AL/PRIIBILOF ASSOC.	25,000	22,000	0	22,000	23,760	125,000	59,272		
Sub-Total	1,541,100	1,351,070	79,618	1,430,688	1,459,155	3,019,650	3,679,822		
<u>SAFE HOMES / WRC</u>									
* KENAI/ CRISIS/ WRC	79,100	66,000	14,718	80,718	71,280	161,715	161,735		
* KODIAK/CRISIS/WRC	60,000	50,000	7,792	57,792	54,000	173,357	180,694		
* SITKA/ CRISIS/ WRC	20,000	20,000	0	20,000	21,600	76,951	76,761		
ADV. / VIOL./VICTIMS (Valdez)	0	0	0	0	0	100,000	76,813		

DEPARTMENT OF HEALTH & SOCIAL SERVICES
 DIVISION OF ADULT & AGING SERVICES

2/81
 BWMc

PROGRAM	FY 81 FCC - BEFORE GOV'S ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT <small>Prelim. Requests</small>	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>Safe Homes - Cont.</u>									
VALLEY WOMEN'S RESOURCE (Palmer)	0	0	0	0	0	69,736		111,297	
SO. PENINSULA WOMEN (Homer)	0	0	0	0	0	55,500		81,257	
Sub - Total	159,100	136,000	22,510	158,510	146,880	637,259		688,557	
<u>MALE BATTERERS</u>									
* MEN EMERGING NOW (Juneau / 10 mos.) (Other Male Programs incl. : AWAIC, Sitka, Barrow, Kotz., Kodiak, Bering Sea & WIC-CA)	60,000	42,340	0	42,340	45,727	139,596		141,096	
<u>SEXUAL ASSAULT / RAPE</u>									
* STANDING TOGETHER AGAINST RAPE (STAR)	89,400	72,500	0	72,500	78,300	274,450		261,360	
All other non/Anch. Shelters /Safe Homes work with Rape & Incest Victims.									

DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF ADULT & AGING SERVICES

2/81
BWMc

PROGRAM	FY 81 FCC BEFORE GOV ACTION	FY 81 CONTRACT	LEAA FY 81	TOTAL FY 81	FY 82 GOV. BUDGET	FY 82 LETTERS OF INTENT Prelim. Requests	FY 82 GRANT REQUESTS	FY 82 FCC	FY 82 GRANTS
<u>WOMEN'S RESOURCE CENTERS</u> (Adult Crisis Intervent:) (Displaced Homemaker)									
* ALASKA WOMEN'S RESOURCE (Anch.)	190,000	159,000	Ø	159,000	171,720	343,340	342,783		
* JUNEAU WOMEN'S RESOURCE	85,000	45,000	Ø	45,000	48,600	140,778	142,918		
WOMEN'S RESOURCE CENTER (Seldovia)	Ø	Ø	Ø	Ø	Ø	20,000	20,000		
Sub - Total	275,000	204,000	Ø	204,000	220,320	504,118	505,701		
<u>MISCELLANEOUS</u>									
COOK INLET NATIVE ASSOC.	Ø	Ø	Ø	Ø	Ø	189,000	189,000		
TANANA CHIEFS	Ø	Ø	Ø	Ø	Ø	110,000	97,800		
AL. INST./HUMAN DEVELOP.	Ø	Ø	Ø	Ø	Ø	150,000	Ø		
UNIV./ALASKA/FRBKS.	Ø	Ø	Ø	Ø	Ø	17,500	Ø		
ALASKA HOSPITAL	Ø	Ø	Ø	Ø	Ø	?	Ø		
NW EDUC. ARTS & THERAPY (Juneau) 9 mos.	41,800	35,530	Ø	35,530	38,372	75,000	74,827		
Sub - Total	41,800	35,530	Ø	35,530	38,372	541,500	361,627		
GRAND TOTALS	2,166,400	1,841,440	102,128	1,943,568	1,988,754	5,116,573	5,638,163		

* - Members of the Alaska Network on Domestic Violence & Sexual Assault

REACHING THE BATTERING HUSBAND

ACSW

Janet A. Geller, CSW

ABSTRACT. This paper presents a descriptive account of a social service project involving a new client population—battering husbands. The short-term group is the treatment of choice. The focus is on helping the group members acknowledge their spouse-directed violence as a problem and find alternative methods for dealing with their anger. The paper describes this group process, presents a graphic picture of the battering husbands, and sheds light on the women and why they stay. Suggestions are made for offering viable service to this population, as well as delimiting areas for exploration regarding spouse abuse.

The social problem of wife beating has now reached national attention. The incidence of husbands assaulting their wives has reached alarming proportions, with an estimate of "five million victims each year" ("LEAA Is Tripling Funds," 1977). Yet, in most cases, the extent of wife beating continues both unreported and unpunished. According to one New York attorney, "In New York, wife beating is not a crime, it is a civil offense" (Hali, 1976, p. C3). Just as the criminal justice systems appear unresponsive to these crimes, mental health professionals are by and large unprepared to deal with the maladaptiveness of these violence-filled marriages. Only recently, due to the public spotlight on spouse abuse, has there begun to be assistance for the battered spouse, primarily in the form of shelters for abused wives. Some of the cities where shelters now exist are San Francisco; Brentwood, Pa.; Boston; Washington, D.C.; St. Paul; and New York City.

The shelter concept has proliferated so rapidly, that there are few accurate statistics on the phenomenon. Shelters offer relief and aid to the battered victim in the form of alternative housing and rudimentary counseling and referral services during periods of crisis. There is an implicit assumption that wives will remove themselves from the battering husband, provided they can flee to a safe haven.

Shelters for women provide temporary relief and aid to the battered victim:

Ms. Geller is Clinical Director, Victims Information Bureau of Suffolk, 501 Route 111, Hauppauge, New York 11787. The author wishes to thank the staff of the VIBS, and especially the graduate student who worked with this group, without whom this paper could not have been written.

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however, they do not address themselves to the needs of those who choose to remain in the marriage. They do not address themselves to changing dysfunctional marital patterns or eliminating violent behaviors. By ignoring men, shelters deal with only half of this troubled population.

In this paper, the author will describe short-term group work as the treatment of choice in working with battering husbands. Given the absence of clinical material in the area of spouse abuse, this description offers a beginning point in understanding the nature of spouse abuse. The paper will discuss the use of a time-limited group to treat certain types of batterers and will offer some insight into the psychodynamics of wife beaters.

In June 1976 the project referred to in this paper began offering a broad array of services to women who were victims of rape, sexual assault, and spouse abuse. The services included crisis intervention, advocacy, and counseling. The project made services available to clients through a 24-hour hot-line and walk-in counseling center. This unique and innovative project stressed the prompt availability of service providers to potential clients and the availability of resources for meeting needs.

The project originated through the efforts of a coalition of diverse community groups. Their common interest in providing services to women victims sparked the identification of gaps in already-existing service delivery systems. As a result, the Law Enforcement Assistance Administration (LEAA) funded this project through a 100% 2-year grant.

Within a 3-month period, the major portion of the project's caseload consisted of battered wives. Since 96% of the client population were victims of spouse abuse, it behooved the project to develop an understanding of spouse abuse and to develop viable treatment modalities to meet this problem. While there were no precedents in the field regarding clinical work with battered wives, there was a body of theoretical knowledge and research in the area of victimology (Gelles, 1972; Steinmetz & Straus, 1976; Symonds, Note 2). Minuchin (1974) and Haley's (1977) goals of problem solving and emphasis on the here and now in family therapy echoed the social work tradition and "fit" with group work methodology. The project thus began to formulate a method of viable treatment based on an understanding of victimology combined with well-established therapeutic group techniques.

We learned that the vast majority of our clients wanted to remain in their marriages if the violence could be eliminated. Less than 5% sought separation or divorce. From her experiences with battered wives in Great Britain, Pizzey (cited in White & Women's Aid, n.d.) stated that women who left their husbands either returned to them at a later date or chose second husbands who repeated the violent patterns of their first spouse. There were indications that these findings would apply to the project's clients as well, the majority of whom were women in their 30s, fulfilling traditional roles.

The literature indicates that women put up with repeated beatings from their husbands for a variety of reasons, all of which were articulated by the project's

client population. Some said they stayed married because of cultural and religious strictures. They felt that the only acceptable role for a woman was that of wife and mother. Others had no work experience or employment skills and were fearful of being unable to survive economically as well as emotionally. In addition, child support and child care were difficult or impossible to obtain. Many of the women had no access to family assets. Their homes were jointly owned by husband and wife, and savings and checking accounts were in the husband's name. Other wives were convinced that their husbands would magically reform. They stated that their husbands were good husbands and fathers when they were not batterers. (No wives were being continuously beaten, but rather all were intermittently assaulted.) A large percentage of the battered wives we saw wanted to learn new ways of coping with their situations. They wanted to meet other women like themselves. Another large number said they wanted their marriages to improve and their husbands to change.

If women were desirous of remaining in their marriages and they were not to be written off as "non-amenable to treatment" because of an "innate streak of masochistic self-destructiveness," and "somehow precipitating the crime against themselves", (Martin, 1976, p. 154), then it was necessary to perceive the problem as a syndrome and to begin working with the husband.

For about half of the cases of spouse abuse, couple counseling was offered. In this population, the men were seeking help voluntarily, although the request had been initiated by their wives. They were men who acknowledged that violence was a problem with which they wanted help. Another portion of the population of battered wives involved in treatment were women whose husbands refused service. The husbands were potential clients but they were beyond the reach of our service system. While the earlier focus was on how to deliver viable services to battered wives, we now turned our attention to the wife batterers, exploring who these men were and how to engage them.

From the men we saw in couple counseling and from women's description of their husbands, it appeared that men who beat their wives reacted with violence to feelings of anger and frustration. Although the men felt it was wrong to inflict physical harm on another person, they were able to justify their abuse through projecting blame onto their wives. These men occupied traditional male roles. While violence towards one's spouse was not overtly accepted, neither was the use of one's fists disapproved of. In addition, some men came from violent homes. It is widely accepted that there is a high correlation between childhood and adult violence. Gelles (1972) states, "We found that many of the respondents who had committed acts of violence towards their spouses had been exposed to conjugal violence as children and had been victims of parental violence" (pp. 169-170).

In an attempt to reach these men, group work was selected as the appropriate method. The group setting maximized peer interaction and reduced individual resistance to change. It was formed to include only men and was staffed by a male

worker. This was consistent with the values and mores of these men who often socialized in groups that excluded women. If a group was to move beyond the initial stages of development, it had to incorporate patterns consistent with the men's lifestyle.

In order to minimize threat and prevent flight, the word "therapy" was avoided. Because of a generalized low frustration level, the group was designed to be short term and goal oriented.

The main professional objectives of the group were to sensitize the men to their violence and help them to rechannel their aggression into more socially acceptable forms. The population was drawn primarily from the husbands of wives in women's groups, with a few husbands recruited from couple counseling. One husband requested help for himself after his wife left him. In reviewing how the men became engaged in treatment, it is clear that with the exception of one group member, the men did not initiate service. Our men's group replicated the general societal situation in which women constitute the bulk of people seeking help and are in the majority of those in treatment (Chesler, 1972).

The men were told the nature of the group and its time duration. They were asked to initiate calling our intake worker as a demonstration of their motivation. The intake worker confirmed the appointment and provided information about the group. We offered reluctant potential members the opportunity of trying out one group and deciding for themselves whether or not to continue. Our assumption was that once they were in our service system, they would form a beginning level of trust and exploration, facilitating the change effort. Upon receiving commitments from five men, the group began.

The following is an account of the ten sessions of the batterers group.

In the first session only two of the five men who had made a commitment attended. The goals of the beginning session were to help the men to be comfortable, to establish relationships and to develop a therapeutic climate. From the initial session, the worker was direct about the purpose of the group. He stated that the goals were to discover why the men hit their wives and to stop this behavior. Active outreach was geared toward encouraging the missing men to come to the group.

Four men attended the second session, including the two who had come the previous week. The worker facilitated an emergent identification between members. All members acknowledged that they loved their wives and wanted the violence to stop. Every member, however, denied responsibility for the violence. One member stated that he hoped the group would stop him from violence. All members stated that their wives provoked them into violence by not catering to their needs. Statements included: the men felt frustrated by outside stresses and they expect their wives to instill calm; they expect their wives to act as if they are important; their wives have nothing to do all day so the husbands should be catered to when they return home at night. At this stage, the worker did not challenge their denial, rationalizations, and projections, although it was suggested that the problem was within the men. The worker asked if they thought they would hit any woman they were married to? When no one responded, it became clear that the group was not yet ready to be introspective. While there was an open discussion of descriptive examples that led to violence at home, and all of the men acknowl-

edged that they felt bad after batterings, there was a lack of appropriate affect; the men talked of wife beating as a fact of life. In the sharing of information, identification with one another and acceptance by the leader, group cohesiveness began to develop. This was exemplified by the men's request to extend the group sessions another half hour. They also continued interacting with one another in the lobby after the termination of the session.

In the third session, four members attended. Only two of the four who had been there the previous weeks returned. There were two new members. Many of the same themes emerged, particularly the projection of blame onto their wives. In this session the first expression of the group's value to its members was articulated. One member stated that coming to the group made him feel better because he saw that he was not the only one with these problems. The group expressed disapproval of seeking out help, calling therapists "do-gooders." They clearly differentiated between "do-gooders" and the group leader. As a result of the positive transference that developed, the worker was able to obtain a commitment from the members to attend every week. They admitted to wanting help. In addition, the worker was able to introduce another piece of the project's services: the use of the hot-line for immediate intervention. The worker suggested that when they felt like hitting their wives, they call the hot-line instead. The members were told that a hot-line worker would talk to them and try to help them to feel better. The worker also said that he would be informed of what transpired.

In this manner, the worker began to help the men to find a way to rechannel their aggression, delay the impulse to hit, and facilitate the achievement of change goals. In addition, he fostered the notion of continuity of service and agency identification. He reinforced the availability of helping persons at the project and his relatedness to the individual group member and the group as a whole. This demonstrated to the men that the worker respected their commitment to change and expected change to take place.

Another development in this session was the men's beginning discomfort with their violence. Although the men again justified their actions by blaming their wives, they began to speak defensively. One member questioned, "I wonder how many husbands have Orders of Protection against their wives?" After the ten sessions were completed, the plan was for this group to become a couples group. The worker was able to lay the groundwork for this in the third session by suggesting that they might want to invite their wives to one group meeting.

Sessions 1-3 marked the beginning phases of group development. An attempt was made to establish a relationship between the members and the worker and to create a therapeutic atmosphere that would be accepting and non-judgmental. Expectations and goals were clearly stated by the worker in order to clarify the group's purpose and to lay the groundwork for change. Because different members were present at different sessions, the goals were restated and reinforced. By the end of the third session, the middle phase of treatment had begun. The members had become committed to the group and their violent behavior began to be ego-dystonic.

All four members attended the fourth session and, in addition, there were four new members. Rationalizations and projections continued, but they were now be-

pinning to show sympathy for their wives' situations. One member stated that he shared housework with his wife a few times a week and he found it "dull and boring". Other men stated that they are "the boys" and their violence is fear that their wives are superior to them. One member even said, "I married a woman who was better educated than me so she could help the kids to learn . . . but I am the boss." They talked about their feelings of inferiority through the issue of women's liberation, openly stating that they do not want their wives equal to them. At the end of the session, one member suggested they exchange phone numbers so that they could call each other for help with a problem.

This session graphically demonstrated the development of intimacy, mutual aid, and group identity.

A core membership of five emerged at the fifth session, with seven members in attendance. There was acknowledgement that violence was a problem, although at the beginning of the session they still externalized the blame. Some men related incidents of violence that were not related to their wives. One member talked about wanting to shoot a neighbor's dog who would not stop barking. Another member talked about a work-related incident when he lost his temper. The members continued to refuse to take responsibility for their violent acts and to blame them on sources beyond their control. They referred to "stored-up energy that needs to be released," the need for medical treatment, "sick" as synonymous with a violent temper. The members jokingly referred to the worker as the only "normal" one there. After these admissions, motivation for change emerged. The members began to look critically at the problem and to assume individual responsibility. It was in this session that a member said that violence was his responsibility, and no one denied it. Someone made a suggestion that the violence was related to feelings of frustration, saying, "Maybe your frustrations on your job are related to your unhappiness and loss of temper with your wife." All members admitted that outside pressures started the violence. They began to look for solutions with the notion that it was within their power to effect change. This was graphically illustrated by advice giving. One man had separated from his wife and was dating her. He had gotten unjustifiably angry with his wife and was advised by the group to take her "out to dinner and talk nice to her," indicating that he could influence and identify the course of events. Because of the group's receptivity to change and acknowledgment of responsibility for the violence, the worker was able to take an open stand against violence. He stated that there were other ways to deal with wives. The group's response was "How?" The men talked about feeling comfortable in the group, stated they now felt they were getting somewhere, and confirmed that they had to look at themselves.

Session 5 marked a turning point in the group in spite of the fact that three men subsequently dropped out.

Session 6 dealt with change and the difficulty of change. There was open affirmation that spouse battering was wrong and that the men had to deal with their frustrations in a different way. One member was able to relate internalizing the group norm. He had the impulse to hit his wife in an argument but was able to curb it by remembering discussions in the group. This proved to be a breakthrough for him as well as the group because it illustrated that change was possible and that the power to change was within the members.

It was in the middle phase of treatment that group members made the greatest

gains. Intimacy had been established, with free expression, mutual support, and high communication characterizing the group process. Members risked themselves and openly stated they wanted to change. They tried to deal with their own problems and understand their own actions. The worker was able to modify the pre-existing group norm regarding violence and offer alternative role model values.

Sessions 7-10 dealt with the termination of the group.

The discussion of termination at session 7 disrupted the smooth flow of feelings. All members were resistant and negativistic. There was some verbal acting out through threats. Most of the session was spent with members encouraged to verbalize their angry feelings. The other issue that had to be raised at the session was the plan to invite the wives to a meeting to create an atmosphere conducive to the men's being seen in treatment with their wives. Session 9 was chosen for this program in order to allow for further discussion at session 8 about their feelings around termination. Session 7 ended with high levels of anxiety and rage.

When dealing with termination, it was expected that there would be a mix of emotions including feelings of loss and abandonment. Denial, regression, and recapitulation were other dynamic characteristics. It was not surprising that anger was released. The men had made a great investment in the group. They risked themselves with positive results. If the worker had cut off their feelings, it would have prevented them from successfully working through their separation anxiety. Predictably, in the termination stage the group members began to regress, exhibiting some of the behaviors that brought them to the group.

Session 8 was spent on the previous week's two major issues.

The men were able to resolve their feelings about the group's ending in two more weeks. With the help of the worker, they were able to deal more effectively with separation. Part of the group was task oriented, planning for the session with wives and discussing what they would have to eat. They also talked about their feelings regarding meeting with their wives. One member was looking forward to having his wife there, but many others expressed apprehension. One man stated that his wife always made him look bad when he was with others because she would graphically describe the details of her battering.

The members' ability to move on to other issues indicated that they had worked through their feelings regarding termination. They would not have been able to work cooperatively on a task if their separation anxiety had not diminished.

In session 9, only four out of five men came with their wives. The fifth member did not attend or call. All members expressed the importance of their wives' being present. The session was introductory and exploratory in nature, and the discussion centered around the couples' relationships. The wives were more verbal and articulate than their husbands. By the end of the session, all present felt the need to continue as a couples group. A commitment was made to meet as a new group with new workers.

New workers were chosen for two reasons. On a pragmatic level, the worker was

leaving. From another perspective, the group's configuration would be different and new workers symbolized both a new phase in treatment and a new beginning. It was also decided that a male/female team would help to model new male/female relationships.

In the tenth and last session the group focused on termination, reviewing what they had gained from the group and what further work needed to be done.

All but one member talked about the need to end their violence and recapitulated their commitment to change. The one member resistant to couple counseling was the same person who did not show up for the previous session. He had regressed to the point where he externalized blame, rationalized his actions, and denied that wife beating was a problem for him. The group was unable to influence him, but neither could he sway the group to his position. The worker left him with the expectation that he would reconsider and join the couples group. In the last half of the session, the new workers came in to provide a transition. It was in this phase that discussion took place about what they hoped to gain from a couples group. The new workers were also able to help the group deal with their positive feelings toward the old worker. The group was appropriate in their feelings and the transfer appeared to have been successful.

It was felt that this was successful professional service. These battering husbands had been hard-to-reach clients, invisible to the project, and prejudiced against therapy. The goals were clearly stated and reached. Group identity and cohesiveness developed. Group members experienced growth and were able to change their attitudes and views. Members were able to consolidate gains and to achieve a carryover into other situations. They incorporated the worker as a role model and internalized group values.

The initial success of the group grew out of innovative outreach methods and the social work principle of "least contest." The environment was made as comfortable as possible for the husbands by defining the group as short term, for men only, and staffed by a male worker. The offering of help was tailored to their needs. This author believes that often when treatment is unsuccessful, the cause for failure is within the treatment model, not within the clients. It behooves the helper to help and how that occurs is the professional responsibility of the social worker. With this group, the major effort was in understanding who our clients were and providing a structure that met their needs.

A postscript is that all but one couple continued in couple counseling. The couple who did not continue had separated, only to reunite later. By then, the group's membership was closed, although the couple did request group couple therapy.

CONCLUSIONS AND RECOMMENDATIONS

It is always difficult to offer service to hard-to-reach clients because their resistance to treatment probably affects our sense of effectiveness.

There is no clinical literature in the field of working with battering husbands, and this compounds the problem. In addition, violence is abhorrent to most of us. The knowledge that men have beaten their wives black and blue does not help to motivate a desire to engage with this clientele. Only since 1973 has there been attention directed to the plight of battered spouses. The presence of violence might be the sole factor that explains why this problem had not been addressed sooner by society as a whole.

The attempt to offer help to husbands who inflict violence on their spouses provided a unique opportunity to learn about the dynamics of the spouse abuse syndrome. It also afforded an opportunity to experiment with treatment techniques for working with battering husbands. Although the group met for only ten sessions, what was learned about the batterers was both illuminating and surprising. These men appeared normal in all other areas of functioning with the exception of marital relationships. All the men were steady, employed and some men had their own businesses. They were homeowners, good neighbors, and average citizens. They had the same concerns and desires as their wives, and they possessed the gamut of human traits and emotions. In most instances the violence was exclusive to their wives.

For these husbands, psychotherapy was not a part of their frame of reference. These men were brought to the attention of the project through the identification of a single presenting problem. They were able to become engaged in treatment because problem solving focused on the specific issue of violence. Several factors affected the decision to work with them in a group. Meeting with other men in groups was part of their lifestyle, and the group setting also decreased discomfort since the focus was not always on one person as it is in individual therapy. The fact that the group was short term was an advantage to the client, for the men would not have tolerated the time and investment involved in more traditional therapy. Time-limited treatment facilitated working toward realizable solutions (Strickler & Allgeyer, 1967).

However, the use of the group alone would not have totally provided the needed service. Another essential component for working effectively with battering husbands was the ability to provide immediate intervention. Because violence could occur at any time and could be life threatening, it was not possible to wait for the clinic appointment to deal with the crisis. If there was to be modification of the violent behavior and attempts to rechannel aggression, intervention at the time of the incident was essential. Calling the hot-line instead of battering a spouse is in and of itself an attempt at an alternative solution to the violence.

Not all batterers are identical in personality and pathology. Some men who beat their wives are too severely disturbed to benefit from treatment; others are not. In this group, rather than being unable to use help they were highly resistant to treatment. Pizzev (cited in White & Women's Aid, n.d.) speculated that some battering husbands might benefit from treatment. In some cases, violence may be a maladaptive response to particular triggering situations and can be modified over a period

of time. In the short life of this group, there were marked modifications in the violence. There is reason to believe that the violent behavior could be further reduced with continued help.

If these group members are a typical sampling of certain categories of batterers, then this information may shed additional light on why their wives remain in the hostile environment. Research has supplied some of the answers to this question (Gelles, 1972; Symonds, Note 2; Straus, Note 3). Based on the experience of this group, we can glean some answers from the men themselves. No wives were continuously beaten and batterings could be quite infrequent. The women *may* stay because their husbands are good husbands except when beating them. This is not to negate the seriousness of wife abuse, but it may aid in an understanding of the wives' reactions.

If violence in most cases is limited to wives, one might question what there is in the marital relationship that fosters violence. The author rejects theories of the sadomasochistic relationship and believes that the salient issue is intimacy. One hypothesis is that batterers cannot tolerate the close contact and exposure that the intimacy of most marriages demands. An area for further exploration might be the relationship between spousal violence and fear of intimacy.

When looking at the methods the project employed in treating battering husbands, several modalities were combined to provide an effective model for working with spouse abusers. These included individual, group, and crisis-intervention methods. Although this group was considered successful, some members dropped out of treatment. Questions must be raised regarding why they dropped out. In addition, follow-up is needed to determine if gains made in treatment have been sustained over time. Finally, experimentation with treatment methods must be continued. The problems of battered spouses have reached the domain of the helping professional. While the efforts made in this project to work with battering husbands were brief, the knowledge gained may serve as the beginning of the development of increasingly effective treatment techniques for abusers and their wives.

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A TREATMENT PROGRAM FOR MALE BATTERERS

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A TREATMENT PROGRAM FOR MALE BATTERERS

Although there are substantive efforts underway to mount varied services for women and children who are battered, there have been relatively few efforts aimed at assisting the batterer or perpetrator of domestic violence in our society. The handful of programs in the country have largely been volunteer efforts and have discontinued after a few months for a variety of reasons including lack of commitment to goals, lack of referral and lack of money. That social agencies have either refused to initiate services for batterers or been apathetic to this program-need speaks to the complexity of the issues surrounding such programs. The lack of both formal and informal education among health care professionals today in realizing the pervasive nature of violence in our society and developing both crisis and preventative programs to meet needs is commonplace.

A unique and innovative project has been initiated in Seattle, Washington under the auspices of the YMCA-METRO Center focusing on the batterers. This is one of the pioneer efforts in the nation to address specifically the batterer and is both a necessary and important element in a comprehensive approach to domestic violence, with attention to prevention.

This project encompasses three specific components:

- (1) A media-public awareness program aimed at reaching the general public with facts about battering. This educational effort is the first step in changing attitudes that support violence.

A speakers bureau or network bureau has been organized for radio, television and interested community organizations. A large grant has been submitted to the Washington Commission for the Humanities to mount major workshops and symposia for the first year project.
- (2) A small demonstration counselling effort has been contracted through Family and Child Service, a United Way agency. This aspect will involve both men and women in twelve week counselling sessions but is only geared to couples therapy. Extensive training and consultation in the battering syndrome is part of the counselling component; and,

- (3) A Network Committee has been developed geared to the exchange of information and will aim at coordinating the now unrelated services for domestic violence in the geographical area. A directory of services will be published and a 24-hour hot-line will be available for crisis as well as informational purposes.

The project is overseen by an Advisory Committee composed of representatives of the counselling-mental health field, criminal justice system including legal services, shelter movement, media and Metro staff. This Committee is very active and represents more of an administrative decision-making model than the traditional advisory model.

The project, although funded for only one year through the United Way Demonstration Project Section, shows evidence of already becoming a necessary component in the area's efforts to combat domestic violence. Although in embryonic stages, the aim will be to continue the original goals and objectives and to mesh the public and private sector in a model program for our nation.

AGENCY AND PROJECT PURPOSE

Metro Center is a branch of the YMCA that seeks to create innovative programs addressing substantive (social) problems in our society. Metro Center encourages individuals, groups and community initiative in challenging discriminatory and dehumanizing attitudes and institutions through positive action. Already responsible for several successful projects, a number of women's groups approached Metro Center staff in 1976 suggesting that it sponsor counseling groups for men who physically and psychologically abuse women. Since early 1973 Metro-Center had developed and supported the Men's Resource Center whose purpose was the extensive examination and re-evaluation of traditional males roles in our society. Because of recent developments of medical counselling and legal services for battered women and the opening of two shelters, an important missing link was the establishment of appropriate counselling services for men. Metro Center seemed a logical setting and was eager to develop this necessary program component in conjunction with a clear movement in the great Seattle area to combat domestic violence.

The Batterers Project actually began in November of 1977, almost a year after the initial report. During the interim substantial surveying and investigative activities including literature review were completed. The purpose of the project as initiated is two-fold:

- (1) To increase community awareness of the extensiveness of domestic violence and of its services, consequences to individual, families and society; and,
- (2) To focus on reaching men who themselves batter women and men who de facto support through their attitudes toward women an environment in which some men feel free to batter women.

The Project further aimed to fulfill the agency purposes and objectives to:

- (1) Assist people with constructive re-examination of values based on societal conditioning;
- (2) Assist people to become more involved in the decisions that affect their lives; and
- (3) Make people aware of the major issues in the community of how their actions can affect these issues;
- (4) Assist men in a constructive reassessment of what it means to be a male in today's society and to re-examine stereotyped sex-roles through the use of mens groups; and,
- (5) Aid men to gain a clearer understanding of their feelings and ideas about family life and child rearing.

PUBLIC AWARENESS COMPONENT

Battering, wife abuse or domestic violence continues to be a hidden crime, a taboo subject in our society. Indeed efforts continue by the health care community and the criminal justice system to ignore it and to sweep it under the table. Despite the enormous cost in injury and life, the drain placed on society, agency resources, the fact that battering is a definitive crime, the rate of incidence is increasing at alarming rates. Recent FBI statistics state it is ten times the incidence of reported rape, in itself a grossing under-reported crime of violence. Because society works ingeniously to protect and hide violence and battering behavior the issue of education and raising the level of community awareness in a sensitive but pointed manner became one of the initial and clearly significant objectives. Specific to this were the following aims:

- (1) Increasing public awareness of the scope of the problem;
- (2) Demonstrating in what ways marital violence impacts society as a whole;
- (3) Developing a background of public support in addressing the issue now and in the future;
- (4) Advertising the availability of a program to counsel men who are wife-abusers;
- (5) Encouraging men who are wife-abusers to seek counseling through the program advertised.

To accomplish these aims a major advertising firm was engaged to provide direction to the design of an appropriate public awareness advertising package. They further participated in garnering the support of business and in meeting with media in finalizing plans for implementation of the campaign. Metro Center staff worked extensively with media representatives to develop a series of public affairs presentations for television and radio and secured several public service announcements (PSAs). Articles appeared in major as well as neighborhood newspapers. Brochures were developed and transit billboard advertising was initiated. The advertising firm created three posters which have been well received and frequent requests for them have emanated from national as well as local sources.

In early 1978 with the assistance of a small grant from the Washington Commission for the Humanities, a series of public forums began entitled "Domestic Violence: Public Issue or Private Problem?" Scholars were paired with clinicians to present scheduled public meetings on different aspects of the domestic violence scene. In addition to the planned twenty small group forums, a television program and radio talk shows are scheduled for the future. Efforts are being made to reach not only the public sector but the professional groups as well. A volunteer speakers bureau has augmented the more formal public presentations.

THE COUNSELLING COMPONENT

The counselling effort was contracted to Family and Child Service of Metropolitan Seattle

Aimed at couples primarily the project also included some individuals when no other resource was available. The specific aims of the counselling component included:

- (1) Consultation with professionals and agencies active in domestic and family violence, including child abuse, sexual abuse, sexual offender programs and to seek their advice regarding the design and format;
- (2) Organize a team of professional staff at Family and Child Service to conduct counselling sessions;
- (3) Conduct training workshop for counselors led by Karil Klingbeil, Vicki Boyd and Anne Ganley;
- (4) Develop educational and evaluative materials;
- (5) Develop intake criteria for selecting prospective participants;
- (6) Establish a network of organizations for referral;
- (7) Establish and advertize a telephone hotline for men requesting information and services;
- (8) Develop model group therapy programs.

The specific methodology for the counselling sessions fell into the following format:

- (1) Two counselling sessions for ten groups each;
- (2) Each session will run twelve-fourteen weeks and will consist of weekly two hour sessions as specified:
 - a) Eight meetings in separate men's and women's groups of ten participants;
 - b) Four-six meetings in mixed groups of ten participants each.
- (3) Individual counselling when necessary during the duration of the program;
- (4) Individual counselling for people in crisis prior to the beginning of the counselling session;
- (5) An interim period between counselling sessions for evaluative purposes;
- (6) Use of resources for refining the programs and modifying the format and content as necessary - including additional indepth training of group leaders, prior to the second stage group beginning.

NETWORK COMPONENT

The purpose of the network was to establish information exchange, develop mutual support services and inter-agency cooperation in relation to project activities. To accomplish this several objectives were initiated:

- (1) Creation of a telephone hotline with backup answering service;
- (2) Publishing of a newsletter entitled "Make and Change" with an extensive mailing to agency personnel;
- (3) Maintenance of close contacts with other agencies and setting including the criminal justice system dealing with battering;
- (4) Development of a directory of agencies for services they provide; and,
- (5) Development of a comprehensive manual on how to conduct counselling program for batterers after sessions are completed and evaluated.

RESULTS

It is premature to report on the results of all components of the Batterers Project. Evaluation forms and criteria have been established, however, for all three major components. The Advisory Committee has met monthly since the inception of the Project and carefully monitored the public awareness campaign, counselling effort and networking relationships. More than an advisory capacity, the Committee has been instrumental in assisting in all program components, but primarily in the development of the intake system for couples in counselling, training of staff, and in the development of program evaluation. As of this writing the first counselling session has been completed.

Six two-person counselling teams received approximately twelve hours of training prior to initiation of the counselling sessions. These individuals were already professionally trained staff social workers and volunteered to participate in the Project. Extensive evaluation forms were devised for all aspects of the counselling sessions including training. The initial session began in April and continued throughout June 1978.

- (4) Changes for the future:
- a) Carry through of homework and having attorney come in
 - b) More practice in practical situations
 - c) More discussions of life style alternatives, sexual issues
 - d) More individual attention, smaller group
 - e) Childcare from the beginning
 - f) More on conditioning of women

LEADER'S EVALUATION - WOMEN'S GROUP

WHAT WAS ACCOMPLISHED:

- (1) Exposure to communication and problem solving skills
- (2) Support for one another
- (3) Issues clarified
- (4) Different perspectives presented
- (5) Movement from being a beating problem to learning how they can assert themselves

MEN'S GROUP - PARTICIPANTS EVALUATION

- (A) Expectations the men listed in the first session were rated according to how well they were met: (1-low to 5-high). Most felt they learned well: (all 4's and 5's).

- 1) About power in a relationship
- 2) How to communicate ideas
- 3) How to recognize and deal with feelings
- 4) How to communicate feelings
- 5) How to listen

- Other expectations were met to a lesser degree (3's and 4's)

- 1) How to stop a destructive fight
- 2) How to deal with daily tension
- 3) How to control one's temper and why one loses it
- 4) How to resolve a disagreement fairly
- 5) How to be patient
- 6) How to handle spouses anger and frustration
- 7) How to deal with frustration

- (B) A rating of the group leaders indicated they were most helpful in:

- 1) Providing a supportive and noncritical atmosphere
- 2) Knowing the subject well and able to explain it
- 3) Understanding the mens' feelings and ideas
- 4) Able to help them with their fear and anger

LEADER'S EVALUATION - MENS
WHAT WAS ACCOMPLISHED:

- (1) Introducing different ways of living, teaching that change is possible
- (2) Support from one another
- (3) Learned that good communication was a real possibility
- (4) Saw resolution to arguments
- (5) Learned that men felt equally powerless to women

PROBLEMS WITH THE DESIGN OF THE GROUP

- (1) Intensified isolation of the individuals, distorted perceptions
- (2) Separate time is a trade off-need the individual support yet costs in terms of extending the separateness of the people
- (3) Too much content and process to cover in eight weeks
- (4) Short term - should we choose couples with the same goals:
i.e. - separation or being together?
- (5) Two agendas in the women's group need to be faced - decision about the relationship separated women from the start.

SUGGESTION FOR FUTURE CHANGE

- (1) Present the project as a twelve-fourteen week series, not as eight and four series
- (2) Have a session near the beginning on resources - a forum to give information where everyone sees everyone else
- (3) Have two checkpoints (fourth and sixth session) for couples to meet together and see what is happening for one another
- (4) Need to present alternative life styles as an option - especially for the men who never brought up separation
- (5) Videotape a session and use with one another's group; or use fishbowl approach
- (6) Deal with the issue of blame from the beginning
- (7) For the men's group focus on how to accept the wives' anger
- (8) Have an optional longer session (2½ hours)
- (9) Counselors need more time for follow-up after each session

- (10) Focus on issues of relationship; decision-making about separation before communication skills
- (11) Present concepts through role plays earlier, not so much through presentation
- (12) Fear is real issue for women at the beginning, needs to be discussed in a more focussed way.

A critique of the Counselling sessions were conducted by counselors themselves and presented to the Advisory Committee. Comments are important in formulating changes for the future and are listed here for those who may be conducting similar sessions or initiating group sessions for couples or batterers.

GENERAL COMMENTS

- . Those individuals with alcohol problems didn't last very long in the sessions. It would be wise not to include them in the future.
- . Seven couples went through the whole series of individual groups.
- . Couples continuing into the couples series dropped out for various reasons after four weeks.
- . It was suggested that the whole series be thought of as one twelve weeks series than two, one eight weeks individuals sessions and one four week session for couples.
- . Working with these groups takes more time than was anticipated.
- . A monthly follow-up of the participants will be done by the counselors.
- . Telephone numbers were exchanged in both groups.
- . Some of the men are now participating in other men's groups.
- . It was suggested that groups be brought together again at a later date. The purpose of this was questioned.
- . Expectations for the groups may have been set too high. The problems shouldn't be expected to be resolved in twelve or fourteen weeks. However, there can be a therapeutic advantage to the high expectation. A balance should be found.
- . There should also be a balance found between individual and group work.

WOMEN'S GROUP

- . The women's groups were divided into two, those who simply wanted to know how to get out and those who wanted to work on their relationships.
- . This diversity of interest was problematic, it was difficult to get any cohesiveness.
- . Various approaches were tried, such as dividing the group time between the two issues.
- . It was suggested that two groups would be appropriate.
- . Two stages could be recognized and the group sessions be designed around them.
- . All these solutions are complicated by the fact that people change their minds often about what they want to do.
- . One topic that all the women could get together about was stopping the battering. This was others' experience also.
- . The group began with a few sessions of ventilation, both anger and fear.
- . After this ventilation period, there didn't seem to be enough time left.

DYNAMIC BETWEEN WOMEN'S AND MEN'S GROUP

- . Participants in both groups were very curious about what was going on in the other group. It was suggested that this is symptomatic of the inability to give each other space and could be used to focus on that problem.
- . The women's group stopped asking questions after the second session partly because of a recognition of the problem.
- . The counselors got involved in the dynamic also, pointing up the strength of the dynamic and the disparity with which the men and women viewed the same situations.

MEN'S GROUP

- . Men started out scared and nervous, felt they could be blamed. The first issue was to provide a certain level of comfort. Cookies and coffee helped.
- . All the men were interested in keeping the relationship going. Some saw the group as the last possibility to do that.
- . The men chose not to talk about the specifics of violence.
- . Men were more talkative than was expected. A couple were particularly expressive and served as role models for others.

- . Counselors felt they could have been more confrontive.
- . A sense of comradeship developed. It occurred particularly when one man confessed a battering incident. The group decided not to kick him out and came up with concrete suggestion for dealing with the problem. This is when telephone numbers were exchanged.
- . Men were frustrated and confused - particularly angry at the "silent treatment."
- . Men started out very task-oriented. That is, they wanted to know the steps to keep their relationship intact.
- . Role plays were used - it was felt that they could have focussed more on the feelings of the women.
- . Men tended to minimize problems. Reports by women corroborated this.
- . For those who went through the eight weeks some changes occurred - battering stopped at least temporarily and some doors were opened. It was understood that basic changes would occur only over the long period.

Although initially somewhat disappointing in numbers referred to the counselling sessions, the overall outcome for those who completed the sessions has been quite positive. The goal of stopping battering behavior was realized as well as several other positive gains as mentioned. Caution must be exercised by counselors not to have unreasonable expectations for major success in all areas. Batterers are exceedingly difficult patients and require more long term sessions than originally planned.

PRACTICE PRINCIPLES FOR HELPING MEN WHO BATTER

by

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PRACTICE PRINCIPLES FOR HELPING MEN WHO BATTER

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Men who batter are victims of domestic violence. They are victimized by their own lack of communication skills, fear of intimacy, and dependency on the woman they batter. They are further victimized by a society that trains men to be inadequate through a rigid support of male sex-role stereotypic behaviors. Men who batter are the products of a society that trains men to be 1) unaware of their own feelings, 2) dependent on women to take care of feelings in the family or relationship, 3) problem and action oriented as opposed to process oriented, and 4) programmed that anything less than perfect behaviors is failure.

The majority of men who batter are not crazy or hideous monsters. Most are "nice guys" who function well in most situations that do not require intimacy. In relationships, however, these men are either very passive with occasional outbursts of physical, emotional, or sexual abuse on their partner or family or are constantly explosive with their partner or family. An estimated 15-20 % of men who batter are abusive outside of this family setting as well as at home. This group of batterers is generally not seen in counseling because the men are behaviorally psychotic or sociopathic, reside in jails and institutions, or are openly hostile to any type of intervention in their life styles. These men are probably extremely dangerous to themselves and/or others but little is actually known about them.

Before helping men who batter, helpers must believe the following values and assumptions:

1. The abuser is solely responsible for his own violence and abuse. No matter how much stress there is in a relationship, the abuser is not provoked to use violence. He chooses violence as a means of coping with stress. The abused cannot cause nor eliminate the abuser's violence.
2. Once the abuser uses violence to cope with stress, he will rarely stop using violence spontaneously. Violence is a behavior that is addictive and immediately effective eventhough destructive in the long run.
3. Violence is a learned behavior. It is learned by individuals through the culture. The dominant culture teaches that people who are in authority or are right can control or manipulate other people. For example: parents can "discipline" or hit a child for not thinking or behaving the "right" way, churches can dictate the "right" way to think and fee, schools can determine the right job for each person, advertising describes good behavior for each sex and race, etc.. The more the family believes and practices the principles of this culture, the more likely the the individual will learn this behavior.
4. Initially, in counseling, the problems of the relationship cannot be the focus. It is too dangerous to discuss the problems of the family until all members are safe from being abused. Couple or family counseling with the abuser present should never happen until the violence has stopped and the abused is no longer afraid of the abuser. To develop trust, equal communication, and mutual support necessary for solving family problems, safety must first be achieved.

5. Group counseling is much more effective than individual counseling. Groups lessen the shame, guilt, and isolation felt by each family member by demonstrating the commonality of abuse. Because group members are at different stages in their efforts toward non-violent behaviors, individuals have more opportunity to teach and practice skills already learned or learn from positive role models.

6. Group leaders must be aware of his/her own attitudes and experiences with violence. The group leaders provide information, positive role models, and confront violent values and behaviors. The group leaders should be sensitive to the overt and subtle destructiveness of all violence. A male-female co-leader team appears to be the most effective method for modeling, teaching, and discussing non-violent communication skills and behaviors and the effects of socialization.

Groups for men who batter involve major phases. The material described in each phase needs to be incorporated throughout the work of the group. The emphasis however is placed in the following sequence:

BREAKING THROUGH THE DENIAL

Men who batter characteristically minimized and deny their own use of violence. Whether this is done consciously or subconsciously is not important at the onset of counseling. The function of denial is to relieve him of the responsibility of the behavior and therefore the responsibility to change himself. Denial serves to also protect him from extreme depression resulting from acritical evaluation of his life style and situation.

Denial can be observed in the following behaviors:

1. Blaming the victim. If he can blame her for the abuse then all he must do is get her to change her behavior. The abuser will only tell what she does to cause his violence and how her behavior is provoking him.
2. Justifying his violence. He will relate an incident in such a manner that the listener will have to conclude that violence was the least destructive or only alternative. Again, the focus will be on how right or good he is and how bad or wrong the abused is and was.
3. Distorting. The event will be told accurately except that some facts will be changed or ameliorated to make him look good or right. If he was drunk, he might only recall having had a few drinks. If he broke her jaw, he will have only slapped her or she accidentally hit the wall. If he was screaming insults for an hour, he only raised his voice a little. etc.
4. Externalizing. He will place the reason for the abuse on some other person or event. For example: he was too drunk to know what he was doing; he had a difficult day at work and was too tense; the chair got in the way; she did not move quickly enough; he has a bad temper, anyway; etc.
5. Omitting and lying. The story is not accurate because the details are not told or another set of incidents are told. Often this is not obvious.

In order to break through the denial, it is important for group leaders to ask direct questions. Anytime blame is shifted to someone or something else or there appears to be a time/information gap in the story or the abuser appears to be blameless, the group leaders should point out the discrepancy or denial. To

do this reinforces to the man that he is responsible for himself and therefore can change his behavior. The important concept at this stage is that eventhough he is never in control of others or the situation, he is always in control of his feeling and actions. Noone can control his feelings and actions other than himself.

The tool for establishing that he is always in control of himself is the provision of information about abuse. He needs to know what is violence, how he learned to be violent, and why he continues to use violence to try to control others.

Defining violence. There are four types of violence: physical, sexual, emotional/environmental, and social abuse.¹ Each type forms a continuum from minor to major lethality.

The most obvious form of violence is physical abuse. This begins with lack of consideration for the physical comfort of others (forgetting a person who is waiting for a ride or walking too quickly for a child to keep up); pushing; shoving; hair pulling; slapping; and escalates to actions like shaking, punching, bruising, twisting of limbs, breaking bones, denying sleep and nutrition, denying needed medical care, causing internal injuries, using household objects as weapons, causing permanent injury, using weapons (guns, knives, drugs), and finally murder.

A part of physical abuse is sexual abuse. On a continuum this begins with the objectification of women through jokes, humiliating or degrading comments and name calling, unwanted touching, and escalates to uncomfortable ouching, demands for sex or punishment by rejection of her as a sexual partner, degrading her while having sex, forcing sex, forcing sex after a beating or under threat of a beating, using penetrating household object in sex, causing injury during sex, using weapons to force sex or for sexual manipulation, causing permanent injury, and ultimately murder.

Another form of violence is emotional/environmental abuse. Emotional abuse includes those behaviors that are done directly to the person to render her helpless and totally dependent on the abuser. This begins with jokes about her habits and faults as a woman, ignoring her feelings, screaming and yealling menacingly during arguments, repeated use of insults, repeated humiliation, blaming her for anything that goes wrong in the relationship and escalates to labelling and repeatedly calling her degrading and derogatory names (crazy, bitch, whore, dumb), threatening to use physical/sexual abuse, constant denial of her feeling and abilities in her work/home roles, blaming her for the violence, describing promiscuous activity with others, constant unfounded accusations about affairs he is having, threatening to abuse the children, threatening to hurt her and/or the children if she leaves, threatening to take the children away or commit her, and eventually claiming to love her only when she acts paranoid, hysterical, psychotic, or suicidal/homicidal. Environmental abuse includes those abuses that parallel emotional abuse but that he does to others or in the environment in order to isolate others from her or have them confirm that she is crazy. This begins with jokes about women and roles of women in general, physically or psychologically driving away family and friends, constant degrading of her family/ethnic/religious customs or beliefs, and escalates to keeping her economically dependent on him, moving repeatedly, imprisoning her by geographic isolation or asking her stay in the home, destroying her possessions and pets, physically and/or sexually abusing the children, switching her medication without her knowledge, threatening to kill himself if she does not change her "bad habits", turning the children against her, and eventually manipulating events and others until she believes she is paranoid, hysterical, psychotic or suicidal/homicidal.

The last form of violence is the social abuse of victims that serves to re-inforce the abuse done by the abuser. This includes the family that approves of spanking and control of others and not self as a form of discipline; the family, church, and school system that teaches rigid life roles to men and rewards: actions rather than how to solve problems, the showing of anger and depression rather than a full range of feelings, a vocabulary that excludes an awareness of feelings and intimacy, an attitude "it's a dog eat dog world and men who get ahead are always one step ahead of everyone else", and finally that women are not as capable or important as men; the family, church, and school system that teaches rigid life roles to women and rewards: the showing of most feelings except anger, the value of taking care of others first before or instead of self, the responsibility for making certain the family is together, the value of feelings and process above making decisions, the need to depend on other to make decisions, the value that men are more intelligent and will protect women, and finally that other women are competition and cannot really be trusted. The media displays violence as a problem solving technique and reinforces "correct" male and female roles. The other systems that support these attitudes also includes the police and legal system that often blames the victims for their own demise or don't respond to victims' cries for help. The medical system that often does not address abuse and disbelieves or blames the victim or mismedicates the victim. The social service system that often fails to respond to, blames the victim, or does not address the victim's need for safety. Finally, an economic system that undervalues or exploits women and children while overburdening men with unrealistic responsibilities.

This information is suggested by both the men and the group leaders by the question: "What is physical abuse?" "What is sexual abuse?" "What is emotional/environmental abuse?" and "What in our culture supports or encourages these behaviors?" The information is then written, as it is spontaneously verbalized, as a continuum.

The man who batters can then understand that the violence he utilizes has been to get her to do what he wants but that this behavior has or will probably result in; 1) her not being able to do what he wants, 2) her leaving him, or 3) the relationship's eventual breakup by divorce, separation, or death.

The second part of the information is to explain the function of anger. Defining Anger. Anger is a natural feeling for most people and serves several useful functions. It helps to excite and strongly express feelings. Like fear, anger also energizes the adrenalin so that the body can move quickly for protection. Negatively, like fear, anger also disrupts clear thinking. During fearful or anger situations the person usually does what he has been trained to do in the past during similar situations. Physical violence, in particular, helps use the built up adrenalin and reverts the body to a more calm state. If violence has been used in the past, the batterer has also learned that after hurting or insulting someone, she usually stops putting stress on him. This effectiveness of the violence combined with the physiological release of hitting explains why men who batter do not just stop using violence spontaneously.

Most often anger is a secondary or phony feeling that is a summary for other feelings. Feeling of fear, hurt, insecurity, inadequacy, guilt, being ignored or discounted, and feeling out of control of a situation are some of the feelings that are often called anger. For men who have not been encouraged to feel or express these other feelings, anger appears to be the first and only thing they feel. Anger also appears to automatically turn into aggression.

ANGER CONTROL

The key to anger control is to use anger, the tension felt in the muscles and the desire to be aggressive, as a cue that the situation is out of control. 2,3

To develop an anger control system, the following steps are necessary:

Cueing. The group leaders should teach each man in the group to talk with his spouse and children if possible, in order to establish an early warning system to assist him in the prevention of his violence. This consists of a verbal cue and a sign to clearly express that he feels or looks angry and might use violence. The verbal cue can be words such as : emergency stop, I'm too angry to think or talk, I need a time out, etc.. The sign can be gestures close to the body, such as: time out sign used in sports; holding oneself tightly with both arms, etc.. This cue should remain the same until there is a mutual agreement to change the cue. The man should then remove himself from the situation to an agreed upon room or place. He should remain there undisturbed until he realizes he is in control of himself and does not have to try to control something or someone else. It is crucial for each man to understand that leaving a situation unresolved or another person arguing is preferable to hurting someone. Solutions rarely occur when one or more persons feel angry.

Self-Talk. Before, during, and after an anger situation, it is important for each man to learn to hear what he says to himself. This silent monologue and its interpretation is the mechanism that aids men who batter to convert primary feelings to anger and then into aggression. This same mechanism will later be used to prevent the conversion of feelings and the escalation of them into aggression.

Examples of anger producing negative self-talk:

- she called me a name
- it was a dirty name
- I can't let her get away with that
- I'll show her
- she should be punished

Anger reducing self talk contradicts this conversion. These statements redirect the man's energy to a broader range of feelings. At first, positive self-talk can be written on 3" by 5" note cards and read silently after or instead of using the "cue"

Examples of positive self talk:

- I can control my anger
- I can take deep breaths to give me time to think
- if I get too angry, I can use the "cue" instead of hitting
- there is no point in getting mad about this
- as long as I keep my cool, I'm in control of me
- I'm the only who can make of fool of me
- I don't need to prove anything
- My muscles are getting tight
- maybe we've both right
- the last word is really not important
- actually, I'm not really mad, I'm hurt

Relaxation. One alternative to hurting someone is for men who batter to use the cue of being angry as an indicator for the need to relax. There are several relaxation techniques that are simple to learn. Some examples of these techniques are autogenics, self-hypnosis, psycho cybernetics, Transcendental Meditation, and biofeedback. Progressive Relaxation⁴ is one of the easiest to learn. As part of Progressive Relaxation it is best to teach each man to develop an imaginary place that is tranquil and private. This allows the emotional pairing of pleasure and physical relaxation. It should only add about

two minutes to the ten or so minutes spent on relaxation. Practicing this technique twice a day will gradually help to reduce everyday tension.

Self-care. Self care includes many factors. As part of anger control, the most important facts are proper nutrition, sleep, and exercise. Without a regular cycle and enough sleep it is impossible to really feel relaxed and think clearly. Nutrition is important to evaluate since many foods currently available contain large doses of sugars, salts, artificial food colors and flavors, and additives. It also vital that men who batter re-train themselves to not utilize substances as a means or tension release. Drugs and alcohol depress the central nervous system by putting part of the system to sleep. This increases the probability of impaired judgment. After the chemical begin to wear off, the tension level actually becomes greater than before the use of chemicals. This can lead to psychological and physical addictions. Poor nutrition, sleep, exercise or chemical/substance habits may not affect everyone in the same negative manner but when violence has been present, reducing each little stress factor becomes an advantage.

UNLEARNING ABUSIVE COMMUNICATION

The most crucial step is for each man to pledge himself to stopping his violence and never rely on it again. Most men who batter do not recognize low level forms of tension. When they are not angry, these men view themselves as "nice guys". In other words they do not say how they really feel. Men who batter are experts at swallowing their feelings, overlooking slight tension and irritations and trying to "be cool" until the moment they explode. Learning to be assertive gives men who batter an acceptable way of expressing themselves with someone else.

Assertiveness. Assertiveness is neither passive nor aggressive. It is a method of communication that neither frightens, intimidates, or manipulates the listener. With assertive statements, the person can say no or yes without having to justify or defend an opinion. Because assertiveness includes expressing a broad range of feelings, it helps each person to only take responsibility for him/herself.

Men who batter have a tendency to want to use assertiveness techniques as just another way to control his family and partner. Many reenactments of recent events are necessary for each man to learn to identify, label, and express the broad range of feelings he experiences. The role-plays and reenactments with the group are crucial for each man to be convinced that assertiveness is not going to hurt him in the long run, that he is not giving up control of himself, and that he can master the skill.

UNLEARNING DESTRUCTIVE MYTHS

The social abuse continuum outlined the ways in which major institutions assisted in or promoted rigid life roles for men and women and their acceptance of the use of violence. These roles are summarized by short statements that are said as apart of the negative self talk. These statement serve to justify anger and aggression. Some examples are;

Work twice as hard as the next guy but expect no reward.
 A woman should know how to please a man
 If she loves, she won't criticize me
 Men know more about sex than women
 Women are always too hysterical
 A man must be right in his own house

A man who shows weakness is a sissy
 There's only one right woman for each man
 When pushed, a man must stand up and fight
 Kids should be seen and not heard
 Men need sex more often than women

In group and between groups, each man must examine the myths he has incorporated into his everyday thinking. It is helpful if men keep a journal or log such as the one below:

Description of the situation when I became angry	Feelings I was aware of during the situation	Recalling the situation, I am aware of these feelings	Myths that I am aware of that support my converting feelings

It is important that group time not be used as a homework check. The content of the journal help each man to retrain himself to hear his own self-talk, recognize the pattern in other men as they discuss situations, and begin the slow process of ridding himself of unwanted myths. The process is slow because it is extremely difficult and painful to separate myths lived with since childhood, myths that are constantly reinforced by the society and culture, and then believing that these statement are not true.

One crucial myth that represents the final breakthrough into non-violence is: "I need her because I love her". This phase is very similar to what is called addiction counseling. In many ways, the man who batters is as addicted to the woman he batters or any other woman who would take her place as an alcoholic is to alcohol. The man who batters believes that she will make him feel good about himself, she will love him like noone else could, he/she could not survive without each other, and if she would ever really understand and forgive him then he would finally be alright. Once he can understand that love does not equal need and that noone else can make him feel goo other than himself, he can stop using violence.

MAINTAINING NON-VIOLENCE

Violence , as said earlier, is not caused by individual psychopathology. Violence is an inherent part of the culture. If a man who has been violent is to never be violent again he will have to develop a peer and support group, a miniculture. Through this culture he can get support for being non-violent and not have to be addictively dependent on his partner and family for emotional support. Dveloping this support usually takes the full twelve to eighteen months while the man is going through the four phases of the counseling program.

SAFETY CHECKS--THE RESPONSIBILITY OF THE GROUP LEADERS

Group leaders must remember that domestic violence always involves the possibility of one or more persons dying. Safety should always be the first and last consideration whenever attempting a new technique, assuming that details in a

story are true, or that the man is really progressing very quickly. Safety checks must be done before and/or after every group. The safety check can be done either with the battered woman herself or with the shelter staff/volunteer who is working with her. It is best if the group leader can do the safety check with both.

With the battered woman, the group leader must know the abused's perception of any violent or potentially violent episode that occurred between counseling groups. Non-violent episodes are helpful but this will most likely come from the abuser himself. This information gives the group leader an awareness that is necessary in order to realistically breakthrough the abuser's denial system. The information should be utilized only as confidential background material. To use this information to openly deny an abuser's story would only endanger the safety of the battered woman once the abuser has a chance to confront her. The safety check should also make certain that the abused and the children, if any, have a plan for escape to safety if the abuser chooses to become violent again. The plan should be detailed and practical (transportation, place of refuge, a friend/helper to call for transportation, etc.). It is also important that the abused understand the lethality of her situation. Men who batter do not change quickly and very often do become potentially more violent when there a great deal of stress in their lives. Counseling is very stressful!

When the safety check is done with a shelter staff or volunteer, it is important to do all of the above. In addition, both group leader-shelter staff should plan the parallel goals for both the abuser and the battered woman. This includes making certain that both understand "cueing", the value of non-violent parenting, who is responsible for the violence, the importance of intimacy and trust in a positive family relationship, etc.. Developing parallel plans also helps both helpers to anticipate potentially dangerous times and preparing both for the possibility of a least a temporary separation. Helpers must remember that the abuser will view a shelter stay much more highly if he views it as helping him not hurt his family and possibly preventing an outburst of violence. Helpers can also review their goals to make certain that the goals are realistic for all family members.

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**Domestic Violence: Issues in Designing
and Implementing Programs for Male Batterers**

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American Lake Veterans Hospital, Tacoma, Washington**

**To be presented at American Psychological Association
Tuesday, August 29, 1978
2:00 - 2:50 pm
Toronto Harbour Castle Hilton Hotel
Room: Pier 4**

**Domestic Violence: Issues in Designing and
Implementing Programs for Male Batterers**

**Anne L. Ganley, Ph.D. and Lance Harris, Ph.D.
American Lake Veterans Hospital**

In recent months the problem of Domestic Violence has commanded increased national attention. Presently the two houses of Congress are considering Bills to meet the multiple needs of families caught in the throes of violence. Research and clinical experience have multiplied as evidenced by the literature now available on child abuse, incest, and battered women. More and more community groups are responding to the problem by establishing crisis lines and/or shelters for the estimated 1.8 million battered women (Straus, 1977) and their children.

Contrary to popular myths about domestic violence, the physical assaults are not caused by the victim's behavior or by her masochism (Walker, 1977; Martin, 1976). Furthermore, it is the position of these authors that except for physical self defense, the use of violence is NOT justified in intimate relationships. Consequently, providing treatment for or doing research on the victim will not stop the violence of the batterer. While the victims and their children must be given priority in support services, prevention of domestic violence requires treating the offender.

Sociological Factors:

If the victim does not "cause" the violence of the offender, who or what does? Sociologist Murray Straus (1977) outlines several cultural norms that facilitate violent behavior in the family. He

states that this society views violence as a legitimate means of resolving conflict. Thus, it should not be a surprise that family conflict is sometimes resolved in this way. Not all family violence is a response to family conflict. Some of this violence is related to stresses on the job or elsewhere. Until recently society considered what went on in the home as outside the domain of public concern. Thus, there are fewer sanctions against violence taking place in the home than anyplace else. If a man is assaultive as a reaction to the stress of living, he is more likely to be violent at home than elsewhere. One myth used to justify violence is that any person will be violent given the right provocation. Social learning theorists such as Bandura (1973) indicate that actually there are a wide variety of responses to stress or frustration, with violence being only one of them. While these and other cultural norms about male dominance (Martin, 1976) influence people to be violent, they do not explain fully why some men are assaultive and others are not. Nor do these sociological factors suggest clearly what can be done for those who do batter.

At this point there are no clearcut answers to those questions. There has been little research on men who batter spouses.¹ However, we do have some clinical impressions gathered from 1) our work with batterers on an individual basis, 2) our experiences as co-directors of a pilot project for male veterans who assault adult family members and 3) our conversations with other clinicians working in the area of domestic assault. This information raises significant issues in designing and implementing programs for male batterers.

1. This article is limited to a discussion of men who batter other adults with whom they have intimate relationships. For our population the abused person has been female. The authors refer child abusers to other resources.

Characteristics of Male Batterers:

In order to develop treatment programs, attention must be given to an understanding of the men who batter. There seems to be consensus on two points. First, men who assault adult family members come from all races, socio-economic classes, and occupations. There is some controversy as to whether there is a higher percentage of batterers in one socio-economic class than another and if so, what does it mean (Straus, 1976). While this controversy is not fully resolved, it is clear that we can no longer assume that domestic violence is limited to only one group. Secondly, men who batter seem either to have been battered as children or to have witnessed physical abuse in their families. Our own limited research sample indicates that 63% had that experience.

While there appears to be some consensus on those two points, it is more difficult to generate a definitive profile of a "typical batterer." The comprehensive research on men who batter has yet to be done. Thus, our understanding rests on a list of characteristics which seem to apply in varying combinations to batterers. This is not an exhaustive list but a select one on which the aspects of the Domestic Assault Program at American Lake Veterans Hospital was based.

Many men who batter women have intense, dependent relationships with their victims. They seem to experience a great deal of fear of losing the relationship and take extreme measures in controlling it. These controlling behaviors include the violence itself, monitoring all activities of the victim, limiting who she sees, and so forth. The men appear excessively possessive and jealous about their partners. For example, one man's wife was fired from her job because he called her sixteen times a day to check on her whereabouts. Before she was fired, he insisted that she stop taking her lunchbreak out of the office because he was fearful of her meeting someone and starting an affair. Her compliance did not reassure him as he then went to her office each day to sit with her while she ate. It is

possible that the men feel so dependent on their relationships because they see themselves as having few other supportive relationships. Although they may appear to socialize easily and know many people, the men do not see these friendships as affirming of them. As one man put it, "everyone wants something from you... you can't trust anyone." The Domestic Assault Program at the hospital attempts to confront that dependency by placing the man in a four week residential program. There he is forced to function somewhat more independently of his victim, while being encouraged to build other relationships with his peers. Both the buddy system (pairs of men are expected to cooperate in certain tasks and activities) and the group nature of most activities were designed in part for those purposes.

Battering men seem to have difficulty in identifying many of the emotions except for anger. Their experiences of fear, anxiety, frustration, hurt, irritation, guilt, disappointment, etc., get lumped together and are expressed as anger. Usually the target of this anger becomes someone or something in the batterer's immediate environment (such as a spouse) and yet that person may have nothing to do with the distress. One man in the treatment program who was experiencing a great deal of anxiety about another resident's abrupt departure from the hospital became enraged when another veteran attempted to beg a cigarette. Most states of arousal get labeled as anger. During treatment the residents are encouraged to become more attuned to small cues of arousal and to appropriately label that emotion.

Even as the men begin to identify and label more appropriately their emotions, they seem to have difficulty in verbally expressing what they think, feel, or want. They may have highly developed verbal skills for their professional lives as lawyers, businessmen, contractors, etc., but do not have the verbal skills to express their personal needs. Instead they expect their intimates to know what they want without their asking for it and to automatically fulfill those needs. The Domestic Assault Program attempts to deal with these deficits through assertiveness training. A part of that approach

focuses on confronting the irrational beliefs which prevent them from being assertive. One example of their irrational beliefs is "if she really loved me, she would know what I want without my asking."

These men may be impulsive, acting without thought of the consequences. One man cited a time where he had quit his job suddenly because his boss had asked him to stay overtime. He said he was very shocked when he realized that quitting meant he would have to look for a new job. He had acted impulsively without considering how his quitting would effect him. This impulsivity can greatly effect their motivation and follow-through in treatment programs.

The men are not always violent. They also can be charming and quite loveable both with their victims as well as with others outside the family. Some of the men in the veteran's project experience periodic depressions and are sometimes suicidal. For some of the men, but not all, those suicidal feelings are connected to their recognition and disapproval of their own violent behavior. For some it occurs when the victim makes a move independent of his control, such as seeking therapy or separation.

One characteristic that seems common in most men who batter is their minimizing and denying. They tend to minimize the seriousness of their violent behavior to themselves as well as to others. Although at one time they may answer in detail specific questions about their severe beatings, they may then turn around and say "it wasn't that bad." Even in a treatment program they will alternate between full recognition of their violence to a denial that they have any problem with it. Thus, any treatment program for these men requires that staff have access to corroborative data. Phone calls and weekly separate group meetings for family members serves this function in our treatment program.

The men who batter may or may not have a problem with drug and/or alcohol abuse. Some battering men do not drink or use drugs at all. One reported that he did not like the feeling of being out of control when drinking. Some have a drinking problem but batter

whether they are drinking or not. Others batter only when drinking. In referring men to treatment programs, the issue of alcohol or drug abuse must be carefully assessed. Stopping the drinking will not necessarily stop the battering. For men who have both problems treatment should focus on both as separate but related issues. One does not necessarily cause the other. If the two cannot be dealt with simultaneously our preference has been to recommend the substance abuse treatment first. Often the men resisted looking at their battering as a problem until they had dealt with the drug or alcohol abuse.

Violence Repeated:

The men we have interviewed or seen in treatment have been violent in more than one relationship. For example, our small research sample of nine men had a total of twenty-one long term relationships, only three of which were not violent. It is our assumption that battering men will continue to be violent even if they change partners, unless a major change occurs within the individual men. It is not a matter of his finding the right partner who will solve his problem of assaulting others. Our experience has led us to believe that the violence is not a function of the intimate relationship but a function of how he expresses and resolves stress. In treatment there is an emphasis on stress reduction skills such as relaxation training and daily physical activities, accompanied by assertive skills training to increase non-aggressive communication and problem solving.

Implications for Therapeutic Intervention:

An understanding of these characteristics of battering men clarifies why traditional individual psychotherapy and traditional marital therapy do not seem to be effective interventions in domestic violence. In traditional individual therapy a great deal of stress is placed on the one to one therapeutic relationship between therapist and client. In order to assess change, the therapist needs to

have an accurate picture of the batterer's emotional state and his behaviors. Typically the therapist does not seek external input from family members or client's peers. Without this corroborating data the therapist may become lost in the batterer's maze of verbal reports "that everything is fine now" because of minimization.

In traditional marital therapy the one to one therapeutic relationship is between the therapist and the couple as a unit. Usually the therapist does not see one member of the couple separate from the other. Thus, in such therapy one often finds that both members of the couple are minimizing or denying a great deal. The victim sees her survival as dependent on her supporting most everything the batterer says. Also, marital therapy as initial intervention may give a false impression that the violence is caused by the woman as well as by the man. While the woman may be contributing to the dysfunctions in the relationships, she is not responsible for his assaults. If both members of the couple want to improve the relationship then follow-up therapy is provided after he gains control of his violent behavior.

The design of treatment programs for batterers should not only reflect the characteristics of the batterers but also the specific goal of treatment. At the Domestic Assault Program of American Lake Veterans Hospital, the primary goal is to stop the battering, not to improve the relationship. The batterer may or may not be in a marriage or intimate relationship upon admission. Our theoretical orientation is that violence is learned behavior. The focus is on the batterer's skills and deficits. This attention to behavioral deficits rather than to the psychodynamics of the batterer or the battering relationship provides clear guidelines for treatment and clear measures of change. The therapist routinely assesses how well the man is doing by noting changes in assertiveness skills, in use of timeouts and other arousal reduction techniques, in aborting jealous reactions, etc. Changes in his behavior are more significant than his self reports given the batterer's tendency to minimize.

Court Directed Treatment and Follow-up:

As previously noted, the men can be impulsive and this affects both their motivation to be in treatment and to follow through. The Domestic Assault Program at ALVAH is strictly voluntary. During stressful points of the program the veteran's first reaction was to leave the hospital and some did. Those who remained throughout the four week phase reported that they felt they had to stay until they officially finished the program or the spouse would divorce them. Thus, the main motivation appeared to be one externally provided by the victim or a family member. Initially the men may need an externally directed motivation for remaining in treatment. However, expecting the victim, who also is in crisis, to provide consistent expectations which will motivate the offender is unrealistic. Court directed treatment would be one way to provide at least temporary external reasons for batterers to seek intervention. This court directed treatment should include an outpatient follow-up phase of at least a year. For men who remain in relationships with their victims, the follow-up phase is necessary to maintain anger control skills as they renegotiate a relationship without battering. This follow-up can include marital therapy to improve communication between the two. For men who no longer are in a relationship with the abused person, the follow-up phase should be long enough to include a period of time where he is involved in another significant, intimate relationship.

Agency Issues:

The reality of working with this particular population raises issues for the agency where such treatment programs are offered. Since domestic violence is just being recognized as a public concern, myths about the nature of the problem still abound. This lack of understanding about the violence isolates the offender from treatment. To break through this isolation, the agency first needs to educate its own staff. Sometimes a batterer or his victim are already utilizing general medical and/or mental health facilities but

do not reveal the violence as part of their problems. In order to identify and to serve the clients more effectively, agencies should include specific questions about family violence as part of the intake interview. When that problem is uncovered, the batterer and his family should be referred to staff members who have developed treatment strategies specifically for this issue.

Secondly, in order to reach the batterers who have not sought any assistance before, the agency must provide education for the general public as well as for the potential referral sources. This education needs to cover not only information about domestic violence in general but also information about the agency's programs for batterers. This outreach requires an agency commitment of staff time for that purpose and a willingness to be visible in its use of the media. Agencies seeing victims or batterers report an increase in the number of clients seeking treatment following any media coverage on the problem or treatment programs. This indicates the effectiveness of media coverage. The messages to the batterer must be: 1) battering is destructive, will no longer be ignored and must stop; 2) battering is a learned rather than inherent response to stress; and 3) rather than feeling shame for what he has done, he must accept the responsibility for learning new and less destructive behaviors.

Impact on Staff:

Working therapeutically with batterers has an impact on staff. As mentioned before, batterers frequently demonstrate such characteristics as rapidly changing levels of treatment motivation, instant escalation of anger (sometimes directed toward therapist), their tendency to minimize any problems that may exist, or the generation of insight one day which is denied the next. These factors individually or in combination increase the probability of non-helpful therapist responses. A partial list of these responses are: anger toward client for not wanting to change; a total distrust of anything the client might say; the conviction that

treatment can never succeed because of the nature of the problem or conversely the conviction that we, as therapists, are incompetent.

In addition, the potential for suicide or serious assault must be considered real and requires that the therapist carefully monitor this factor. However, in spite of the amount of caution that is exercised, it seems inevitable that any ongoing treatment program for batterers will experience a death by homicide or suicide. One implication of this reality is the likelihood of lawsuits and/or court subpoenas of staff and records. A more obvious implication is the emotional stress for the therapist in coping with the death of a client or his spouse. These and other factors often combine to result in staff "burnout". It is our conviction that the reduction of non-helpful responses to clients and the prevention of staff "burnout" is best accomplished by adjusting our level of expectations to approximate the reality.

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Rocky

Original sponsor: Rules/Governor

Offered: 5/21/81
Referred: Health, Education & Social Services

1 IN THE HOUSE BY THE STATE AFFAIRS COMMITTEE
2 SENATE CS FOR CS FOR HOUSE BILL NO. 91 (State Affairs)
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 TWELFTH LEGISLATURE - FIRST SESSION
5 A BILL

6 For an Act entitled: "An Act relating to domestic violence, sexual assault,
7 and crisis intervention and prevention programs."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 18 is amended by adding a new chapter to read:
10 CHAPTER 66. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

11 Sec. 18.66.010. COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT;
12 PURPOSE. There is established in the Department of Public Safety the
13 Council on Domestic Violence and Sexual Assault. The purpose of the
14 council is to provide for planning and coordination of services to
15 victims of domestic violence or sexual assault or to their families and
16 to perpetrators of domestic violence and sexual assault and to provide
17 for crisis intervention and prevention programs.

18 Sec. 18.66.020. MEMBERSHIP, TERMS, VACANCIES, AND DISQUALIFICA-
19 TION. (a) The council consists of

20 (1) three persons appointed by the governor after consulta-
21 tion with the Network on Domestic Violence and Sexual Assault, a non-
22 profit corporation; the Network on Domestic Violence and Sexual Assault
23 shall submit a list to the governor of persons recommended for appoint-
24 ment;

25 (2) the commissioner of public safety or the designee of the
26 commissioner of public safety; and

27 (3) the commissioner of health and social services or the
28 designee of the commissioner of health and social services

29 (4) the commissioner of education or the designee of the

1 commissioner of education;

2 (5) the attorney general or the designee of the attorney
3 general.

4 (b) The term of office of a member appointed under (a)(1) of this
5 section is two years. A member appointed under (a)(1) of this section
6 serves at the pleasure of the governor and may not serve more than two
7 consecutive terms. A vacancy on the council shall be filled for the
8 unexpired term by appointment by the governor after consultation with
9 the Network on Domestic Violence.

10 (c) A person who receives compensation from or is an employee of
11 a domestic violence, sexual assault, or crisis intervention or preven-
12 tion program may not be appointed to the council.

13 Sec. 18.66.030. COMPENSATION AND EXPENSES. The members of the
14 council receive no salary but are entitled to transportation expenses
15 and per diem in accordance with AS 39.20.180.

16 Sec. 18.66.040. MEETINGS AND QUORUM. The council shall meet at
17 least four times a year. At least one meeting each year shall include
18 a statewide public teleconference hearing. The time and place of a
19 meeting shall be set by the presiding officer or by three members who
20 submit a written request for a meeting to the presiding officer. Four
21 members of the council constitute a quorum.

22 Sec. 18.66.050. DUTIES OF THE COUNCIL. (a) The council shall
23 (1) hire an executive director and necessary staff;
24 (2) elect one of its members as presiding officer;
25 (3) in consultation with authorities in the field, develop,
26 implement, maintain, and monitor domestic violence, sexual assault, and
27 crisis intervention and prevention programs, including educational
28 programs, films, and school curricula on the cause, prevention, and
29 treatment of domestic violence and sexual assault;

1 (4) coordinate services provided by the Department of Law,
2 the Department of Education, the Department of Public Safety, the
3 Department of Health and Social Services, and other state agencies and
4 community groups dealing with domestic violence, sexual assault, and
5 crisis intervention and prevention, and provide technical assistance as
6 requested by those state agencies and community groups;

7 (5) develop and implement a standardized data collection
8 system on domestic ^{there is none!} violence, sexual assault, and crisis intervention
9 and prevention;

10 (6) conduct public hearings and studies on issues relating
11 to violence, including domestic violence and sexual assault, and on
12 issues relating to the role of crisis intervention and prevention;

13 (7) receive and dispense state and federal money and award
14 grants and contracts from appropriations for the purpose to qualified
15 local community entities for domestic violence, sexual assault, and
16 crisis intervention and prevention programs; ^{administrative, rather than advisory}

17 (8) oversee and audit domestic violence, sexual assault, and
18 crisis intervention and prevention programs which receive money under
19 this chapter;

20 (9) provide fiscal and technical assistance to plan, organ-
21 ize, implement and administer domestic violence, sexual assault, and
22 crisis intervention and prevention programs;

23 (10) make an annual report to the governor and the legisla-
24 ture on the activities of the council, ^{none now} plans of the council for new
25 services and programs, and concerns of the council, including recommen-
26 dations for legislation necessary to carry out the purposes of this
27 chapter;

28 (11) adopt regulations in accordance with the Administrative
29 Procedure Act (AS 44.62) to carry out the purposes of this chapter and

1 to protect the health, safety, well-being, and privacy of persons
2 receiving services financed with grants or contracts under this chapter.

3 Sec. 18.66.060. QUALIFICATIONS. A local community entity is
4 qualified to receive a grant or contract under this chapter if it
5 agrees to provide services approved by the council to victims of domes-
6 tic violence or sexual assault or their families or to perpetrators of
7 domestic violence or sexual assault without regard to ability to pay.

8 Sec. 18.66.900. DEFINITIONS. In this chapter:

9 (1) "council" means the Council on Domestic Violence and
10 Sexual Assault;

11 (2) "crisis intervention and prevention program" means a
12 community program that provides information, education, counseling, and
13 referral services to individuals experiencing personal crisis related
14 to domestic violence or sexual assault and to individuals in personal
15 or professional transition, excluding correctional half-way houses,
16 outpatient mental health programs, and drug or alcohol rehabilitation
17 programs;

18 (3) "domestic violence" means a crime specified in AS 11.41
19 when the victim is a spouse or a former spouse of the defendant, a
20 member of the social unit comprised of those living together in the
21 same dwelling as the defendant, or a person related within the second
22 degree by blood or marriage to the defendant; ⁷¹²²

23 (4) "domestic violence program" means a program that pro-
24 vides services to the victims of domestic violence, their families or
25 perpetrators of domestic violence;

26 (5) "local community entity" means a city or borough or
27 other political subdivision of the state, a nonprofit organization, or
28 a combination of these;

29 (6) "sexual assault" means a crime specified in AS 11.41.-

*aunts & uncles
grandparents - re: 11
abuse*

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INTRODUCTION

Within the last 15 years greater attention has been given to the problem of violence within the family. But until recently, one form of domestic violence--spouse abuse--has been largely ignored.

By accepting values of male dominance and aggression and believing in the privacy of the family our society has shrouded the problem or excused it.

Awareness of the magnitude of spouse abuse and the development of causal theories have been gradually evolving. Over the past few years, a movement to provide protective shelter and support to abused women has been steadily growing. As awareness has increased, more public and private agencies are directing their attention to the problem. To meet the needs of battered women, federal legislation is being considered and many local programs are currently being funded by a variety of agencies.

Modest as these efforts are, they greatly exceed the resources and thought devoted to the human source of the problem - the batterer. Because spouse abuse is both a cultural and an emotional issue, it engenders reactions ranging from intense anger against the abuser to indifference and even support for him. All of these reactions make it more difficult to get public support for programs to assist or punish the batterer. Also, there is no organized base of support parallel to the women's movement which can interpret the problems and needs of abusers and offer services to them.

Yet, providing a range of services to the batterer is of critical importance, because, unless the abuser is helped to stop his violent

behavior, the abuse continues, either with the same spouse or with another woman who subsequently becomes involved with him.

To gain a better understanding of the problems and issues involved in providing services to the spouse abuser, the Law Enforcement Assistance Administration (LEAA) sponsored a conference on this subject. Persons directly involved in service programs for spouse abusers or for other types of abusers, and representatives from various federal agencies, were invited. The purpose of the conference was to provide guidance and direction for LEAA planners in the development of criminal justice mandated interventions for spouse abusers and to make recommendations on methods and strategies to support such efforts.

Because of the scope of the problem of family violence and the largely unexplored dimensions of working with batterers, boundaries were placed on the discussion to enable an in-depth focus on selected key issues. Although child abuse is a related concern, the agenda was limited to a discussion of abuse involving adults. Because long-term physical abuse is almost always perpetrated by the man, spouse abusers, for the purposes of the conference, were defined as being male and victims as female, although it was recognized that abuse can originate with either sex. Conference participants were also asked to focus on efforts at tertiary prevention, i.e., efforts aimed at rehabilitating the offender rather than preventing initial acts of violence. More specifically, they were asked to concentrate on those situations where batterers come under the purview of the justice system which can mandate their participation in an intervention program. The question then became: What forms should those intervention programs take?

This report describes the responses discussed during the two-day conference and attempts to capture the main ideas, concerns and opinions expressed by the conference participants. Although major emphasis was placed on examining methods and techniques to help batterers stop their violent behavior, participants also addressed such areas as assessing the problems of abusers, training staff who work with abusers, and evaluating programs. It is hoped that disseminating the information in this report will be useful to practitioners, community groups, justice agencies, and others who are exploring new ways to solve the problem of spouse abuse.

- 4 -

STATEMENT OF THE PROBLEM

The nature of spouse abuse Spouse abuse is rarely an isolated violent episode, but more often follows a pattern in which the attacks increase in both severity and frequency if they go unchecked. In such situations, spouse abuse cases may also result in homicides. A Kansas City police study found that in 85 per cent of the homicide or aggravated assault cases seen from 1970-71, the police had been called to the address once before. In almost 50 per cent of those cases, they had previously been called five times or more.¹ In 1975, FBI Crime Reports recorded 20,510 murders in the United States. About 25-30% of these killings were committed by people who were relatives or friends of the victim: One spouse killing another accounted for over half of the family homicides.²

The problem of spouse abuse is exacerbated by its familial context. The existence of violence in the family is reluctantly acknowledged because the image of the family as a haven of love and nurturance is so desirable. Also, the man is generally regarded as the head of his household with legitimate power over the woman and children he supports. It is illegal and unethical to hit a stranger on the street, and regardless of the power structure within the family, the marriage license should never be a hitting license.

The extent of the problem A recent study of a nationally representative sample of 2,143 couples found the following:

for the twelve month period preceding the interview, 3.8 per cent of the respondents reported one or more physical attacks which fall under the operational definition of wife-beating. Applying this incidence rate to the approximately 47 million couples in the United States, means that in any one year approximately 1.8 million wives are being beaten by their husbands.³

In addition, 28 per cent of the couples surveyed experienced at least one violent episode during their relationship. Murray Straus, one of the researchers, considers these figures to be underestimates because of the self-report nature of the survey. He cites failure of memory and reluctance to admit violent acts as some of the major reasons for skepticism, and concludes "that the true incidence rate is probably closer to 50 or 60 per cent of all couples than it is to the 28 per cent who were willing to describe violent acts in a mass interview survey."⁴

Local statistics also bear out the findings that spouse abuse is widespread. For instance, in 1973, 14,671 cases of wife beating were reported in New York State--three times the number of reported rapes. In Atlanta, Georgia, 60 per cent of all calls received on the police night shift are reported domestic disputes. At Boston City Hospital, approximately 70 per cent of the assault victims received in the emergency room are women who have been attacked in the home. The police department in St. Paul, Minnesota, makes written reports on approximately 100 wife beating episodes each week, and this figure does not include police responses to domestic incidences in which the woman decides not to press charges.⁵ In Wilbraham, Massachusetts, the staff of Heart House, a shelter, reported that during August 1978, 117 women and children came to them; during the first week of October 1978, approximately 50 women and children made use of the facility.⁶

Cumulatively, these data illustrate that spouse abuse is both a local and a national problem. The repercussions of the problem extend beyond the bounds of one family or a single relationship. The acceptance of spouse abuse today has the potential to maintain incidence rates of violence in families for successive generations. Researchers have found

that children who witness violent acts between their parents or who are the victims of parental violence often grow up to become the wife abusers and child abusers of their generation. A British study of abusive husbands revealed that over one-half the husbands had witnessed their fathers assaulting their mothers.⁷ A recent report which estimated that there are one million abused and neglected children in the United States also noted that in 20 per cent of the child abuse cases a spouse was also being assaulted.⁸

Research needs to be conducted to determine more specifically the nature of violence across generations. Yet preliminary findings indicate that the justice and social services systems have an important role to play in curtailing violence in the family.

The victims of spouse abuse The best information available at the present time on the victims of spouse abuse is found in the writings of academics and professionals who are analyzing data obtained from residents of shelters. Demographic profiles indicate that victims come from varying ethnic groups and generally fall between the ages of twenty and sixty. A wide variety of educational backgrounds and religious upbringings are represented.

Psychological inventories reveal that low self-esteem, a negative self-image, a lack of self-confidence and depression are characteristics shared by many adult victims of abuse. Such characteristics can be both a product of living in an abusive environment as well as a precursor to living in an abusive environment.

Victims of spouse assault may have unrealistic or stereotypic expectations of themselves and their marriages. Often, they have entered the marriage expecting it to serve as a panacea for all their problems. Most of these women believe the man should be the head of the house and

the major breadwinner. Abusive husbands take advantage of the marital expectations of their wives and as a result become increasingly controlling and dominating. The balance of power in the marriage relationship is clearly weighted in the husband's favor. The social lives of these women are often directed by the husband as well.

Victims may have difficulty expressing their feelings and emotions appropriately. A study comparing battered with nonbattered women found that it was the nonbattered women were more inclined to oppose someone physically or verbally. By contrast, the battered women were "more apt to submit to rules and orders even when it does not please them."⁹ This findings runs counter to the belief of many uninformed people that women who are beaten by their husbands are rebellious and abusive themselves.

It should be remembered that such findings are clearly tentative and that service providers will encounter battered women of many different personality types.

Battered Women Who Stay The question of why battered women stay with their husbands is one asked frequently by professionals who encounter victims of spouse abuse in their work. One answer is that not all of them do. Many women extricate themselves from violent relationships without seeking the help of the police or district attorney. These women often have the advantage of a strong support system of friends and family and they are not economically dependent upon their abusers.

Many battered women initially remain in the relationship because they love their mate and believe him when he says he will change. A call to the police is often a call only to have an outside authority figure stop the beatings. When the man is allowed to remain in the home, such calls

may have the effect of triggering retaliatory beatings, even more severe than the initial violence.

Battered women who remain with their abusive partners over a period of time perceive the criminal justice system as a last resort and will seek help there only in extreme desperation. Such women are likely to have no means of supporting themselves, and are highly emotionally dependent on their husbands. Many of them live socially isolated from friends and family. Their isolation may be imposed by the abuser out of possessiveness and jealousy, or may be self-imposed from shame about visible signs of the battering.

A woman who stays experiences deep feelings of powerlessness and immobilizing fear. She may believe she has no alternatives, particularly if there are no shelters in the area or if she has met with insensitive or ineffective treatment by police or social service agencies when she has attempted to find help. Over a period of time, these feelings can lead to psychological paralysis. They can also culminate in a desperate, self-defensive homicide.

Either emotional paralysis or homicide may be grounded in a realistic assessment of the capacity of the justice and social service systems to aid her in her plight. Either may also stem from a fear of retaliation by her spouse, should her efforts to extricate herself permanently prove unsuccessful. These realities contrast with theories of early psychologists who claimed that women who stayed in violent situations were innately masochistic.

A recent theory posits that feelings of powerlessness, far from being inherent in women, are created by early sex role socialization. Women are still often trained in the mode of helplessness as a method of

attracting men and male attention. As a result, even women who are well-educated and professionally ambitious may utilize traditional, deferential behavior in their relationships with men. Such women give much control and power to the men with whom they have intimate relationships. The propensity to "being a victim repeatedly is socially learned behavior."¹⁰ The result often is that the victim justifies or rationalizes the violence by concluding either that she deserves to be beaten because she is bad or provocative, or that the abuser is not responsible because he is under stress, unemployed, alcoholic, etc.

The justice system can play a crucial role in aiding women to extricate themselves from violent relationships. Equally important is the catalyst function the justice system can have in restoring to them a sense of self-esteem and their individual value as human beings.

The abusers The sparse information available on abusive husbands indicates that they represent a wide variety of ethnic and religious backgrounds. They are of all ages and all educational backgrounds. A sample of 70 abusers revealed that "55 per cent of the men were raised in families in which one or both parents were alcoholic. And, at least 63 per cent either witnesses or experienced physical abuse while they were growing up."¹¹ Similarly, a British study of abusive husbands revealed that 74 per cent of them had a drinking problem and that over one half of them had witnessed their fathers assaulting their mothers.¹²

Service providers who work with adult abusers describe them as often having a negative self-image, a lack of ability to be open about their feelings, and -- in fact -- very little understanding of their true feelings. They often lack maturity and, like their mates, may have unrealistic expectations of marriage. They may feel oppressed by circumstance;

beating their wives may give them a chance to be the oppressor rather than the oppressed.

Wife abusers may feel guilty or ashamed of their brutality and thus may deny their behavior. Or, they may feel that their actions are justified and acceptable as a mode of controlling their wives. If this is the case, they may not feel either ashamed or guilty, and will appear mystified that the justice system considers them criminals.

Role of alcohol in abusive behavior Conventional wisdom presents a simple cause and effect association between violence and alcohol. Many battered women believe that their husbands' drinking causes them to be abusive, and that if they could stop them from drinking, the violent behavior would cease.

Yet recent theories suggest that the relationship between alcohol and abusive behavior is considerably more complex. In many relationships, spouses may drink without ever displaying aggressive behavior. In other relationships, where no one uses alcohol, violence nevertheless occurs. In still other families, violence may occur both when the offender is drinking and when the offender is sober. Thus, the great range of individual behavior when drinking is present undercuts the notion of a cause and effect relationship between violence and alcohol.

Drinkers may use the commonplace notion of alcohol causing out of character behavior so that they will not be held responsible for their actions in order to shift the blame for violence from themselves to the effects of alcohol. Drinkers use these tactics to deny their behavior to themselves. "Thus, individuals who wish to carry out violent acts (may) become intoxicated in order to carry out the violent act."¹³

What methods of intervention are effective in stopping spouse assault? Social service personnel, emergency room workers, law enforcement officials and shelter staffs are experimenting with various methods of intervening in spouse assault. Because the problem is a relatively recent issue of public concern, these interventions are largely experimental. Much evaluation and analysis needs to be conducted to determine which methods are most effective for which types of abuser.

The Law Enforcement Assistance Administration (LEAA) is currently working on these issues through its Family Violence Program. The Family Violence Program offers a source of funding for model programs attempting to provide innovative criminal justice interventions. The Center for Women Policy Studies is closely observing the development of these programs and should be contacted for further information.*

Major problems and issues in providing services to abusers Perhaps one of the greatest barriers to the development of services to help the victims and the abusers is the acceptance of varying degrees of family violence by society, as a way to resolve problems. An attitude which discourages any intrusions into the privacy of the home minimizes the significance of violent acts occurring within the family. Unless cultural and community standards clearly view family violence as an offense which will not be tolerated, the justice and social service systems will probably not be asked to intervene.

The reluctance of victims to report incidences of abuse hampers the ability of the justice and social service systems to respond. Although

*The above information concerning the Statement of the Problem was adapted from The Victim Advocate, National District Attorneys Association, 1978, "The Nature and Extent of Spouse Assault" by Diane Hamlin, Director of Technical Assistance, Center for Women's Policy Studies, Washington, D.C.

the criminal justice system can provide a source of support and protection for women who have been abused, it is also recognized that the system has often failed to provide that support. Appropriate roles for various levels of the justice system such as the police, prosecutors and courts have not been defined clearly for cases of spouse abuse and, therefore, the response to a complaint of abuse may be very inconsistent. Police responses to such complaints may range from verbal warnings or reprimands to arrests of the abusers. Uncertain of the justice system's response, the victim is less likely to risk increasing the wrath of the spouse by calling the authorities. Also contributing to the reluctance of victims to report incidents of spouse abuse is the financial dependency of the victim upon the abusers. If the spouse is incarcerated, the victim may be left without any source of income.

Because of the lack of motivation of many abusers to change their behavior, it is often difficult to keep them in any type of service program. The role of the justice system becomes critical, then, in holding the abuser accountable to participate in a service program or otherwise face punitive action.

Conference participants strongly emphasized the need for police, prosecutors and judges to respond to abuse cases in a serious and consistent manner. The message conveyed through the actions of justice agencies to the community and to the abuser should be that spouse abuse is a crime and will be treated as such. Abusers will be less inclined to treat their participation in a service program lightly if they are clear that they will otherwise face strong sanctions.

The relationships between the justice system, particularly the courts, and projects for the treatment of batterers need to be very carefully planned and articulated. As indicated earlier there are many barriers

in the justice system that promote a continuation of the problem. For example, the courts are often unwilling to handle battering with sufficient seriousness, preferring to dismiss spouse abuse cases, unless the charges are very grave. On the other hand, they are often willing to use a less punitive sentencing alternative than jail because they feel that wife-battering is not a serious crime, or because they think alternatives will change behavior but jail will not.

Diversion project staff should work with the courts to encourage the use of the court's authority in a way that will facilitate the therapeutic process. For example, the pre-sentence investigation can be coordinated with the goals of intervention programs. After assessing the problems and needs of an abuser, an intervention program might make recommendations in the pre-sentence report regarding potential for rehabilitation and approximate length of time needed in a treatment program. The length of the probationary period should be structured to coincide with the time needed to complete the case plan. Failure to participate qualitatively in the program would then constitute a violation of probation and bring the abuser back into court. Without the threat of court sanctions, the intervention project has a greatly reduced chance of success given the characteristics of most batterers.

One of the recurring themes of the conference was a recognition that the state-of-the-art of treating the spouse abuser is in its infancy. There are few research findings which can shed light on the most effective methods of treatment. The pioneers in the field are testing different approaches and refining their methods. Few avenues of communication exist

by which professionals can share information; the ability to build on the experiences and insights of peers is limited.

Another barrier to the development of services to abusers is the lack of training programs for service providers. Few schools provide training concerned specifically with spouse abusers, and there is a dearth of training material that can be used for in-service training programs.

CHARACTERISTICS OF ABUSERS

It might be expected that batterers would appear as very unlikeable people who could easily evoke feelings of anger and dislike in practitioners, particularly females, who work with them. However, there seems to be a greater risk of the opposite occurring. As one conferee noted, many batterers often appear to be very personable and display another side which is in contrast to their violent nature. By minimizing the seriousness of their actions and putting blame on their wives they try to con others into liking them and sympathizing with them. Practitioners therefore, need to be aware of these kinds of characteristics which can interfere with the rehabilitative process.

On the other hand, practitioners will also see a range characteristics quite opposite to those cited above. Some abusers are frightened, insecure men who avoid contact, friendly or otherwise. Some are genuinely likeable. Others may be chronically depressed and overwhelmed with guilt.

Several methods for categorizing abusers can be found in literature. Margaret Elbow¹⁴ creates four categories of abusers, each based on a specific emotional need: controller, defender, approval seeker, incorporator. The controller, for example, needs autonomy. He cannot tolerate limits being placed on him by others. His mate becomes significant as his main object of control. On the other hand

the defender's main need is for protection. To protect himself from harm, he harms the person who threatens or who is perceived as a threat to his well-being.

Another approach is to divide abusers into hitters and batterers. The hitter takes responsibility for his behavior and is inclined to come to treatment. The hitter often responds with some degree of logic, warning the spouse before he hits her, and doing so upon provocation. The batterer refuses to take responsibility for his actions and is not motivated to change his behavior. Threats are used by the batterer to terrorize his spouse rather than to stop certain of her behaviors. The major distinction between the hitter and batterer is in the type, intensity and frequency of the abuse.

The conferee participants questioned whether such systems were accurate or were useful in developing methods of intervention. Trying to fit individuals into categories is difficult because their behaviors may vary greatly at different times. For example, although certain behaviors can be described as hitting or battering, the same person may exhibit both types of behavior at different times.

It was generally agreed that descriptions of the behavioral characteristics of abusers would be more useful to service providers than broad categorizations. It was recognized that no batterer exhibits all of these characteristics all of the time, but knowing them can help develop effective intervention programs.

Among the most prevalent characteristics of abusers is a tendency to minimize or deny the seriousness of their violent behavior. Some abusers are very manipulative and can appear to be very charming and seductive, reflecting a Dr. Jekyll and Mr. Hyde type of personality. The Dr. Jekyll component of an abuser's personality is amplified in a manipulative way in therapy but is not always a manipulation in his everyday life inside or outside his home. This side of his personality is not necessarily gregarious and kindly, but often just non-objectionable. Some abusers are also violent outside of the home, while others direct the abuse only toward their spouses. Sexual abuse may or may not be a part of the violent behavior.

Additional characteristics identified by the conference participants included:

1. Externalizes problems
2. Jealous
3. Verbally Aggressive
4. Minimizing and/or denying and/or lying
5. Impulsivity
6. Self-deprecation
7. Suicidal gestures
8. Depression
9. Inability to consistently sustain, express, or accept intimacy
10. Not willing or able to compromise
11. Resolves problems physically

12. Cannot empathize with others
13. Makes unrealistic demands
14. Compulsive use of drugs or alcohol
15. Demonstrates lack of inter-personal and coping skills
16. Manipulative
17. Demonstrates sociophobic behavior (self-isolation)
18. Exhibits demeaning attitudes towards women
19. Shows compulsive reference to sexuality
20. Defies limits
21. Has past history of violence
22. Has low tolerance for stress.

These characteristics may be exhibited in different combinations at different times. Rarely, does a batterer exhibit them all. Certain general themes appear. Many batterers have low self-esteem as reflected in their depression, suicidal gestures, and lack of qualitative relationships with others. Extrapunitiveness is also marked by their denial of the seriousness of their acts, their willingness to blame others, and their use of physical force. Anger and rage are key motivational forces, but the abusers do not always exhibit or feel their anger and rage until it begins to peak. The causes of anger and rage may be feelings of frustration, powerlessness, inferiority, insecurity, or an inability to identify and express non-hostile feelings. Their strong psychological dependency on their spouses is partly grounded in their low self-esteem and in their need to project their rage on an external object. Many

batterers have learned to mask these characteristics beneath a veneer of charm, but the effort is imperfect because of the enormity and compulsiveness of the rage.

Some of the conference participants who work with sex offenders provided insight into the differences between spouse abusers and various types of sex offenders. Incestuous fathers, for example, seem to be generally non-violent and non-physically coercive, as opposed to the batterer. Generally, once a daughter is able to say "no," the father's sexual advances are more than likely to stop. Rapists are described as similar to batterers in their aggressive and violent responses when feeling anger and rage. As the rapist becomes older, however, the acts of sexual violence decline. Child molesters, on the other hand, continue to be sexually abusive regardless of increasing age. The behavior of spouse abusers differs from each of these groups. Episodes of violence seem to increase in frequency and intensity with the passage of time. -

DESIGNING INTERVENTION STRATEGIES

Examining the elements of an intervention program for spouse abusers was a major focus of the conference. Strong community support and a high level of cooperation between justice and social service agencies were underscored as factors influencing the success of a program. Consideration was also given to the following topics:

- o goals
- o planning and program development issues
- o intake
- o intervention techniques
- o intervention formats

GOALS

The conferees were unanimous in their agreement that the primary goal of intervention programs must be to stop the abuse. Initially, and repeatedly, if necessary, the abuser must be reminded of the seriousness and illegality of his action. The message that violence is an unacceptable method of resolving problems must be clearly communicated to the abuser, who will otherwise always discount the seriousness of his behavior. After the violence has stopped, strategies can then be directed to the achievement of other goals.

PLANNING AND PROGRAM DEVELOPMENT

General Planning Consideration. Service programs specifically designed to help the spouse abuser to stop his battering behavior are very few in number. When the magnitude of this problem finally came to public attention, the initial response was to come to the aid of the victims out of compassion and a recognition of their needs for safety and assistance. Yet, unless the violent behavior is stopped, the cycle of abuse will probably continue with the same or a different spouse.

Planners of social service programs for abusers are advised to gain broad community support. Public awareness campaigns which clarify spouse abuse laws and focus on the illegality of spouse abuse are important for bringing community pressure to bear on the problem. Until community standards clearly view family violence as unacceptable behavior, it is not feasible to expect the justice or social service systems to be able to deal effectively with this problem.

One of the recurring themes of the conference was the need for a coordinated network of appropriate services for the abuser. As the profile above suggests, abusers may exhibit a range of problems that require varying combinations of supportive services. The following steps should be taken in constructing a service network:

- o Determine what services are needed in the network.
- o Identify available services.
- o Develop services to fill the gaps in available community services.

In addition to program content, planners will also want to consider the range of program formats and designs that might be included in a comprehensive system. For example, most existing therapeutic programs specifically for spouse abusers are non-residential. However, the need for and advantages of a residential program could also be considered for inclusion in a service network.

In support of a network concept a common vocabulary concerning abuse would be helpful in facilitating communication among different types of agencies. Misinterpretations are bound to occur and mutual understanding becomes difficult when some agencies are using a highly technical clinical vocabulary, the courts are using a legal vocabulary, and the lay public is using everyday speech.

Also of critical importance is the development of a system of accountability to ensure that needed services are delivered. If, for example, an abuser is ordered by the court into a service program but never appears at the service agency, this information must be relayed back to the court so that appropriate action can be taken. Although coordination and accountability are important for the success of any service delivery system, they are of critical importance to a system focusing on abusers.

Training. Working with abusers requires some special skills that are not ordinarily acquired in the training of social service or mental health workers. Service providers for example must be able to deal with risks of homicide or suicide and risks to their own personal safety. They must confront their own values concerning violence and their feelings of anger or empathy toward abusers and victims to determine if their own internal biases may be a barrier to serving their clients effectively.

Three distinct types of training were suggested by the conference participants: initial, ongoing, and maintenance.

Included in the initial or orientation type of training would be basic information on violent behavior and an orientation concerning the justice system and related service agencies that may be involved in the intervention process. Another important part of this initial training should be the exploration of trainee attitudes concerning all aspects of violent behavior. Consciousness raising and values clarification techniques should be used to help trainees examine their own anger towards violent behavior, fear of violence, or dislike and disapproval of abusers.

Ongoing training should include both in-service and university-based training programs. The focus should be on basic counseling skills, family-systems and roles of family members, crisis intervention techniques, and approaches to group, individual and family therapy. University-based programs in victimology or criminology would also be appropriate in ongoing training.

Maintenance training should include clinical consultation on individual cases and also peer support groups which would help overcome worker "burn out." The need for clinical training centers which offer intensive short term courses in working with abusers was strongly emphasized.

Evaluation. The practice of treating batterers is in an experimental stage of development. Different professional groups are using a variety of techniques, some of which are described in this report. Few, if any, of these techniques are being evaluated for their impact on program outcomes; i.e. the elimination of battering among batterers. The conferees urged that an effort be made to evaluate these programs in terms of their process and outcome in order to provide more definitive direction to the field about the most appropriate techniques to use with batterers.

Because of the diversity of the experimentation in the field, it is very difficult to develop a single evaluation design which will serve all needs. Therefore, it is probably the most practical option to tailor the designs to individual projects and to provide for self-report evaluation. Evaluations might also be done by a locally-based person, who has sufficient familiarity with the program, and therefore, would not intrude much on the processes of the project. Evaluation designs, whether self-report or independently generated, should contain the following elements:

- o Inputs: data about funding sources, budget amounts, types of professional staff, uses of volunteers.
- o Processes: documentation of the precise therapeutic and related techniques used by the projects to work with batterers.

- o Output: data about the numbers and proportions of batterers who complete the program, data on frequency of episodes of battering and related behaviors during the period in the program.
- o Outcomes: simple measures of outcomes such as the length of time after completing the program that the batterer does not engage in battering or related behaviors. Base-line and long-term follow-up data on the severity and frequency of violent behavior can be obtained from the client and his spouse. Measures can also be obtained on the proportion of families that are reunited as well as measures of the quality of family life and individual self-esteem.

Evaluations are most likely to be valid and timely if they are built into the basic case management processes of the project. In other words, the basic elements of the evaluation design should be built into the forms used by the project for collecting information from clients. About 75 per cent of the information needed to do the evaluation can be generated in this manner. Supplementary data can be obtained from such sources as budgets and follow-up telephone interview with former clients.

Conference participants expressed concern that funding in the initial life of the project should not be contingent on the outcome of the evaluation. A minimum of three years was suggested as the time needed by a project to test its methods and format and allow for modifications in the design. Evaluation during this phase should be used as a constructive tool to improve the program, rather than as a decision guide for continued funding.

INTAKE

Intake and assessment are difficult, but crucial tasks in the rehabilitation process. Usually, the abuser is not seeking help. He comes into a program involuntarily, through court order. He believes he

did nothing wrong and wants the courts and service agencies to stop interfering in his private life. If the court order does not include strong sanctions governing the abuser's participation in the program, he is unlikely to be seen after the first interview.

Another barrier the practitioner faces is the abuser's attempt to cover the violent side of his personality. During the assessment, the practitioner, particularly if female, will often encounter charm and seductiveness that mask underlying anger and rage. Penetrating this veneer is not easily accomplished, but is an essential first step that will influence the success of intervention. The abuser's sometimes real, sometimes manipulative repentant attitude and behavior can offer misleading potential for rehabilitation. Practitioners may also encounter a fanatic, often overwhelming need of the abuser to re-establish or maintain the marriage. While refusing to be misled by the abuser's attempts to gain favor and sympathy, the practitioner must also convey concern and understanding that will foster the development of trust, essential to the therapeutic process.

Decisions are made based on the assessment information, that determine the specific design of the intervention. The assessment should, therefore, be comprehensive to insure that other problems related to the abuse are also identified. Information should be gathered from as many sources as possible. Because of abuser's tendency to minimize and deny the seriousness of his actions, it is important to obtain data from

other family members, individuals, or agencies that can help to provide a more accurate and complete assessment of the abuser and the problem(s).

Whether the abuser and the spouse should be seen together or separately at the initial session was debated among the conference participants. Those favoring family-centered or couples counselling believed that problems in the relationship would appear more rapidly if the family is seen together from the beginning. Others doubted the efficacy of joint assessment believing that the battered spouse would be unlikely to say anything negative in front of her spouse that would possibly lead to further battering.

In addition to factors directly related to the abuse, such as intensity and frequency of battering, an assessment of contributing or related factors such as the following is necessary:

1. Alcoholism
2. Drug abuse
3. Organic disfunctions
4. External life-stress factors (housing, job, etc.)
5. Victimization of other family members

Although organic disfunctions and substance abuse are present in some abusers, it was pointed out that treating these problems does not necessarily reduce the violence. Abusive behavior must be handled separately. Problems such as alcoholism can contribute to or foster violent behavior and, therefore, should be assessed. Referrals for these types of problems should then be made to the appropriate service agencies.

The potential for lethality (homicide or suicide probability) is high among abusers and therefore, should be assessed early in the intervention process to protect the spouse and the worker as well. Some of the risk factors that might be considered in screening for lethality include: history of assaults, involvement with weapons, presence of alcohol abuse or psychiatric disorders, history of blackouts or amnesia, and the potential for crisis at the point of separation from the spouse.

Other factors to be assessed that impact on intervention approaches include: the nature of the abuse (hand swinging vs. burning), chronicity and severity of the violence, response of the victim to the violence, number of different types of abuse (physical, emotional, sexual), availability of other community resources, presence or absence of spouse, the abuser's attitude toward violence (normative v. unacceptable), and the point of intervention (early vs. later stages of battering).

Conferees pointed out that there are no definitive answers in how to link assessment data to specific intervention methods. Until further research can offer some guidelines, practitioners must depend on their own experience, intuition, and trial and error efforts to make such judgments.

SOME INTERVENTION TECHNIQUES

The state of practice in the prevention of further battering is characterized by trial and error. There are few solid guides to effective practice. Practitioners are experimenting with a variety of techniques

in an effort to determine what will eliminate the violent behavior.

Recognizing that the accumulation of stress or anger is often a precursor of battering, many of the intervention techniques being used are designed to help batterers recognize the mounting stress and to react to it differently than they have in the past. This basic approach is reflected in many of the practices that are described in this section. It must be remembered, however, that evidence to support the effectiveness of these techniques is at best, limited and, in many instances, nonexistent. A bibliography is attached to this report to enable the reader to obtain more detailed information on some of the techniques highlighted below.

Behavior Modification. Behavior modification techniques are being used as emergency interventions to prevent immediate crises and then to develop long term skills in how to resolve problems that could lead to battering.

An example of a specific technique is the "time out". Its purpose is to terminate reinforcement of behavior which leads to abuse. The time out is a warning to stop everything immediately and retreat to neutral corners. The abuser is taught to use a verbal cue or to flash a hand signal to communicate to his spouse that a "time out" is needed. When the signal is given the couple immediately separates. After a specified length of time, usually thirty minutes to an hour, the couple comes back together to resolve the situation. If one partner needs additional time to relieve tension further, this is negotiated.

Couples can also contract to change the usual consequences of abusive behavior. For example, the abuser may agree to pay a fine or leave for a couple of nights as punishers.

Cognitive Restructuring. Often it is not the situation, but rather what an abuser tells himself about it, that gets him angry. An example offered by one of the conference participants involved a situation in which the wife came home with a new hair cut. The situational definitions made by the husband increased his anger: "Since she cut her hair, she's going to have an affair" or "She should have asked me first."

Cognitive restructuring involves changing the way an abuser talks to himself about the world around him. Even in situations in which anger is justified the abuser must learn to talk to himself in ways which will not escalate the anger to the point of violence.

Biofeedback Techniques. Biofeedback techniques can be useful in teaching abusers awareness of physical arousal cues that signal increasing tension. Abusers often do not recognize or feel small cues. Tension continues to build to the breaking point resulting in an act of violence. Using biofeedback instruments the men see a visual reflection of their tension levels. They then have a better understanding of what it feels like to be physically tense. After their awareness of their tension increases the men can then be instructed in methods of reducing tensions.

Stress Reduction Techniques. Stress reduction techniques are used to reduce the tension level which leads to violent behavior. Once abusers have been taught to be aware of mounting stress, they can then communicate to their partners that tension is building and use reduction techniques to stop further escalation.

Deep breathing and progressive relaxation training are examples of stress reduction techniques that can be taught as exercises. Routinely repeated, they can become habitual responses whenever tension is building. Relaxation then becomes an automatic response to stress rather than the response of violence. Physical exercises such as jogging were also suggested as methods to reduce tension, but aggressive techniques, such as hitting a punching bag, for example, should be avoided.

Communication Skills Training. Often the abuser has difficulty identifying feelings of sadness, fear and rejection, or may interpret these feelings as anger. Communications skills training helps abusers to identify and express their full range of feelings. The abuser also learns to describe behaviors which they do not like about their spouse and to constructively ask for changes. They are taught to accept and to give criticism in a positive manner, and become more cognizant of the rights of self and others.

Role-playing is one technique used to teach communication skills. This technique gives men an opportunity to offer alternative behaviors to violence, and to rehearse them in a supportive setting. They can practice new ways to communicate and get feedback on what was effective and how the communication could be improved. Some of the key concepts taught to the abuser are: direct communication; feedback; active listening; avoidance of anger; producing red flag words/issues, and the art of compromise solutions.

Aggressive Ventilation Therapy. Aggressive ventilation therapy encourages a person to release his anger through techniques such as screaming, punching a bag, or hitting a pillow. It was suggested that aggressive ventilation therapy is inappropriate in working with abusers. Encouraging anger arousal can lead to more anger. A strong penchant for physical responses to stress already exists in most abusers and should not be encouraged in intervention programs.

Other Techniques. Additional ideas, suggestions, and techniques for working with abusers were described during the conference which do not fit into discreet categories. The Buddy System, for example, is often used in group therapy with abusers. Buddies check up on each other during the week or call each other if they need help in a problem situation that may lead to violence. Challenging another man who is about to batter can help the abuser to solidify his own position and integrate his new beliefs about battering.

An anger diary is used to help the abuser become more aware of situations which lead to violence. The abuser keeps a record of those situations that bring on anger and abusive behavior. Different options for handling these situations can then be suggested.

Teaching abusers methods of self-reward can reinforce the positive effects of the various intervention methods. When a situation occurs which might have resulted in violence but instead was controlled, the abuser rewards himself. The reward might be a verbal statement to himself or an activity like going to the movies.

INTERVENTION FORMATS

The type of format that is used in assisting abusers and their families can vary depending upon the severity of the situation, the specific

needs of the individuals, and the theoretical preferences of the practitioner. The specific methods and techniques described earlier can be used in an individual, group, or family centered format and in settings which are residential or non-residential. Ideally, all of these options should be available and a joint decision made by the client and the practitioner should determine which is most appropriate.

Individual vs Family/Couples Intervention. One of the areas of greatest debate at the conference was whether the initial phase of intervention should focus on the family or the individual. There was agreement that the objective of this initial intervention is to stop the violence, but different views emerged on how this is best accomplished. The family-centered approach takes the position that the more effective way to stop violence is to see the family together. By seeing family members interact, it is easier to assess the interaction patterns which can add to and maintain the violent behavior. It was emphasized that the purpose of seeing the family together is not necessarily to keep them together, but can help them work through a decision either to separate or continue the relationship without further violence. Individual or group treatment for one or both members of the couple may also be included as part of the total rehabilitation program.

The opposite view, stressing an individual approach, emphasizes that violence is individually learned behavior which can be changed. Therefore, in order to stop the violence, the intervention is focused directly on the abuser. The underlying assumption is that the victim is not responsible for violence, regardless of any provocative behavior on her part. It is the abuser who is responding inappropriately to stress and, therefore, must learn to take responsibility for his actions. There was also some concern that the stresses of family therapy may lead directly to abusive

behavior. Family therapy can be used as a follow-up if the couple decides to stay together.

Several issues emerged from the discussions of individual vs. family/couples intervention approaches that remain unresolved but point to the need for further study and sharing of ideas and experiences. The first issue concerns the relationship between the intervention format and the decision to separate or maintain the relationship. Does a couple or family approach force the abused wife to accept the notion of staying together as the only option? On the other hand, does separation of treatment for the spouse and abuser reinforce the feelings that only through divorce or separation can the abuse be ended? Another issue involves the relative success of the two approaches in stopping the abuse. A need for hard data on the effectiveness of each method was clearly recognized. It was suggested that values regarding the importance of the family vs. that of the individual also play a role in the selection of the intervention format. An issue was raised concerning how the values and theoretical biases of the practitioner may influence the clients' choice of an intervention format.

Group Methods. Although the individual vs. family debate was unresolved, there was a consensus on the value of using group methods with abusers. The group method often breaks down the social isolation that is characteristic of abusers and permits the development of an emotional support system. Greater self-esteem develops from the mutual support and caring that is shared among the members of the group. The abuser learns that he can help others and receive help when he needs it. Seeing the progress that is made by other men encourages the abuser's belief that he too can change. The group provides a setting in which the men can practice new behaviors and new ways to communicate with others. By watching others rehearsing new

roles, providing feedback to other members, and listening to comments and suggestions of other men, the abuser discovers a range of new options for dealing with stressful situations.

In addition to the therapy group, a self-help group may have benefits for the spouse abuser. Typically, this model involves people with a common problem coming together to provide mutual understanding, help, and support. Alcoholics Anonymous and Parents Anonymous are perhaps the most well-known self-help groups.

Another type of self-help group discussed at the conference was Parents United, whose members have dealt with the problem of incest in their families. A unique focus of this group is their express concern to look outward and become involved in social change activities. Parents United members meet with police, psychiatrists, and social workers, to help sensitize them to a range of family problems with which their work may bring them into contact.

The self-help concept with a social action component may have potential for working with spouse abusers. A self-help group composed of abusers and perhaps victims of spouse abuse could raise public awareness of the problem, advocate for needed services, and work with community agencies in areas such as service planning and staff training.

Practitioners have also been using the format of consciousness-raising groups in working with abusers. Objectives of this type of group may include: raising men's awareness of their cultural conditioning in aggression; deflecting anger away from women, particularly their spouses, and towards their cultural conditioning; and building a group support system. A technique used by one of the participants who leads such a group is to ask the men to list gains and losses resulting from the women's movement. Handouts provide a stimulus for discussion on various topics such

as the benefits for men in liberating sex roles.

Educational Workshops. Assisting abusers through an educational workshop format is being tested by some of the conference participants. Sessions are run once a week for a period of three to four weeks. The content of the sessions may include a variety of intervention techniques. Initial sessions confront the abuser with the seriousness and the illegality of his actions. The message is clearly conveyed that the abuse must stop. Continuing sessions are concerned with cultural values that accept family violence, societal messages that encourage male aggressive behavior, and family experiences that may have condoned physical abuse. Intervention methods such as assertiveness training or communications skills training are then used to help the abuser learn new ways of behaving without using violence.

One of the problems cited by the conference participants in working with abusers is the difficulty in maintaining their participation in treatment. An upwardly mobile middle class abuser, whose job may be threatened because of his actions, is motivated to enter a diversion program rather than face a jail sentence. Even if the marriage is dissolving, he is likely to continue treatment rather than face a potential loss of his job and status. Abusers who are unemployed, working with blue collar jobs, or even professionals, such as doctors or lawyers, are more likely to drop out of treatment, if the marriage is ending. Therefore, a short-term educational program that conveys the message that spouse abuse is unacceptable may be more effective with these people than a more in-depth rehabilitation program

Residential Programs. Although existing programs specifically designed to help the spouse abuser are primarily non-residential, the

advantages of a residential program should also be considered. One of the conference participants, who had developed a residential program for spouse abusers within a veterans' hospital, provided insight on the benefits of this design.

The intensity of treatment that can be provided in this setting was cited as one of the major advantages. Residents have the opportunity to work with staff on a daily basis in a range of treatment approaches. Separation from the spouse is also seen as beneficial in breaking the negative symbiotic bond that often exists in these relationships. Developing support systems outside of their marital relationship helps abusers to reduce their sense of isolation and emotional dependency on their spouses. Upon completion of the residential program, follow-up services such as marital counseling, parenting education classes, or a self-help group can be offered.

Community Organization. One of the conference participants described a community organization approach to family violence that was used in a large county with two and a half million people. The underlying assumption was that in a community of this size a wide power base was needed to bring greater attention to the problem. The main objective was to build a county-wide structure that would take responsibility for studying the dimensions of the problem, enlisting the support of police and other community agencies, and influencing legislators to act on their recommendations. An open conference was held in which the general public and representatives from community agencies were invited. The conference provided the momentum for the development of a county-wide coalition which includes women's service organizations, law enforcement agencies, and other public and private community organizations. This kind of structure facilitates planning and program development. It also increases the likelihood of long-term community-based funding for spouse abuser programs.

RECOMMENDATIONS

RECOMMENDATIONS TO THE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

The efforts at forming a partnership between the justice and social service systems in order to help spouse abusers are very recent. The support needed to promote the objectives of this partnership suggested by the conference participants are the following:

Develop a technical assistance network for service providers.

Although the effectiveness of various types of intervention approaches has not been validated through research and evaluation, the experience and insights of those working in the field would be extremely valuable for those developing service programs. Technical assistance from the pioneers in this field could be obtained through funding from various federal agencies and offered to new and developing service programs. Additional technical assistance might also be offered in such areas as developing community service networks, formalizing working relationships, evaluating service programs, utilizing the services of volunteers, and developing public media campaigns.

Conduct research on the effectiveness of various intervention strategies. Although many different types of interventions are being tried, there is very little solid evidence to support their effectiveness. Providers operating on limited budgets often cannot afford to hire outside evaluators or do not have the expertise to design internal evaluation methodologies. Providing funding for independent evaluations of service programs, assisting in the design of self-evaluation systems, and conducting longitudinal studies of various intervention approaches were suggested as appropriate and useful activities for federal agencies.

Provide continued funding. To assess the long-term impact of the service intervention for abusers, it is recommended that program funding

be continued for a minimum of three years.

Produce audio-visual materials and training packages. A very tangible type of support that can be provided to service programs are audio-visual materials and training packages. Such materials are usually too expensive for service programs to produce. Such materials can be useful in community education programs targeted on the prevention of abuse, educational programs directed at abusers, and in-service training programs for various levels of staff and volunteers working with abusers.

RECOMMENDATIONS TO LOCAL JUSTICE AGENCIES

Local justice agencies can also play a critical role in supporting efforts at the community level to resolve the problem of spouse abuse. Conference participants suggested that local justice agencies could be most helpful in the following ways:

- Conduct public awareness campaigns which make clear that spouse abuse is against the law;
- Insure that laws governing spouse abuse are enforced;
- Support victims who bring charges against the abuser, e.g. develop victim advocates program to help person through the system;
- Designate a specific liaison person in the justice system to work with community service agencies which are addressing spouse abuse;
- Provide training for police in spouse abuse crisis intervention techniques and in effective ways of using service networks;
- Provide prosecuting attorneys with the power to refuse to withdraw complaints against spouse abusers;
- Develop a policy for including recommendations from diversion programs into pre-sentence investigations of abuse cases.

SUMMARY

In addition to providing services to the victims of spouse abuse, strategies are needed for stopping the abuse at its source. Working with the abuser to end the violence, however, is a difficult task, particularly because of his lack of motivation to change. The criminal justice system can provide the leverage needed to force the abuser to recognize the seriousness of his actions and to motivate him to change through the threat of punishment. Developing a range of alternatives to incarceration then becomes the responsibility of the social service system.

In assessing the problems of abusers, practitioners need to examine a broad range of factors in order to determine the most appropriate types of intervention. The danger of lethality should be a concern in each case. Risk factors which signal a potential for homicide or suicide should be examined in order to determine the need for protection.

Because an abuser may have other problems that relate to the abuse, such as alcoholism or unemployment, a comprehensive network of services is necessary to respond to the total needs of the abuser and other members of the family. Coordination is a key function because of the many different types of agencies that can be involved in the service network.

Although the state of the art of working with abusers is not very advanced, the intervention methods and formats outlined in this report show promise of being effective. In the absence of outcome data, a healthy debate continues over which methods work best and for whom. Additionally, it is important to determine the long-range effectiveness of the various methods. New approaches to the problem, such as educational and community organization strategies are beginning to be tested. A greater sharing of informa-

tion is needed about these and other intervention models among those working with abusers.

Building a diversion strategy for abusers as an alternative to incarceration requires strong linkages between the justice and social service systems. Monitoring the abuser's progress and feeding back information to the appropriate justice authority is an essential process requiring a formal mechanism. Lines of communication must be very clear to prevent the abuser from becoming lost between the two systems.

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INTERVENTION PROGRAMS FOR MEN WHO BATTER

A Conference Report Sponsored by

**THE FAMILY VIOLENCE PROGRAM of the
Law Enforcement Assistance Administration
U. S. Department of Justice**

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Mott-McDonald Associates

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INTRODUCTION

Within the last 15 years greater attention has been given to the problem of violence within the family. But until recently, one form of domestic violence--spouse abuse--has been largely ignored.

By accepting values of male dominance and aggression and believing in the privacy of the family our society has shrouded the problem or excused it.

Awareness of the magnitude of spouse abuse and the development of causal theories have been gradually evolving. Over the past few years, a movement to provide protective shelter and support to abused women has been steadily growing. As awareness has increased, more public and private agencies are directing their attention to the problem. To meet the needs of battered women, federal legislation is being considered and many local programs are currently being funded by a variety of agencies.

Modest as these efforts are, they greatly exceed the resources and thought devoted to the human source of the problem - the batterer. Because spouse abuse is both a cultural and an emotional issue, it engenders reactions ranging from intense anger against the abuser to indifference and even support for him. All of these reactions make it more difficult to get public support for programs to assist or punish the batterer. Also, there is no organized base of support parallel to the women's movement which can interpret the problems and needs of abusers and offer services to them.

Yet, providing a range of services to the batterer is of critical importance, because, unless the abuser is helped to stop his violent

behavior, the abuse continues, either with the same spouse or with another woman who subsequently becomes involved with him.

To gain a better understanding of the problems and issues involved in providing services to the spouse abuser, the Law Enforcement Assistance Administration (LEAA) sponsored a conference on this subject. Persons directly involved in service programs for spouse abusers or for other types of abusers, and representatives from various federal agencies, were invited. The purpose of the conference was to provide guidance and direction for LEAA planners in the development of criminal justice mandated interventions for spouse abusers and to make recommendations on methods and strategies to support such efforts.

Because of the scope of the problem of family violence and the largely unexplored dimensions of working with batterers, boundaries were placed on the discussion to enable an in-depth focus on selected key issues. Although child abuse is a related concern, the agenda was limited to a discussion of abuse involving adults. Because long-term physical abuse is almost always perpetrated by the man, spouse abusers, for the purposes of the conference, were defined as being male and victims as female, although it was recognized that abuse can originate with either sex. Conference participants were also asked to focus on efforts at tertiary prevention, i.e., efforts aimed at rehabilitating the offender rather than preventing initial acts of violence. More specifically, they were asked to concentrate on those situations where batterers come under the purview of the justice system which can mandate their participation in an intervention program. The question then became: What forms should those intervention programs take?

This report describes the responses discussed during the two-day¹⁹⁸ conference and attempts to capture the main ideas, concerns and opinions expressed by the conference participants. Although major emphasis was placed on examining methods and techniques to help batterers stop their violent behavior, participants also addressed such areas as assessing the problems of abusers, training staff who work with abusers, and evaluating programs. It is hoped that disseminating the information in this report will be useful to practitioners, community groups, justice agencies, and others who are exploring new ways to solve the problem of spouse abuse.

STATEMENT OF THE PROBLEM

The nature of spouse abuse Spouse abuse is rarely an isolated violent episode, but more often follows a pattern in which the attacks increase in both severity and frequency if they go unchecked. In such situations, spouse abuse cases may also result in homicides. A Kansas City police study found that in 85 per cent of the homicide or aggravated assault cases seen from 1970-71, the police had been called to the address once before. In almost 50 per cent of those cases, they had previously been called five times or more.¹ In 1975, FBI Crime Reports recorded 20,510 murders in the United States. About 25-30% of these killings were committed by people who were relatives or friends of the victim. One spouse killing another accounted for over half of the family homicides.²

The problem of spouse abuse is exacerbated by its familial context. The existence of violence in the family is reluctantly acknowledged because the image of the family as a haven of love and nurturance is so desirable. Also, the man is generally regarded as the head of his household with legitimate power over the woman and children he supports. It is illegal and unethical to hit a stranger on the street, and regardless of the power structure within the family, the marriage license should never be a hitting license.

The extent of the problem A recent study of a nationally representative sample of 2,143 couples found the following:

for the twelve month period preceding the interview, 3.8 per cent of the respondents reported one or more physical attacks which fall under the operational definition of wife-beating. Applying this incidence rate to the approximately 47 million couples in the United States, means that in any one year approximately 1.8 million wives are being beaten by their husbands.³

In addition, 28 per cent of the couples surveyed experienced at least one violent episode during their relationship. Murray Straus, one of the researchers, considers these figures to be underestimates because of the self-report nature of the survey. He cites failure of memory and reluctance to admit violent acts as some of the major reasons for skepticism, and concludes "that the true incidence rate is probably closer to 50 or 60 per cent of all couples than it is to the 28 per cent who were willing to describe violent acts in a mass interview survey."⁴

Local statistics also bear out the findings that spouse abuse is widespread. For instance, in 1973, 14,671 cases of wife beating were reported in New York State--three times the number of reported rapes. In Atlanta, Georgia, 60 per cent of all calls received on the police night shift are reported domestic disputes. At Boston City Hospital, approximately 70 per cent of the assault victims received in the emergency room are women who have been attacked in the home. The police department in St. Paul, Minnesota, makes written reports on approximately 100 wife beating episodes each week, and this figure does not include police responses to domestic incidences in which the woman decides not to press charges.⁵ In Wilbraham, Massachusetts, the staff of Heart House, a shelter, reported that during August 1978, 117 women and children came to them; during the first week of October 1978, approximately 50 women and children made use of the facility.⁶

Cumulatively, these data illustrate that spouse abuse is both a local and a national problem. The repercussions of the problem extend beyond the bounds of one family or a single relationship. The acceptance of spouse abuse today has the potential to maintain incidence rates of violence in families for successive generations. Researchers have found

that children who witness violent acts between their parents or who are the victims of parental violence often grow up to become the wife abusers and child abusers of their generation. A British study of abusive husbands revealed that over one-half the husbands had witnessed their fathers assaulting their mothers.⁷ A recent report which estimated that there are one million abused and neglected children in the United States also noted that in 20 per cent of the child abuse cases a spouse was also being assaulted.⁸

Research needs to be conducted to determine more specifically the nature of violence across generations. Yet preliminary findings indicate that the justice and social services systems have an important role to play in curtailing violence in the family.

The victims of spouse abuse The best information available at the present time on the victims of spouse abuse is found in the writings of academics and professionals who are analyzing data obtained from residents of shelters. Demographic profiles indicate that victims come from varying ethnic groups and generally fall between the ages of twenty and sixty. A wide variety of educational backgrounds and religious upbringings are represented.

Psychological inventories reveal that low self-esteem, a negative self-image, a lack of self-confidence and depression are characteristics shared by many adult victims of abuse. Such characteristics can be both a product of living in an abusive environment as well as a precursor to living in an abusive environment.

Victims of spouse assault may have unrealistic or stereotypic expectations of themselves and their marriages. Often, they have entered the marriage expecting it to serve as a panacea for all their problems. Most of these women believe the man should be the head of the house and

the major breadwinner. Abusive husbands take advantage of the marital expectations of their wives and as a result become increasingly controlling and dominating. The balance of power in the marriage relationship is clearly weighted in the husband's favor. The social lives of these women are often directed by the husband as well.

Victims may have difficulty expressing their feelings and emotions appropriately. A study comparing battered with nonbattered women found that it was the nonbattered women were more inclined to oppose someone physically or verbally. By contrast, the battered women were "more apt to submit to rules and orders even when it does not please them."⁹ This findings runs counter to the belief of many uninformed people that women who are beaten by their husbands are rebellious and abusive themselves.

It should be remembered that such findings are clearly tentative and that service providers will encounter battered women of many different personality types.

Battered Women Who Stay The question of why battered women stay with their husbands is one asked frequently by professionals who encounter victims of spouse abuse in their work. One answer is that not all of them do. Many women extricate themselves from violent relationships without seeking the help of the police or district attorney. These women often have the advantage of a strong support system of friends and family and they are not economically dependent upon their abusers.

Many battered women initially remain in the relationship because they love their mate and believe him when he says he will change. A call to the police is often a call only to have an outside authority figure stop the beatings. When the man is allowed to remain in the home, such calls

may have the effect of triggering retaliatory beatings, even more severe than the initial violence.

Battered women who remain with their abusive partners over a period of time perceive the criminal justice system as a last resort and will seek help there only in extreme desperation. Such women are likely to have no means of supporting themselves, and are highly emotionally dependent on their husbands. Many of them live socially isolated from friends and family. Their isolation may be imposed by the abuser out of possessiveness and jealousy, or may be self-imposed from shame about visible signs of the battering.

A woman who stays experiences deep feelings of powerlessness and immobilizing fear. She may believe she has no alternatives, particularly if there are no shelters in the area or if she has met with insensitive or ineffective treatment by police or social service agencies when she has attempted to find help. Over a period of time, these feelings can lead to psychological paralysis. They can also culminate in a desperate, self-defensive homicide.

Either emotional paralysis or homicide may be grounded in a realistic assessment of the capacity of the justice and social service systems to aid her in her plight. Either may also stem from a fear of retaliation by her spouse, should her efforts to extricate herself permanently prove unsuccessful. These realities contrast with theories of early psychologists who claimed that women who stayed in violent situations were innately masochistic.

A recent theory posits that feelings of powerlessness, far from being inherent in women, are created by early sex role socialization. Women are still often trained in the mode of helplessness as a method of

attracting men and male attention. As a result, even women who are well-educated and professionally ambitious may utilize traditional, deferential behavior in their relationships with men. Such women give much control and power to the men with whom they have intimate relationships. The propensity to "being a victim repeatedly is socially learned behavior."¹⁰ The result often is that the victim justifies or rationalizes the violence by concluding either that she deserves to be beaten because she is bad or provocative, or that the abuser is not responsible because he is under stress, unemployed, alcoholic, etc.

The justice system can play a crucial role in aiding women to extricate themselves from violent relationships. Equally important is the catalyst function the justice system can have in restoring to them a sense of self-esteem and their individual value as human beings.

The abusers The sparse information available on abusive husbands indicates that they represent a wide variety of ethnic and religious backgrounds. They are of all ages and all educational backgrounds. A sample of 70 abusers revealed that "55 per cent of the men were raised in families in which one or both parents were alcoholic. And, at least 63 per cent either witnesses or experienced physical abuse while they were growing up."¹¹ Similarly, a British study of abusive husbands revealed that 74 per cent of them had a drinking problem and that over one half of them had witnessed their fathers assaulting their mothers.¹²

Service providers who work with adult abusers describe them as often having a negative self-image, a lack of ability to be open about their feelings, and -- in fact -- very little understanding of their true feelings. They often lack maturity and, like their mates, may have unrealistic expectations of marriage. They may feel oppressed by circumstance;

beating their wives may give them a chance to be the oppressor rather than the oppressed.

Wife abusers may feel guilty or ashamed of their brutality and thus may deny their behavior. Or, they may feel that their actions are justified and acceptable as a mode of controlling their wives. If this is the case, they may not feel either ashamed or guilty, and will appear mystified that the justice system considers them criminals.

Role of alcohol in abusive behavior Conventional wisdom presents a simple cause and effect association between violence and alcohol. Many battered women believe that their husbands' drinking causes them to be abusive, and that if they could stop them from drinking, the violent behavior would cease.

Yet recent theories suggest that the relationship between alcohol and abusive behavior is considerably more complex. In many relationships, spouses may drink without ever displaying aggressive behavior. In other relationships, where no one uses alcohol, violence nevertheless occurs. In still other families, violence may occur both when the offender is drinking and when the offender is sober. Thus, the great range of individual behavior when drinking is present undercuts the notion of a cause and effect relationship between violence and alcohol.

Drinkers may use the commonplace notion of alcohol causing out of character behavior so that they will not be held responsible for their actions in order to shift the blame for violence from themselves to the effects of alcohol. Drinkers use these tactics to deny their behavior to themselves. "Thus, individuals who wish to carry out violent acts (may) become intoxicated in order to carry out the violent act."¹³

What methods of intervention are effective in stopping spouse assault? Social service personnel, emergency room workers, law enforcement officials and shelter staffs are experimenting with various methods of intervening in spouse assault. Because the problem is a relatively recent issue of public concern, these interventions are largely experimental. Much evaluation and analysis needs to be conducted to determine which methods are most effective for which types of abuser.

The Law Enforcement Assistance Administration (LEAA) is currently working on these issues through its Family Violence Program. The Family Violence Program offers a source of funding for model programs attempting to provide innovative criminal justice interventions. The Center for Women Policy Studies is closely observing the development of these programs and should be contacted for further information.*

Major problems and issues in providing services to abusers Perhaps one of the greatest barriers to the development of services to help the victims and the abusers is the acceptance of varying degrees of family violence by society, as a way to resolve problems. An attitude which discourages any intrusions into the privacy of the home minimizes the significance of violent acts occurring within the family. Unless cultural and community standards clearly view family violence as an offense which will not be tolerated, the justice and social service systems will probably not be asked to intervene.

The reluctance of victims to report incidences of abuse hampers the ability of the justice and social service systems to respond. Although

*The above information concerning the Statement of the Problem was adapted from The Victim Advocate, National District Attorneys Association, 1978, "The Nature and Extent of Spouse Assault" by Diane Hamlin, Director of Technical Assistance, Center for Women's Policy Studies, Washington, D.C.

the criminal justice system can provide a source of support and protection for women who have been abused, it is also recognized that the system has often failed to provide that support. Appropriate roles for various levels of the justice system such as the police, prosecutors and courts have not been defined clearly for cases of spouse abuse and, therefore, the response to a complaint of abuse may be very inconsistent. Police responses to such complaints may range from verbal warnings or reprimands to arrests of the abusers. Uncertain of the justice system's response, the victim is less likely to risk increasing the wrath of the spouse by calling the authorities. Also contributing to the reluctance of victims to report incidents of spouse abuse is the financial dependency of the victim upon the abusers. If the spouse is incarcerated, the victim may be left without any source of income.

Because of the lack of motivation of many abusers to change their behavior, it is often difficult to keep them in any type of service program. The role of the justice system becomes critical, then, in holding the abuser accountable to participate in a service program or otherwise face punitive action.

Conference participants strongly emphasized the need for police, prosecutors and judges to respond to abuse cases in a serious and consistent manner. The message conveyed through the actions of justice agencies to the community and to the abuser should be that spouse abuse is a crime and will be treated as such. Abusers will be less inclined to treat their participation in a service program lightly if they are clear that they will otherwise face strong sanctions.

The relationships between the justice system, particularly the courts, and projects for the treatment of batterers need to be very carefully planned and articulated. As indicated earlier there are many barriers

in the justice system that promote a continuation of the problem. For example, the courts are often unwilling to handle battering with sufficient seriousness, preferring to dismiss spouse abuse cases, unless the charges are very grave. On the other hand, they are often willing to use a less punitive sentencing alternative than jail because they feel that wife-battering is not a serious crime, or because they think alternatives will change behavior but jail will not.

Diversion project staff should work with the courts to encourage the use of the court's authority in a way that will facilitate the therapeutic process. For example, the pre-sentence investigation can be coordinated with the goals of intervention programs. After assessing the problems and needs of an abuser, an intervention program might make recommendations in the pre-sentence report regarding potential for rehabilitation and approximate length of time needed in a treatment program. The length of the probationary period should be structured to coincide with the time needed to complete the case plan. Failure to participate qualitatively in the program would then constitute a violation of probation and bring the abuser back into court. Without the threat of court sanctions, the intervention project has a greatly reduced chance of success given the characteristics of most batterers.

One of the recurring themes of the conference was a recognition that the state-of-the-art of treating the spouse abuser is in its infancy. There are few research findings which can shed light on the most effective methods of treatment. The pioneers in the field are testing different approaches and refining their methods. Few avenues of communication exist

by which professionals can share information; the ability to build on the experiences and insights of peers is limited.

Another barrier to the development of services to abusers is the lack of training programs for service providers. Few schools provide training concerned specifically with spouse abusers, and there is a dearth of training material that can be used for in-service training programs.

CHARACTERISTICS OF ABUSERS

It might be expected that batterers would appear as very unlikeable people who could easily evoke feelings of anger and dislike in practitioners, particularly females, who work with them. However, there seems to be a greater risk of the opposite occurring. As one conferee noted, many batterers often appear to be very personable and display another side which is in contrast to their violent nature. By minimizing the seriousness of their actions and putting blame on their wives they try to con others into liking them and sympathizing with them. Practitioners therefore, need to be aware of these kinds of characteristics which can interfere with the rehabilitative process.

On the other hand, practitioners will also see a range of characteristics quite opposite to those cited above. Some abusers are frightened, insecure men who avoid contact, friendly or otherwise. Some are genuinely likeable. Others may be chronically depressed and overwhelmed with guilt.

Several methods for categorizing abusers can be found in literature. Margaret Elbow¹⁴ creates four categories of abusers, each based on a specific emotional need: controller, defender, approval seeker, incorporator. The controller, for example, needs autonomy. He cannot tolerate limits being placed on him by others. His mate becomes significant as his main object of control. On the other hand

the defender's main need is for protection. To protect himself from harm, he harms the person who threatens or who is perceived as a threat to his well-being.

Another approach is to divide abusers into hitters and batterers. The hitter takes responsibility for his behavior and is inclined to come to treatment. The hitter often responds with some degree of logic, warning the spouse before he hits her, and doing so upon provocation. The batterer refuses to take responsibility for his actions and is not motivated to change his behavior. Threats are used by the batterer to terrorize his spouse rather than to stop certain of her behaviors. The major distinction between the hitter and batterer is in the type, intensity and frequency of the abuse.

The conferee participants questioned whether such systems were accurate or were useful in developing methods of intervention. Trying to fit individuals into categories is difficult because their behaviors may vary greatly at different times. For example, although certain behaviors can be described as hitting or battering, the same person may exhibit both types of behavior at different times.

It was generally agreed that descriptions of the behavioral characteristics of abusers would be more useful to service providers than broad categorizations. It was recognized that no batterer exhibits all of these characteristics all of the time, but knowing them can help develop effective intervention programs.

Among the most prevalent characteristics of abusers is a tendency to minimize or deny the seriousness of their violent behavior. Some abusers are very manipulative and can appear to be very charming and seductive, reflecting a Dr. Jekyll and Mr. Hyde type of personality. The Dr. Jekyll component of an abuser's personality is amplified in a manipulative way in therapy but is not always a manipulation in his everyday life inside or outside his home. This side of his personality is not necessarily gregarious and kindly, but often just non-objectionable. Some abusers are also violent outside of the home, while others direct the abuse only toward their spouses. Sexual abuse may or may not be a part of the violent behavior.

Additional characteristics identified by the conference participants included:

1. Externalizes problems
2. Jealous
3. Verbally Aggressive
4. Minimizing and/or denying and/or lying
5. Impulsivity
6. Self-deprecation
7. Suicidal gestures
8. Depression
9. Inability to consistently sustain, express, or accept intimacy
10. Not willing or able to compromise
11. Resolves problems physically

12. Cannot empathize with others
13. Makes unrealistic demands
14. Compulsive use of drugs or alcohol
15. Demonstrates lack of inter-personal and coping skills
16. Manipulative
17. Demonstrates sociophobic behavior (self-isolation)
18. Exhibits demeaning attitudes towards women
19. Shows compulsive reference to sexuality
20. Defies limits
21. Has past history of violence
22. Has low tolerance for stress

These characteristics may be exhibited in different combinations at different times. Rarely, does a batterer exhibit them all. Certain general themes appear. Many batterers have low self-esteem as reflected in their depression, suicidal gestures, and lack of qualitative relationships with others. Extrapunitiveness is also marked by their denial of the seriousness of their acts, their willingness to blame others, and their use of physical force. Anger and rage are key motivational forces, but the abusers do not always exhibit or feel their anger and rage until it begins to peak. The causes of anger and rage may be feelings of frustration, powerlessness, inferiority, insecurity, or an inability to identify and express non-hostile feelings. Their strong psychological dependency on their spouses is partly grounded in their low self-esteem and in their need to project their rage on an external object. Many

batterers have learned to mask these characteristics beneath a veneer of charm, but the effort is imperfect because of the enormity and compulsiveness of the rage.

Some of the conference participants who work with sex offenders provided insight into the differences between spouse abusers and various types of sex offenders. Incestuous fathers, for example, seem to be generally non-violent and non-physically coercive, as opposed to the batterer. Generally, once a daughter is able to say "no," the father's sexual advances are more than likely to stop. Rapists are described as similar to batterers in their aggressive and violent responses when feeling anger and rage. As the rapist becomes older, however, the acts of sexual violence decline. Child molesters, on the other hand, continue to be sexually abusive regardless of increasing age. The behavior of spouse abusers differs from each of these groups. Episodes of violence seem to increase in frequency and intensity with the passage of time.

DESIGNING INTERVENTION STRATEGIES

Examining the elements of an intervention program for spouse abusers was a major focus of the conference. Strong community support and a high level of cooperation between justice and social service agencies were underscored as factors influencing the success of a program. Consideration was also given to the following topics:

- o goals
- o planning and program development issues
- o intake
- o intervention techniques
- o intervention formats

GOALS

The conferees were unanimous in their agreement that the primary goal of intervention programs must be to stop the abuse. Initially, and repeatedly, if necessary, the abuser must be reminded of the seriousness and illegality of his action. The message that violence is an unacceptable method of resolving problems must be clearly communicated to the abuser, who will otherwise always discount the seriousness of his behavior. After the violence has stopped, strategies can then be directed to the achievement of other goals.

PLANNING AND PROGRAM DEVELOPMENT

General Planning Consideration. Service programs specifically designed to help the spouse abuser to stop his battering behavior are very few in number. When the magnitude of this problem finally came to public attention, the initial response was to come to the aid of the victims out of compassion and a recognition of their needs for safety and assistance. Yet, unless the violent behavior is stopped, the cycle of abuse will probably continue with the same or a different spouse.

Planners of social service programs for abusers are advised to gain broad community support. Public awareness campaigns which clarify spouse abuse laws and focus on the illegality of spouse abuse are important for bringing community pressure to bear on the problem. Until community standards clearly view family violence as unacceptable behavior, it is not feasible to expect the justice or social service systems to be able to deal effectively with this problem.

One of the recurring themes of the conference was the need for a coordinated network of appropriate services for the abuser. As the profile above suggests, abusers may exhibit a range of problems that require varying combinations of supportive services. The following steps should be taken in constructing a service network:

- o Determine what services are needed in the network.
- o Identify available services.
- o Develop services to fill the gaps in available community services.

In addition to program content, planners will also want to consider the range of program formats and designs that might be included in a comprehensive system. For example, most existing therapeutic programs specifically for spouse abusers are non-residential. However, the need for and advantages of a residential program could also be considered for inclusion in a service network.

In support of a network concept a common vocabulary concerning abuse would be helpful in facilitating communication among different types of agencies. Misinterpretations are bound to occur and mutual understanding becomes difficult when some agencies are using a highly technical clinical vocabulary, the courts are using a legal vocabulary, and the lay public is using everyday speech.

Also of critical importance is the development of a system of accountability to ensure that needed services are delivered. If, for example, an abuser is ordered by the court into a service program but never appears at the service agency, this information must be relayed back to the court so that appropriate action can be taken. Although coordination and accountability are important for the success of any service delivery system, they are of critical importance to a system focusing on abusers.

Training. Working with abusers requires some special skills that are not ordinarily acquired in the training of social service or mental health workers. Service providers for example must be able to deal with risks of homicide or suicide and risks to their own personal safety. They must confront their own values concerning violence and their feelings of anger or empathy toward abusers and victims to determine if their own internal biases may be a barrier to serving their clients effectively.

Three distinct types of training were suggested by the conference participants: initial, ongoing, and maintenance.

Included in the initial or orientation type of training would be basic information on violent behavior and an orientation concerning the justice system and related service agencies that may be involved in the intervention process. Another important part of this initial training should be the exploration of trainee attitudes concerning all aspects of violent behavior. Consciousness raising and values clarification techniques should be used to help trainees examine their own anger towards violent behavior, fear of violence, or dislike and disapproval of abusers.

Ongoing training should include both in-service and university-based training programs. The focus should be on basic counseling skills, family-systems and roles of family members, crisis intervention techniques, and approaches to group, individual and family therapy. University-based programs in victimology or criminology would also be appropriate in ongoing training.

Maintenance training should include clinical consultation on individual cases and also peer support groups which would help overcome worker "burn out." The need for clinical training centers which offer intensive short term courses in working with abusers was strongly emphasized.

Evaluation. The practice of treating batterers is in an experimental stage of development. Different professional groups are using a variety of techniques, some of which are described in this report. Few, if any, of these techniques are being evaluated for their impact on program outcomes; i.e. the elimination of battering among batterers. The conferees urged that an effort be made to evaluate these programs in terms of their process and outcome in order to provide more definitive direction to the field about the most appropriate techniques to use with batterers.

Because of the diversity of the experimentation in the field, it is very difficult to develop a single evaluation design which will serve all needs. Therefore, it is probably the most practical option to tailor the designs to individual projects and to provide for self-report evaluation. Evaluations might also be done by a locally-based person, who has sufficient familiarity with the program, and therefore, would not intrude much on the processes of the project. Evaluation designs, whether self-report or independently generated, should contain the following elements:

- o Inputs: data about funding sources, budget amounts, types of professional staff, uses of volunteers.
- o Processes: documentation of the precise therapeutic and related techniques used by the projects to work with batterers.

- o **Output:** data about the numbers and proportions of batterers who complete the program, data on frequency of episodes of battering and related behaviors during the period in the program.
- o **Outcomes:** simple measures of outcomes such as the length of time after completing the program that the batterer does not engage in battering or related behaviors. Base-line and long-term follow-up data on the severity and frequency of violent behavior can be obtained from the client and his spouse. Measures can also be obtained on the proportion of families that are reunited as well as measures of the quality of family life and individual self-esteem.

Evaluations are most likely to be valid and timely if they are built into the basic case management processes of the project. In other words, the basic elements of the evaluation design should be built into the forms used by the project for collecting information from clients. About 75 per cent of the information needed to do the evaluation can be generated in this manner. Supplementary data can be obtained from such sources as budgets and follow-up telephone interview with former clients.

Conference participants expressed concern that funding in the initial life of the project should not be contingent on the outcome of the evaluation. A minimum of three years was suggested as the time needed by a project to test its methods and format and allow for modifications in the design. Evaluation during this phase should be used as a constructive tool to improve the program, rather than as a decision guide for continued funding.

INTAKE

Intake and assessment are difficult, but crucial tasks in the rehabilitation process. Usually, the abuser is not seeking help. He comes into a program involuntarily, through court order. He believes he

did nothing wrong and wants the courts and service agencies to stop interfering in his private life. If the court order does not include strong sanctions governing the abuser's participation in the program, he is unlikely to be seen after the first interview.

Another barrier the practitioner faces is the abuser's attempt to cover the violent side of his personality. During the assessment, the practitioner, particularly if female, will often encounter charm and seductiveness that mask underlying anger and rage. Penetrating this veneer is not easily accomplished, but is an essential first step that will influence the success of intervention. The abuser's sometimes real, sometimes manipulative repentant attitude and behavior can offer misleading potential for rehabilitation. Practitioners may also encounter a fanatic, often overwhelming need of the abuser to re-establish or maintain the marriage. While refusing to be misled by the abuser's attempts to gain favor and sympathy, the practitioner must also convey concern and understanding that will foster the development of trust, essential to the therapeutic process.

Decisions are made based on the assessment information, that determine the specific design of the intervention. The assessment should, therefore, be comprehensive to insure that other problems related to the abuse are also identified. Information should be gathered from as many sources as possible. Because of abuser's tendency to minimize and deny the seriousness of his actions, it is important to obtain data from

other family members, individuals, or agencies that can help to provide a more accurate and complete assessment of the abuser and the problem(s).

Whether the abuser and the spouse should be seen together or separately at the initial session was debated among the conference participants. Those favoring family-centered or couples counselling believed that problems in the relationship would appear more rapidly if the family is seen together from the beginning. Others doubted the efficacy of joint assessment believing that the battered spouse would be unlikely to say anything negative in front of her spouse that would possibly lead to further battering.

In addition to factors directly related to the abuse, such as intensity and frequency of battering, an assessment of contributing or related factors such as the following is necessary:

1. Alcoholism
2. Drug abuse
3. Organic disfunctions
4. External life-stress factors (housing, job, etc.)
5. Victimization of other family members

Although organic disfunctions and substance abuse are present in some abusers, it was pointed out that treating these problems does not necessarily reduce the violence. Abusive behavior must be handled separately. Problems such as alcoholism can contribute to or foster violent behavior and, therefore, should be assessed. Referrals for these types of problems should then be made to the appropriate service agencies.

The potential for lethality (homicide or suicide probability) is high among abusers and therefore, should be assessed early in the intervention process to protect the spouse and the worker as well. Some of the risk factors that might be considered in screening for lethality include: history of assaults, involvement with weapons, presence of alcohol abuse or psychiatric disorders, history of blackouts or amnesia, and the potential for crisis at the point of separation from the spouse.

Other factors to be assessed that impact on intervention approaches include: the nature of the abuse (hand swinging vs. burning), chronicity and severity of the violence, response of the victim to the violence, number of different types of abuse (physical, emotional, sexual), availability of other community resources, presence or absence of spouse, the abuser's attitude toward violence (normative v. unacceptable), and the point of intervention (early vs. later stages of battering).

Conferees pointed out that there are no definitive answers in how to link assessment data to specific intervention methods. Until further research can offer some guidelines, practitioners must depend on their own experience, intuition, and trial and error efforts to make such judgments.

SOME INTERVENTION TECHNIQUES

The state of practice in the prevention of further battering is characterized by trial and error. There are few solid guides to effective practice. Practitioners are experimenting with a variety of techniques.

In an effort to determine what will eliminate the violent behavior.

Recognizing that the accumulation of stress or anger is often a precursor of battering, many of the intervention techniques being used are designed to help batterers recognize the mounting stress and to react to it differently than they have in the past. This basic approach is reflected in many of the practices that are described in this section. It must be remembered, however, that evidence to support the effectiveness of these techniques is at best, limited and, in many instances, nonexistent. A bibliography is attached to this report to enable the reader to obtain more detailed information on some of the techniques highlighted below.

Behavior Modification. Behavior modification techniques are being used as emergency interventions to prevent immediate crises and then to develop long term skills in how to resolve problems that could lead to battering.

An example of a specific technique is the "time out". Its purpose is to terminate reinforcement of behavior which leads to abuse. The time out is a warning to stop everything immediately and retreat to neutral corners. The abuser is taught to use a verbal cue or to flash a hand signal to communicate to his spouse that a "time out" is needed. When the signal is given the couple immediately separates. After a specified length of time, usually thirty minutes to an hour, the couple comes back together to resolve the situation. If one partner needs additional time to relieve tension further, this is negotiated.

Couples can also contract to change the usual consequences of abusive behavior. For example, the abuser may agree to pay a fine or leave for a couple of nights as punishers.

Cognitive Restructuring. Often it is not the situation, but rather what an abuser tells himself about it, that gets him angry. An example offered by one of the conference participants involved a situation in which the wife came home with a new hair cut. The situational definitions made by the husband increased his anger: "Since she cut her hair, she's going to have an affair" or "She should have asked me first."

Cognitive restructuring involves changing the way an abuser talks to himself about the world around him. Even in situations in which anger is justified the abuser must learn to talk to himself in ways which will not escalate the anger to the point of violence.

Biofeedback Techniques. Biofeedback techniques can be useful in teaching abusers awareness of physical arousal cues that signal increasing tension. Abusers often do not recognize or feel small cues. Tension continues to build to the breaking point resulting in an act of violence. Using biofeedback instruments the men see a visual reflection of their tension levels. They then have a better understanding of what it feels like to be physically tense. After their awareness of their tension increases the men can then be instructed in methods of reducing tensions.

Stress Reduction Techniques. Stress reduction techniques are used to reduce the tension level which leads to violent behavior. Once abusers have been taught to be aware of mounting stress, they can then communicate to their partners that tension is building and use reduction techniques to stop further escalation.

Deep breathing and progressive relaxation training are examples of stress reduction techniques that can be taught as exercises. Routinely repeated, they can become habitual responses whenever tension is building. Relaxation then becomes an automatic response to stress rather than the response of violence. Physical exercises such as jogging were also suggested as methods to reduce tension, but aggressive techniques, such as hitting a punching bag, for example, should be avoided.

Communication Skills Training. Often the abuser has difficulty identifying feelings of sadness, fear and rejection, or may interpret these feelings as anger. Communications skills training helps abusers to identify and express their full range of feelings. The abuser also learns to describe behaviors which they do not like about their spouse and to constructively ask for changes. They are taught to accept and to give criticism in a positive manner, and become more cognizant of the rights of self and others.

Role-playing is one technique used to teach communication skills. This technique gives men an opportunity to offer alternative behaviors to violence, and to rehearse them in a supportive setting. They can practice new ways to communicate and get feedback on what was effective and how the communication could be improved. Some of the key concepts taught to the abuser are: direct communication; feedback; active listening; avoidance of anger producing red flag words/issues, and the art of compromise solutions.

Aggressive Ventilation Therapy. Aggressive ventilation therapy

encourages a person to release his anger through techniques such as screaming, punching a bag, or hitting a pillow. It was suggested that aggressive ventilation therapy is inappropriate in working with abusers. Encouraging anger arousal can lead to more anger. A strong penchant for physical responses to stress already exists in most abusers and should not be encouraged in intervention programs.

Other Techniques. Additional ideas, suggestions, and techniques for working with abusers were described during the conference which do not fit into discreet categories. The Buddy System, for example, is often used in group therapy with abusers. Buddies check up on each other during the week or call each other if they need help in a problem situation that may lead to violence. Challenging another man who is about to batter can help the abuser to solidify his own position and integrate his new beliefs about battering.

An anger diary is used to help the abuser become more aware of situations which lead to violence. The abuser keeps a record of those situations that bring on anger and abusive behavior. Different options for handling these situations can then be suggested.

Teaching abusers methods of self-reward can reinforce the positive effects of the various intervention methods. When a situation occurs which might have resulted in violence but instead was controlled, the abuser rewards himself. The reward might be a verbal statement to himself or an activity like going to the movies.

INTERVENTION FORMATS

The type of format that is used in assisting abusers and their families can vary depending upon the severity of the situation, the specific

needs of the individuals, and the theoretical preferences of the practitioner. The specific methods and techniques described earlier can be used in an individual, group, or family centered format and in settings which are residential or non-residential. Ideally, all of these options should be available and a joint decision made by the client and the practitioner should determine which is most appropriate.

Individual vs Family/Couples Intervention. One of the areas of greatest debate at the conference was whether the initial phase of intervention should focus on the family or the individual. There was agreement that the objective of this initial intervention is to stop the violence, but different views emerged on how this is best accomplished. The family-centered approach takes the position that the more effective way to stop violence is to see the family together. By seeing family members interact, it is easier to assess the interaction patterns which can add to and maintain the violent behavior. It was emphasized that the purpose of seeing the family together is not necessarily to keep them together, but can help them work through a decision either to separate or continue the relationship without further violence. Individual or group treatment for one or both members of the couple may also be included as part of the total rehabilitation program.

The opposite view, stressing an individual approach, emphasizes that violence is individually learned behavior which can be changed. Therefore, in order to stop the violence, the intervention is focused directly on the abuser. The underlying assumption is that the victim is not responsible for violence, regardless of any provocative behavior on her part. It is the abuser who is responding inappropriately to stress and, therefore, must learn to take responsibility for his actions. There was also some concern that the stresses of family therapy may lead directly to abusive

behavior. Family therapy can be used as a follow-up if the couple decides to stay together.

Several issues emerged from the discussions of individual vs. family/couples intervention approaches that remain unresolved but point to the need for further study and sharing of ideas and experiences. The first issue concerns the relationship between the intervention format and the decision to separate or maintain the relationship. Does a couple or family approach force the abused wife to accept the notion of staying together as the only option? On the other hand, does separation of treatment for the spouse and abuser reinforce the feelings that only through divorce or separation can the abuse be ended? Another issue involves the relative success of the two approaches in stopping the abuse. A need for hard data on the effectiveness of each method was clearly recognized. It was suggested that values regarding the importance of the family vs. that of the individual also play a role in the selection of the intervention format. An issue was raised concerning how the values and theoretical biases of the practitioner may influence the clients' choice of an intervention format.

Group Methods. Although the individual vs. family debate was unresolved, there was a consensus on the value of using group methods with abusers. The group method often breaks down the social isolation that is characteristic of abusers and permits the development of an emotional support system. Greater self-esteem develops from the mutual support and caring that is shared among the members of the group. The abuser learns that he can help others and receive help when he needs it. Seeing the progress that is made by other men encourages the abuser's belief that he too can change. The group provides a setting in which the men can practice new behaviors and new ways to communicate with others. By watching others rehearsing new

roles, providing feedback to other members, and listening to comments and suggestions of other men, the abuser discovers a range of new options for dealing with stressful situations.

In addition to the therapy group, a self-help group may have benefits for the spouse abuser. Typically, this model involves people with a common problem coming together to provide mutual understanding, help, and support. Alcoholics Anonymous and Parents Anonymous are perhaps the most well-known self-help groups.

Another type of self-help group discussed at the conference was Parents United, whose members have dealt with the problem of incest in their families. A unique focus of this group is their express concern to look outward and become involved in social change activities. Parents United members meet with police, psychiatrists, and social workers, to help sensitize them to a range of family problems with which their work may bring them into contact.

The self-help concept with a social action component may have potential for working with spouse abusers. A self-help group composed of abusers and perhaps victims of spouse abuse could raise public awareness of the problem, advocate for needed services, and work with community agencies in areas such as service planning and staff training.

Practitioners have also been using the format of consciousness-raising groups in working with abusers. Objectives of this type of group may include: raising men's awareness of their cultural conditioning in aggression; deflecting anger away from women, particularly their spouses, and towards their cultural conditioning; and building a group support system. A technique used by one of the participants who leads such a group is to ask the men to list gains and losses resulting from the women's movement. Handouts provide a stimulus for discussion on various topics such

as the benefits for men in liberating sex roles.

Educational Workshops. Assisting abusers through an educational workshop format is being tested by some of the conference participants. Sessions are run once a week for a period of three to four weeks. The content of the sessions may include a variety of intervention techniques. Initial sessions confront the abuser with the seriousness and the illegality of his actions. The message is clearly conveyed that the abuse must stop. Continuing sessions are concerned with cultural values that accept family violence, societal messages that encourage male aggressive behavior, and family experiences that may have condoned physical abuse. Intervention methods such as assertiveness training or communications skills training are then used to help the abuser learn new ways of behaving without using violence.

One of the problems cited by the conference participants in working with abusers is the difficulty in maintaining their participation in treatment. An upwardly mobile middle class abuser, whose job may be threatened because of his actions, is motivated to enter a diversion program rather than face a jail sentence. Even if the marriage is dissolving, he is likely to continue treatment rather than face a potential loss of his job and status. Abusers who are unemployed, working with blue collar jobs, or even professionals, such as doctors or lawyers, are more likely to drop out of treatment, if the marriage is ending. Therefore, a short-term educational program that conveys the message that spouse abuse is unacceptable may be more effective with these people than a more in-depth rehabilitation program.

Residential Programs. Although existing programs specifically designed to help the spouse abuser are primarily non-residential, the

conference participants, who had developed a residential program for spouse abusers within a veterans' hospital, provided insight on the benefits of this design.

The intensity of treatment that can be provided in this setting was cited as one of the major advantages. Residents have the opportunity to work with staff on a daily basis in a range of treatment approaches. Separation from the spouse is also seen as beneficial in breaking the negative symbiotic bond that often exists in these relationships. Developing support systems outside of their marital relationship helps abusers to reduce their sense of isolation and emotional dependency on their spouses. Upon completion of the residential program, follow-up services such as marital counseling, parenting education classes, or a self-help group can be offered.

Community Organization. One of the conference participants described a community organization approach to family violence that was used in a large county with two and a half million people. The underlying assumption was that in a community of this size a wide power base was needed to bring greater attention to the problem. The main objective was to build a county-wide structure that would take responsibility for studying the dimensions of the problem, enlisting the support of police and other community agencies, and influencing legislators to act on their recommendations. An open conference was held in which the general public and representatives from community agencies were invited. The conference provided the momentum for the development of a county-wide coalition which includes women's service organizations, law enforcement agencies, and other public and private community organizations. This kind of structure facilitates planning and program development. It also increases the likelihood of long-term community-based funding for spouse abuser programs.

RECOMMENDATIONS

RECOMMENDATIONS TO THE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION

The efforts at forming a partnership between the justice and social service systems in order to help spouse abusers are very recent. The support needed to promote the objectives of this partnership suggested by the conference participants are the following:

Develop a technical assistance network for service providers.

Although the effectiveness of various types of intervention approaches has not been validated through research and evaluation, the experience and insights of those working in the field would be extremely valuable for those developing service programs. Technical assistance from the pioneers in this field could be obtained through funding from various federal agencies and offered to new and developing service programs. Additional technical assistance might also be offered in such areas as developing community service networks, formalizing working relationships, evaluating service programs, utilizing the services of volunteers, and developing public media campaigns.

Conduct research on the effectiveness of various intervention strategies. Although many different types of interventions are being tried, there is very little solid evidence to support their effectiveness. Providers operating on limited budgets often cannot afford to hire outside evaluators or do not have the expertise to design internal evaluation methodologies. Providing funding for independent evaluations of service programs, assisting in the design of self-evaluation systems, and conducting longitudinal studies of various intervention approaches were suggested as appropriate and useful activities for federal agencies.

Provide continued funding. To assess the long-term impact of the service intervention for abusers, it is recommended that program funding

be continued for a minimum of three years.

Produce audio-visual materials and training packages. A very tangible type of support that can be provided to service programs are audio-visual materials and training packages. Such materials are usually too expensive for service programs to produce. Such materials can be useful in community education programs targeted on the prevention of abuse, educational programs directed at abusers, and in-service training programs for various levels of staff and volunteers working with abusers.

RECOMMENDATIONS TO LOCAL JUSTICE AGENCIES

Local justice agencies can also play a critical role in supporting efforts at the community level to resolve the problem of spouse abuse. Conference participants suggested that local justice agencies could be most helpful in the following ways:

- Conduct public awareness campaigns which make clear that spouse abuse is against the law;
- Insure that laws governing spouse abuse are enforced;
- Support victims who bring charges against the abuser, e.g. develop victim advocates program to help person through the system;
- Designate a specific liaison person in the justice system to work with community service agencies which are addressing spouse abuse;
- Provide training for police in spouse abuse crisis intervention techniques and in effective ways of using service networks;
- Provide prosecuting attorneys with the power to refuse to withdraw complaints against spouse abusers;
- Develop a policy for including recommendations from diversion programs into pre-sentence investigations of abuse cases.

SUMMARY

In addition to providing services to the victims of spouse abuse, strategies are needed for stopping the abuse at its source. Working with the abuser to end the violence, however, is a difficult task, particularly because of his lack of motivation to change. The criminal justice system can provide the leverage needed to force the abuser to recognize the seriousness of his actions and to motivate him to change through the threat of punishment. Developing a range of alternatives to incarceration then becomes the responsibility of the social service system.

In assessing the problems of abusers, practitioners need to examine a broad range of factors in order to determine the most appropriate types of intervention. The danger of lethality should be a concern in each case. Risk factors which signal a potential for homicide or suicide should be examined in order to determine the need for protection.

Because an abuser may have other problems that relate to the abuse, such as alcoholism or unemployment, a comprehensive network of services is necessary to respond to the total needs of the abuser and other members of the family. Coordination is a key function because of the many different types of agencies that can be involved in the service network.

Although the state of the art of working with abusers is not very advanced, the intervention methods and formats outlined in this report show promise of being effective. In the absence of outcome data, a healthy debate continues over which methods work best and for whom. Additionally, it is important to determine the long-range effectiveness of the various methods. New approaches to the problem, such as educational and community organization strategies are beginning to be tested. A greater sharing of informa-

tion is needed about these and other intervention models among those working with abusers.

Building a diversion strategy for abusers as an alternative to incarceration requires strong linkages between the justice and social service systems. Monitoring the abuser's progress and feeding back information to the appropriate justice authority is an essential process requiring a formal mechanism. Lines of communication must be very clear to prevent the abuser from becoming lost between the two systems.

FOOTNOTES

¹Susan Jackson, "In Search of Equal Protection for Battered Wives," unpublished (1975) in "Fact Sheet/Wife Abuse," National Commission on the Observance of International Women's Year, U.S. Department of State, Washington.

²Uniform Crime Reports, U.S. Department of Justice (1975): 18.

³Murray A. Straus, "Wife Beating: How Common and Why," Victimology, Vol. 2, Nos. 3-4 (1977-78): 445.

⁴Ibid., 447.

⁵"Documenting a Problem: Are There Battered Women?" RESPONSE to Intrafamily Violence and Sexual Assault, Vol. 1, Issue 1 (October 1976): 2.

⁶Heart House Newsletter (October 1978), Wilbraham, MA.

⁷J.J. Gayford, "Wife Beating: A Preliminary Survey of 100 Cases," British Medical Journal, Vol. 1, No. 595 (1975): 194-197.

⁸John D. Flynn, "Recent Findings Related to Wife Abuse," Social Case Work, Vol. 58, No. 1 (January 1977): 17-18.

⁹Barbara Star, "Comparing Battered and Nonbattered Women," Victimology, Vol. 3, No. 2 (Spring-Summer 1978).

¹⁰Lenore Walker, "Battered Women and Learned Helplessness," Victimology, Vol. 2, Nos. 3-4 (1977-78): 532.

¹¹Barbara Star, "The Psychological Dynamics of Battered Wives," unpublished paper presented at the California Attorney General's Conference on Domestic Violence (Los Angeles, 1978).

¹²J.J. Gayford, op.cit.

¹³Richard Gelles, The Violent Home (Beverly Hills: Sage Publications, 1972): 117.

¹⁴Margaret Elbow, "Theoretical Considerations of Violent Marriages," Social Casework, (November 1977): 515-526.

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PROFILE OF ASSAILANTS

(by Casella S. Serum, Ph.D)

Information on assailants in domestic violence cases is difficult to obtain. These individuals are less visible than victims because they are less likely to seek help. The following observations are based on clinical case data gathered in individual and marital therapy contacts with a small sample of ten men who have assaulted women in conjugal relationships.

A major characteristic of assailants in domestic violence cases is their capacity for self-deception and deception of others. They are masters in the art of finding ways to blame other people and external events for their inappropriate behavior. A life-long pattern of avoiding consequences for their own behavior effectively limits their sense of personal responsibility for their actions and limits their motivation for change. While some assailants have a number of ostensibly positive social relationships in which they "relate" politely and charmingly, these relationships are maintained with distance and control.

Some assailants are assaultive outside their homes; others assault only their conjugal partners and appear well adjusted to the casual observer. Their primary, if not exclusive, emotional investment is with a conjugal partner, and the assailant experiences an intense desire to control this partner. The partner plays an important role in the assailant's ability to externalize conflict and avoid internal distress. When the partner is unavailable, the assailant is likely to experience agitation, guilt, and depression. The partner represents a powerful source of gratification for avoiding this emotional pain and for maintaining self-deception. The assailant is likely to become most violent if the partner threatens or attempts to leave.

It is useful to examine how the personality style of the assailant

Profile of Assailants - continued

interacts with characteristics the conjugal partner develops as a result of victimization. It is particularly instructive to understand how the victim's efforts to adapt to or minimize the violence and conflict, and maintain the relationship, may paradoxically and inadvertently also maintain the violence. While the assailant wishes to project blame on the partner in order to avoid the pain accompanying personal responsibility for assaultive behavior, the victim may accept this blame for reasons related to her own survival. The most powerful enticement for the victims to blame themselves is the fantasy that, if they provoked or elicited the beating, they can consequently control or eliminate the assault simply by being "good". Ironically, though the shift of responsibility may meet some immediate desires for reassurance of both assailant and victim, this shift enhances the likelihood of further assaults. As long as the assailant blames the victim for his own problems, he is likely to continue beating her. In actual fact, the assaults are a product of the assailant's personality structure, and have little relationship to external events such as victim behavior. Once this shift of responsibility occurs, the problem of violent interactions is irresolvable; unless the assailant takes responsibility for his own behavior, the violence will continue unchecked.

Another area in which the effects of victimization of the conjugal partner interact with the personality of the assailant lies in the responses to separation from the relationship. When severe beatings and threats of murdering the partner and/or children or other loved ones have failed to prevent the conjugal partner from leaving, the assailant may become severely depressed. His feelings of guilt, loss, and anxiety may interfere with his ability to function effectively in any area of his life. This is frequently perceived by assailants, victims, and others as indicative of his deep "love"

Profile of Assailants - continued

for the victim and his remorse over his violent actions. The attachment of the assailant to the victim is a powerful bond; far from love, however, it represents a pathological dependency upon the partner. In a very real sense, he needs her—he needs her in a sense that would be emotionally destructive for both of them even if the violence were not occurring. He needs her, and their conflictual interactions, to help him avoid experiencing the intense internal distress which would accompany his recognition of his own responsibility for himself, his behavior, and his predicament. In response, the victim, whose self-esteem has been severely shaken by the assaults, is poignantly vulnerable to the pleadings of the assailant that he desperately needs her; it bolsters her shattered sense of worth. While one of my victim-clients, who understood all the implications of this need, was once moved to remark that she wished he would go need someone else for a change, many victims are repeatedly persuaded to return to a relationship by an assailant who is severely depressed, guilty, and/or suicidal. Far from being masochistic, the victim's motivations include: compassion for the assailant's distress, a need to be needed, and the belief that his extreme distress reduces or eliminates the likelihood of further violence. Unfortunately, the last assumption is opposite of what is most likely true: While there may be a "honeymoon" or "euphoria" phase immediately after an assault, the greater his distress, the greater is his pathological dependency; hence, the higher is the risk of repeated assaults. The assailant's pain is real; however, he uses it to manipulate and control the victim, rather than as a motivation for change. When this manipulation fails, he rapidly reverts to further attempts at intimidation or assaults, or re-establishes this same pathological relationship with another conjugal partner.

Assaultive behavior has enormous pay-offs for the assailant. An

Profile of Assailants - continued

aggressive person generally receives less negative (and, I might add, less realistic) feedback about his or her actions—one simply does not tell the truth to someone who is literally or figuratively holding a gun. The immediate consequences of aggressive behavior are gratifying for the assailant. His partner becomes submissive, attempting in any way to minimize frustration for him in order to avoid being beaten by him. While the victim's accommodating behavior is motivated by a desire to reduce the frequency of assaultive behavior, it instead serves as a powerful pay-off for maintaining it. Victim defiance, on the other hand, does result in a beating. Therein lies the dilemma for the victim—accommodation of the assailant maintains the violence and the relationship, but at a lower level than efforts on her part to defy his wishes or separate from the relationship.

Within the assailant's environment, there is little possibility for external controls which could provide the motivation needed to alter behavior other than action by society. In order to re-establish the relationship on a healthy basis, the victim must stop accommodating the assailant. However, doing so without effective and efficient support from society is self-destructive. Her only option is to attempt to terminate the relationship, which is also risky for her. If she is successful, the assailant re-establishes the same pathological relationship with another woman. Society could provide a basis for forcing the assailant to change by implementing punitive consequences which would make his assaultive behavior less rewarding.

One of the key pathological aspects of assaultive relationships is the shift in responsibility for assault from the assailant to the victim.

Our society fosters this sickness by blaming the victim and by failing to hold the assailant responsible for criminal behavior. We call the victim masochistic

Profile of Assailants - continued

or provocative and ignore the assailant. These attitudes, and institutional practices which are representative of these attitudes, contribute to the violence. Effective intervention by society must impact on the assailant if this assailant is ever to be forced into a position where he or she will change. Societal interventions must deliver the clear and unambiguous message that the assailant is personally responsible for assaultive behavior. There is only one legal justification for hitting another person: self-defense. There can be no other excuse in domestic violence cases. If we are to effect change we must say clearly that a person who is dissatisfied with a partner has every right to leave, but no right ever to brutalize that partner.

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Drunken argument leaves four dead in Elim

An alcohol related family argument has resulted in the shooting deaths of four Elim residents.

According to Alaska State Trooper Dennis Casanovas of the Nome station, Wilfred C. Murray Sr., 43, "became engaged in a family argument," went for his .303 bolt action English rifle and shot his wife, Martha R. Murray in the chest, killing the 31-year-old woman.

He then murdered his 11-year-old daughter April, shooting her in the chest and leg.

Mr. Murray took up a 12 gauge shotgun and fired at his year-old daughter Tasha, hitting her in the head, and killing her.

He also shot at his 7-year-old son Clifford, wounding him in the right shoulder. The boy is now in Anchorage's Alaska Native Medical Center.

Mr. Murray then committed suicide by firing the shotgun into his own chest.

Two other Murray children present at the time-Wilfred Jr. 11, and Julia, aged 4, escaped without injury.

All four bodies have been shipped to Anchorage for autopsies, continuing the investigation by the Nome Trooper station.