

ALASKA LEGISLATURE COMMITTEE FILES 1981-1982 80/2

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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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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 - related by 11
abuse*

TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
STATEMENT OF THE PROBLEM	4
The Nature of Spouse Abuse	4
The Extent of the Problem	4
The Victims of Spouse Abuse	6
Battered Women Who Stay	7
The Abusers	9
The Role of Alcohol in Abusive Behavior	10
Methods of Intervention	11
Major Problems and Issues in Providing Services to Abusers	11
CHARACTERISTICS OF ABUSERS	15
DESIGNING INTERVENTION STRATEGIES	20
Goals	20
Planning and Program Development	21
General Planning Considerations	21
Training	23
Evaluation	24
Intake	25
Intervention Techniques	28
Behavior Modification	29
Cognitive Restructuring	30
Biofeedback Techniques	30
Stress Reduction Techniques	31
Communication Skills Training	31
Aggressive Ventilation Therapy	32
Other Techniques	32
INTERVENTION FORMATS	32
Individual vs. Family/Couples Intervention	33
Group Methods	34
Educational Workshops	36
Residential Programs	36
Community Organization	37
RECOMMENDATIONS	38
SUMMARY	40

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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**

May 1-3, 1979

Prepared by:

Mott-McDonald Associates

TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
STATEMENT OF THE PROBLEM	4
The Nature of Spouse Abuse	4
The Extent of the Problem	4
The Victims of Spouse Abuse	6
Battered Women Who Stay	7
The Abusers	9
The Role of Alcohol in Abusive Behavior	10
Methods of Intervention	11
Major Problems and Issues in Providing Services to Abusers	11
CHARACTERISTICS OF ABUSERS	15
DESIGNING INTERVENTION STRATEGIES	20
Goals	20
Planning and Program Development	21
General Planning Considerations	21
Training	23
Evaluation	24
Intake	25
Intervention Techniques	28
Behavior Modification	29
Cognitive Restructuring	30
Biofeedback Techniques	30
Stress Reduction Techniques	31
Communication Skills Training	31
Aggressive Ventilation Therapy	32
Other Techniques	32
INTERVENTION FORMATS	32
Individual vs. Family/Couples Intervention	33
Group Methods	34
Educational Workshops	36
Residential Programs	36
Community Organization	37
RECOMMENDATIONS	38
SUMMARY	40

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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.