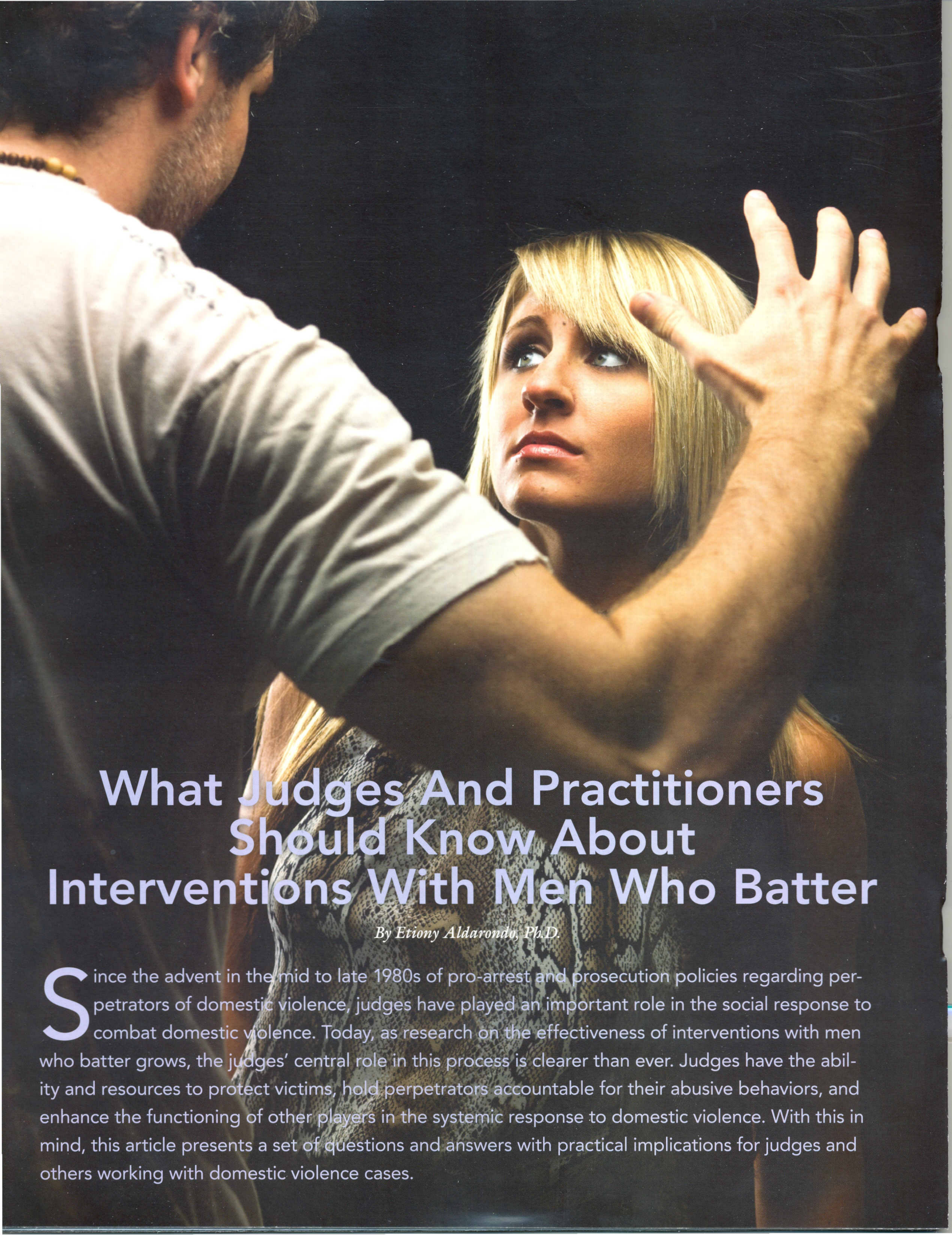

What Judges And Practitioners Should Know About Interventions With Men Who Batter

By Etiony Aldarondo, Ph.D.

Since the advent in the mid to late 1980s of pro-arrest and prosecution policies regarding perpetrators of domestic violence, judges have played an important role in the social response to combat domestic violence. Today, as research on the effectiveness of interventions with men who batter grows, the judges' central role in this process is clearer than ever. Judges have the ability and resources to protect victims, hold perpetrators accountable for their abusive behaviors, and enhance the functioning of other players in the systemic response to domestic violence. With this in mind, this article presents a set of questions and answers with practical implications for judges and others working with domestic violence cases.

Can abusive men stop the use of violent behavior and change the way they relate to their partners?

Longitudinal studies consistently find that the vast majority of abusive men cease the use of physical violence and decrease their nonphysical abuse after participating in a group intervention program. Within this context, violence cessation can be viewed as a gradual process which includes building a resolve or discovering a motivation to stop the violence, developing nonviolent conflict resolution skills, and maintaining the resolve to cease the violence. This process is influenced by individual and contextual factors reinforcing normative pressure against the use of violence and neutralizing the rewarding effects of violent behavior. Men who batter differ in their motivation to stop the use of violence. It is hardly surprising that after legal intervention, many men cease the violence. Some men want to stop for fear of losing their partners or their children. Others are more concerned about the social and financial cost of violence. And some are motivated to end the violence by the need to redefine themselves as nonviolent men. To these we can add a group of men who stop because they want to do the right thing. What these men have in common is that they now perceive a significant personal cost to the continued use of violence in their intimate relationships.

The ability to maintain the resolve to stop the use of violence is often unrelated to the initial reason for ceasing. Sustaining this motivation requires that men develop nonviolent conflict resolution skills, take responsibility for their past abusive behavior, develop empathy for their partner's victimization, reduce the level of dependency on their partners, and participate in social networks that clearly disavow the use of violence.

Are legal interventions effective in domestic violence cases?

Studies on recidivism following legal interventions with men who batter demonstrate that commonly used legal interventions make modest but important contributions to reduce the reoccurrence of violence. Protective orders are an effective form of violence deterrence for more than one-half of the men. Approximately two-thirds of all men arrested for domestic violence offenses do not re-assault within six months. About the same number of men who complete specialized group programs remain nonviolent.[1]

On the other hand, the evidence clearly suggests that much more remains to be done to improve upon existing interventions. Protective orders, arrests, and programs for men who batter are most inadequate in reducing re-assault among men with weak social and intimate bonds. This is not surprising given that existing domestic violence interventions are not designed to deal with the many social and psychological shortcomings of this population. These men are more likely to violate protective orders, drop out of group programs, and engage in criminal behavior outside the home.

Do different types of men who batter require different interventions or treatments?

It is important to understand that the main goal of typologies is to facilitate communication between practitioners and researchers working with men who batter. This knowledge makes it possible to share information about the potential effectiveness of interventions with different groups of men who batter. Typologies, however, neither explain men's abusive behavior nor prescribe specific interventions. The available data on the interaction of "batterer types" based on personality profiles and treatment is scant. There is some evidence suggesting that men with dependent personality characteristics have better outcomes in process psychodynamic groups and that those with antisocial traits may do better in cognitive-behavioral groups. However, comparative evaluations of cognitive-behavioral oriented batterer intervention programs have been found them to be equally suitable for different types of abusive men.

What is the best intervention for abusive men?

To date, the best intervention for men who batter is men-only specialized groups operating within coordinated community response networks. When properly conducted, these groups have the ability to promote the men's accountability for changing their violent behaviors, develop nonviolent resolution skills, get specialized services, such as alcohol and drug addiction treatment, and help them regain a sense of balance and direction in life while increasing safety for abuse victims. Approximately two-thirds of men who complete group intervention programs for domestic violence remain nonviolent in their intimate relationships.

Unfortunately, somewhere between 10% and 20% of the men who participate in intervention programs continue to be severely violent in their intimate relationships. Most of these men drop out of group treatment and many are known to have substance abuse problems. In fact, and of particular interest to judges, the overall attrition rates for group intervention programs remain exceedingly high (25%-65%). Experts suggest that inconsistent court responses to abusive men who fail to comply with court orders is a major contributor to the high rates of attrition. Thus, it is crucial that efforts be made to ensure that abusive men complete participation in mandated intervention programs through judicial review, compliance hearings, and consistent court sanctions reinforcing the goals of the intervention programs. Moreover, the fact that approximately one in five men in group intervention programs will continue the abuse even after completing treatment and that a small number of men are the most dangerous further highlights the need for continuous monitoring of abusers and support of abuse victims.

What are the characteristics of an effective group intervention program for men who batter?

Although it is not clear what specific components of group intervention programs contribute the most to positive change in men who batter, the emerging consensus is that at a minimum a good group program for abusive men should:

- concentrate on behavioral change for abusers, focusing on helping men stop violent and other abusive behaviors and teaching positive alternative skills for non-abusive and responsible relationships;
- assess needs for concurrent treatment, such as substance abuse or other forms of treatment;
- carry out confidential and safety-oriented contacts with victims of abuse;
- hold abusers accountable for changing behavior by maintaining close coordination with the court, probation, the criminal justice system, and other concerned agencies regarding the abuser's compliance with program standards, restraining orders, and conditions of probation;
- report to others in the domestic violence network and terminate participation in the program if an abusive man fails to comply with program standards or continues violent or threatening behavior;

- provide treatment for indigent men at no cost;
- have strong collaborative relationships with local shelters for battered women; and
- employ staff that understands and knows how to deal with sociocultural issues such as alcoholism, drug addiction, discrimination, homophobia, poverty, and racism that may affect the program's ability to engage men with diverse needs and backgrounds in the intervention group.

What is the best way to assess if a man will abuse again?

Practitioners working with abusive men are increasingly asked to assess the risk for violence recidivism. Although it is difficult to predict if a specific man will re-abuse his partner, researchers have found recidivism to be associated with the chronicity of violence in the relationship, the man's age, history of substance abuse, history of violence in the family of origin, presence of personality disorder, history of violence outside the home, continuous drunkenness, and noncompliance with court orders and batterer intervention programs.[2] Relying on either clinical judgment or risk assessment instruments (e.g., the Spousal Assault Risk Assessment Guide, the Kingston Screening Instrument for Domestic Violence) alone is not a good strategy since their power to make correct predictions is weak. The growing consensus in the field is that conducting ongoing risk management is a much better practice than one-shot risk assessments. Moreover, correct violence prediction is strengthened by considering abuse victims' predictions.

What is the best way to assess dangerousness in men who batter?

Few things worry judges and practitioners more than the possibility that a man under their supervision or care may go on to kill his partner. There is good reason for this concern since male partners commit approximately 30% of all female homicides. And of all intimate partner femicides, about two-thirds are characterized by a history of domestic violence.

Studies of dangerousness in men who batter highlight the need to assess the following risk factors for intimate partner femicide: prior history of domestic violence; access to handguns; estrangement from the abuse victim; history of depression; stalking behavior; and abusive behavior during her pregnancy.[3] The clinical literature on men who batter suggests that the likelihood of lethality increases with the presence of threats or fantasies of homicide or suicide; a history of dependency or jealousy; a rape history; access to abuse victim or her family; a sense of entitlement; views that support "ownership" of the abuse victim; and sociopathic and narcissistic tendencies.[4]

Given the complexity and seriousness of this issue, the best way to assess the risk for intimate partner femicide is to combine clinical and actuarial methods of risk assessment. Clinical assessment of risk has been promoted and used by victim advocates and batterer intervention workers for more than a decade. In general, the more factors identified in clinical assessments the greater the risk of lethal violence is presumed to be. Actuarial instruments such as the Danger Assessment[5] have been developed by researchers to identify risk factors supported by empirical research and follow specific formulas for determination of risk categories.

A good risk assessment depends on accurate and reliable information, so it is widely recommended that the information be obtained from multiple sources including police records, abuse victims, men, and their families. It is also important to recognize that risk assessment has its own dangers. Incorrect predictions of violence (i.e., false positives) are the rule because homicides are relatively rare events. Therefore the presence of one or more of the above-mentioned risk factors does not necessarily mean impending lethal violence. It means that the situation must be monitored and the possibility of lethal violence should be specifically addressed with the man, the abuse victim, and other concerned parties.

Under what conditions should judges order psychotherapy as an appropriate intervention for abusive men?

Often men who batter who come to the attention of the courts are referred to psychoeducational group intervention programs, rather than clinical or therapeutic programs. These programs focus primarily on persuading men that violent and abusive conduct is inappropriate and harmful behavior must stop, and on helping them to develop nonviolent conflict resolution skills. These programs require that men be able to discuss sensitive, anxiety-provoking, and potentially embarrassing issues in a group context with limited confidentiality. Although this structure is appropriate for many men, some men are not suitable for the group format. These include abusive men with severe substance abuse addictions and men with major mental illness or post-traumatic stress disorder (PTSD) with symptoms so severe that they become disruptive in the group, are highly disturbed by the group process, or cannot make sense of the group experience.

Abusive men with major mental illnesses, PTSD, or substance abuse problems whose symptoms are not severe or who are stabilized through psychopharmacological treatment frequently participate in group intervention programs as well as in individual psychotherapy. In instances where individual psychotherapy is recommended due to the abuser's mental health or substance abuse status or to the lack of a local group program, the following minimum conditions should be met to promote both the safety of abuse victims and the man's accountability for the cessation of violence:

- The abuser gives written permission for the clinician and other authorities (e.g., probation officers, social services) to share and obtain verbal and written information about him for the duration of treatment. This information may include, but not be limited to, the attendance record, information about compliance with safety plans (including abusive conduct reported in psychotherapy), and information about compliance with restraining orders and with concurrent treatment such as substance abuse or psychopharmacological interventions.
- There is an agreement that the therapy will maintain a substantial focus on stopping violence, developing and maintaining compliance with a safe behavior plan, and learning alternatives to abusive behaviors. The abuser must prepare to respond differently when he feels provoked by his partner. It should be clear that adversity, conflict, frustration, and loss are not acceptable excuses for violent or abusive conduct; the abuser has to be prepared to follow a different course of action whenever he feels provoked.
- The clinician must have permission to notify the court and local authorities if the abuser is not following his safe behavior plan or complying with other conditions of treatment. This means that the therapist must accept a monitoring role that is commonplace in forensic clinical interventions, and use this stance in the therapeutic process. The clinician should communicate regularly with relevant parties if the psychotherapy is not having a positive effect or if there are signs of increasing dangerousness.
- Depending upon the abuser's capacity and treatment progress, psychotherapy should also address the impact of violence on abuse victims and their children and do reparative work with them, if this can be done safely.

It is important to note that these conditions are necessary but may not be sufficient to protect abuse victims and promote the men's accountability for stopping the violence. The particulars of each situation should determine if other safety provisions need to be added to the treatment plan. Failure to meet these minimal conditions, by either abusive men or their service providers, indicates that the individual intervention lacks the proper structure to address domestic violence.

Is couples counseling an effective and safe way to work with men who batter?

The argument is often made that couples therapy offers a safe and structured environment in which abusive men and their partners can express feelings, discuss emotionally charged issues, and learn about violence and how to deal with it. When done well, couples counseling is presumed to give participants an opportunity to alter relationship patterns that promote and sustain violence, helping men monitor their emotions and helping abuse victims identify the cues that signal potential anger and aggression from their partners. Yet the prevailing opinion among couples counseling experts is that traditional couples counseling theories and interventions do not deal well with issues of oppression, coercion, and violence in intimate relationships. Abusive behaviors tend to get lost within systemic formulations, and the men's responsibility for their actions is diffused by implying that abuse victims should work with their assailants to stop their victimization.

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Bringing the abuse into the open in traditional couples counseling can cause emotional and physical harm for abuse victims. An abuse victim who discloses prior incidents of violence with a partner who has not made a strong and healthy commitment to refrain from violence and other forms of abuse may be at an increased risk of intimidation and violent retaliation. Furthermore, coercive control can be very subtle. Couples counseling can easily become an arena where an abusive man presses demands upon his partner or uses subtle threatening signals in an environment where the abuse victim is still inhibited by realistic fears of retaliation. Under these conditions many abuse victims are reluctant to discuss their reasons for not agreeing with recommendations made by therapists. Their perceived "resistance to treatment" then fuels an unbalanced alliance between abusive partners and therapists.

Couples counseling is contraindicated if the abusive man expresses no remorse, denies his actions, blames the abuse victim, or has little commitment to change. Similarly, if the abuse victim shows fear of further violence, assumes responsibility for it, or feels deserving of maltreatment, couples counseling should not be considered. The abuse victim's participation in couples therapy should not be pressured in any way. It is inappropriate and potentially harmful to require couples counseling in a service plan if the abuse victim is reluctant and if conditions outlined below have not been met.

The growing consensus in the field is that couples counseling be considered only when the following conditions are met:

- The abused partner has chosen to enter into couples counseling after being informed of all other intervention options including support groups for abuse victims and individual psychotherapy.
- The abuser's violence is limited to few (no more than one or two) incidents of minor violence, such as slaps, shoves, grabbing and restraining, without resulting bruising or injury.
- The abuser's use of psychological abuse has been infrequent, mild, and has not created a climate of constant anger or intimidation—thus, guarding against attempting therapy in a context where intimidation and psychological abuse are still present.
- No risk factors for lethality are present even in the absence of severe physical and psychological abuse.
- The abuser admits and takes responsibility for his abusive behavior.
- The abuser has made a firm commitment to refrain from further violence and intimidation and understands that he will feel "provoked" or justified to abuse his partner again in couples counseling. He must demonstrate an ongoing commitment to contain his explosive feelings without blaming others or acting them out, so that they do not provide a justification that propels him into a relapse of violent behavior during the course of treatment.
- The abuse victim reports, in a confidential interview (when the abuser is not present), not being afraid of speaking honestly in therapy and not being afraid of retaliation by the abusive partner.
- To further promote a climate of safety, responsibility, and freedom from coercion, the following agreements should be in place as conditions for beginning and continuing couples counseling:
  - If an abuser is violent or intimidating while in treatment, couples counseling therapy will stop and he will enter a specialized batterer intervention program.
  - The primary goals of therapy are ending the abuser's psychological and physical abuse and facilitating the abuse victim's repair and recovery from his violence, in order to establish a reliable and tested climate of safety in the relationship. It should be clear that no substantive issues can be addressed unless this goal is fulfilled.
  - The abuse victim has a confidential safety plan.
  - The abuser has a behavioral safety plan that is the ongoing focus of his work in the therapy.

The abusive man's refusal to agree to such conditions before engaging in couples counseling is indicative of insufficient conditions for safe therapy even in the presence of other positive indicators. In addition, the therapist must be familiar with the subtle dynamics of battering relationships and willing to set limits with the abusive man. The therapist has a responsibility to suspend couples counseling if the abusive partner renews assaultive and intimidating behavior and to notify relevant parties about this action.

Conclusion

The growing research literature shows that the current system of legal and social interventions for men who batter, although effective in ending abusive behavior for most men who enter the system, is far from perfect. Within this context, judges are often presented with intervention options for which little or no empirical evidence supports their use. Thus, it is necessary for judges to understand the strengths and the limitations of all interventions while keeping in mind the central role they play in supporting the effectiveness of a system designed to protect abuse victims and held perpetrators of domestic violence accountable for their actions.

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FOR FURTHER READING

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END NOTES

1 Aldarondo, E. (2009). Recidivism following interventions with men who batter. Paper presented at *Batterer Intervention: Doing the work and measuring the progress*, National Institute of Justice, U.S Department of Justice and the Family Violence Prevention Fund (with the support of "The Woods" Charitable Foundation, Bethesda, MD).

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3 *Id.*

4 *Id.*

5 Aldarondo, E. (2002). Evaluating the efficacy of interventions with men who batter. In E. Aldarondo & F. Mederos (Eds.), *Programs for men who batter: Intervention and prevention strategies in a diverse society.* New York: Civic Research Institute.