

**The AQUILA TRUTH SQUAD Presents:
NOTABLE DIFFERENCES BETWEEN BATTERER
INTERVENTION AND ANGER MANAGEMENT PROGRAMS**

	BATTERER INTERVENTION	ANGER MANAGEMENT
Theory	<ul style="list-style-type: none"> ▪ Domestic violence is a pattern of behaviors, not a single event ▪ Anger and violence are used to maintain control of partner ▪ Behavior is learned over time such that behaviors appear reactionary, but are actually premeditated ▪ Abusive behavior is regulated by an estimation of probable consequences ▪ Anger is an emotion – violence, abuse, and control are choices ▪ Anger is a signal that something is going on that you are not okay with, and gives you energy to do something about it – therefore DV is not about anger, it is about what is not okay for you, and how you deal with things you are not okay with in life 	<ul style="list-style-type: none"> ▪ No common theme or theory – each provider has own methodology, practice, philosophy, and curriculum which varies greatly in how “anger” is approached. Some examples: <ul style="list-style-type: none"> ○ Anger and violence are an expression of loss of control ○ Behaviors stems from being provoked ○ Anger is a personal, mental health issue ○ Anger is caused by underlying emotions that are unresolved ○ Anger is caused by substance abuse issues ○ Anger is caused by poor coping mechanisms ○ To cure “anger” issues, one must use time management and stress management techniques
Program Focus	<ul style="list-style-type: none"> ▪ Power & control dynamic in relationship ▪ Identifying and changing underlying attitudes and beliefs that promote violence ▪ Repeated discussion of impact of abuse and damage caused ▪ Empathy for victim(s) ▪ Gender and oppression are central themes ▪ Considerations of intersectionality of oppressions and gender role training that can build entitlement ▪ Discussions of respect, health, equality, and self-care to shift belief systems that lead to DV 	<ul style="list-style-type: none"> ▪ Managing emotions ▪ Stress reduction ▪ Cool-down techniques ▪ Non-confrontational; denial not addressed ▪ Various techniques to distract and change someone’s “anger” in the moment without addressing any thoughts behind that emotion ▪ Some clinicians use medication management as a technique to reduce “anger” issues ▪ Diagnosis is often a part of the process for those in AMP
Length	Varies by state guidelines and standards, from 12 sessions to 52 sessions with some states requiring ongoing assessment and indeterminate length based on participation and individual issues	Short-term: 2 to 16 hours, sometimes time required is dependent on whether someone is seen in a group or individual setting, or as a part of another issue (such as substance abuse treatment services)

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Victim of Abuse	Intimate partner and child(ren)	Unidentified victim/Anyone (since there are no guidelines, this may include violence toward intimate partner or other family members)
Victim Contact by Program	Most provide outreach to and referrals for victim (depending on state guidelines and standards)	None
Link to Victim Services	Most. Some are embedded in comprehensive victim service agencies and others have cooperative agreements with community partners that serve victims.	Subject to agency discretion, no formalized requirements, standards, or guidelines for programs
Lethality Assessment	Required by most state guidelines, often an ongoing process beyond intake paperwork that includes in-group assessments	Subject to agency discretion, no formalized requirements, standards, or guidelines for programs
Knowledge of Staff	Most state standards require a minimum level of training for staff on the dynamics of domestic violence and understanding of working with domestic violence offenders	Subject to agency discretion, often varied based on service offered (such as licensed substance abuse counselors, psychologists, qualified mental health workers, social workers) but typically no formalized training for AMP itself
Oversight	46 of 50 states have certification standards or practice guidelines. Some of these standards are legislated	No formalized oversight, although individual providers may be held to their professional licenses

Abusive partners do an excellent job of managing their anger when they choose to do so. Abusive partners *choose* not to manage their anger with their partners. Abusing is not about loss of control, but rather maintaining it. Anger management programs do not get to the root of domestic violence; that is, the issues of power and control and one person’s need and/or perceived right to dominate another.

Anger management programs do not address the underlying attitudes and belief systems that allow abusive partners to make the choices they do. Anger management programs fail to account for the premeditated controlling behaviors associated with abuse. Domestic violence is often a series of behaviors inflicted on the victim through direct and indirect controlling and degrading behaviors. It is not merely an impulsive, angry incident, but often a premeditated system of control.

In sum, anger management programs have little impact on the motivations of abusive partners and, if used as a “quick-fix” for domestic violence, may endanger victims.