

A DOMESTIC ABUSE PROGRAM PHILOSOPHY

Domestic abuse is an epidemic in this country. It is estimated that two to four million American women are battered each year by their husbands or intimate partners. And often, the violence becomes lethal, as is demonstrated by FBI data that 1400-1500 women are murdered each year by their male partners. The home is all too frequently a frightening and unsafe place for women and children. In addition, the costs of domestic abuse are staggering, creating emotional, physical, and financial consequences for the battered women, their children who witness or experience the abuse, the batterers, and the entire society.

A critical part of working with the issue of domestic violence involves being clear about a personal philosophy regarding the issue of domestic abuse. These pages highlight important philosophical considerations related to our program and how it works with clients where domestic abuse is part of the presenting problem.

We view violence as an unacceptable and ineffective conflict resolution and problem-solving strategy in human relationships. Although we do not condone violence perpetrated by either partner, it is our assessment that the gender of the perpetrator is critical in determining the meaning and ongoing impact of abusive behavior. In the vast majority of heterosexual relationships, it is men rather than women who are more likely and more able to direct systematic and persistent physical force against their partners in order to dominate and control. Even when men are the targets of physical abuse, they are generally not as likely to experience the fear, intimidation, humiliation, or severity of injury that women victims report. Due to differences in hormone composition, genetic make-up, musculature, and acculturation, men are generally much more likely to be able to impose their will through violent threats and the use of physical force than are their female partners.

This is not to say that women cannot also be disrespectful, hurtful, abusive, and violent, and from our perspective, women's abuse and violence is not acceptable in their relationships with partners either. But there is a difference in the ongoing impact and often the eventual outcome when men make the decision to become intimidating, abusive, or violent with their partners.

When even one act of physical or sexual abuse has occurred in a relationship, subsequent emotional or verbal abuse, threats, and other controlling behaviors take on increased and additional impact. As a result, emotional and verbal abuse then become much more demeaning, detrimental, threatening, and psychologically controlling for the female partner.

It is our assessment that, in the vast majority of situations, a man who is violent is making a clear choice to strike out in a specific way at a particular time, although he may be unaware of this decision-making process prior to involving himself in therapy. This striking-out occurs in order to control his partner or the situation, to get revenge, to relieve the stress he is experiencing, to avoid intimacy, and/or in response to his feelings of shame, low self-esteem, and powerlessness. We do not view most batterers as suffering from a generalized lack of impulse control nor as "mentally ill" although there may be concurrent mental health issues such as depression or anxiety which can be part of what may need to be addressed in the treatment process if it is to be effective. This is pointedly demonstrated by his ability to modify and control his violent outbursts in other situations when he is angry and has a desire to become controlling or abusive (e.g. in a work setting). We view the man as responsible for the abuse and violence

he perpetrates and the primary tasks for him in changing his controlling attitudes and battering behaviors in the program are:

- **to learn to make better choices in order to intervene in his use of physical force, threats, intimidation, and verbal and emotional abuse when he is feeling explosively angry or experiencing a desire to control;**
- **to acknowledge and work toward changing other controlling attitudes and behaviors that underlie his abusive behavior;**
- **to learn stress management techniques to more effectively cope with his life stress (including both relationship and outside stressors);**
- **to open himself to experience emotions in addition to anger and to learn to share them honestly and respectfully with his partner and others as a means to increase his ability to experience intimacy and to broaden his emotional support system;**
- **to accept responsibility for physical, sexual, verbal, and emotional abuse that he has perpetrated in the past and to better understand its past and current impact on his partner, his children, and others;**
- **to begin to understand how abuse he experienced or observed in his family of origin relates to his current controlling and abusive thought and behavior patterns;**
- **to recognize how his shame and feelings of powerlessness and inadequacy relate to his violent and abusive acting-out;**
- **to address historical and cultural issues that contribute to his controlling and abusive attitudes and behaviors; and**
- **to work at raising his self-esteem and increasing his compassion and empathy for his partner, his children, and others.**

A primary goal of our program is to help the man become aware of all his controlling and entitled attitudes and behaviors which form the foundation and underpinning for his abusive and violent behavior. This is the only way to begin to promote significant and long-lasting attitudinal change that will contribute to the elimination of threats and violence and a significant decrease in emotional and verbal abuse and other more covert controlling and manipulative behaviors.

The preferred treatment modality for men who batter is group treatment which provides both educational and process components. A group setting is advantageous because it allows men to become more accountable for their current and past abuse, to diminish the shame they feel about their behavior, to effectively begin to become more aware of who they are and how they function and start to notice their personal emotional arousal process and the negative thoughts that fuel it, to learn to interact and communicate more effectively with others, to begin to take emotional risks, and to start to trust and use other men for emotional support. An effective group model involves cognitive, behavioral, and affective components.

Individual therapy, by itself, is less effective in promoting long-lasting and attitudinal change but may be undertaken if a man is not court-ordered to treatment, hopefully as a means to move him toward preparation for involvement with a group eventually. However, individual therapy can still provide basic tools that some men may be able to put into practice in ending the domestic abuse.

Couple therapy initially to address the abuse and violence is generally not recommended due to possible abuse which may occur as a result of conflict arising in the couple sessions prior to a man learning alternative ways to cope with his escalation and his desire to control. At a minimum, individual assessments are important for both partners. The woman's safety in these situations is a paramount

concern and should not be compromised. Couple therapy is not appropriate until there is a high degree of certainty that the man will not respond to his partner in an abusive or violent fashion should he become angry as a result of what she says or does inside or outside the therapy sessions. If threats or violence reoccur during individual or couple therapy, a treatment group becomes even more necessary.

For the same reason, family therapy is also not recommended as an initial strategy. However, both couple and family therapy, if the threat of violence is significantly diminished, are considered to be a vital part of the recovery process if the couple and the family are planning to remain together. This, however, generally occurs later in the therapy process, not at the beginning of treatment. A basic assumption that we make regarding ongoing couple therapy, once the violence has stopped and its effects have been addressed and overcome, involves a belief that both partners then have a responsibility to work actively at building and maintaining a healthy relationship.

We do not view a woman in a violent relationship as responsible for her partner's violence. We do not believe that she "provokes" or "causes" his violence nor do we believe that women want or deserve to be physically abused. Women stay in battering relationships for a variety of reasons, including fear, lack of alternatives and resources, family and societal pressures, economic and emotional dependence, the love they feel for their partner when he is not abusive, a strongly-socialized sense of responsibility for the well-being of the relationship and, for some, because they learned in their families of origin that they, as women, were not allowed or encouraged to make healthy choices for themselves. It is our assessment that women who are involved in abusive relationships can also benefit greatly from their own therapy process although this may not be necessary (i.e. finding support and identifying and using community resources may be enough for her to address what is occurring). The primary tasks for women in therapy are:

- **to increase her ability to protect herself and her children (if she has any) by becoming more aware of what she can do when a partner is escalating to potential violence;**
- **to become aware of legal options and community resources available to her;**
- **to begin a healing process related to overcoming the effects of the controlling and abusive attitudes and behaviors and the violence that has been a part of her life in the relationship;**
- **to learn more effective stress management and interpersonal skills;**
- **to develop an emotional support system;**
- **to more fully understand and intervene in family of origin and cultural messages that she has received as a woman that may contribute to her current situation; and**
- **to work at re-establishing and/or raising her self-esteem, self-confidence, and self-respect.**

The preferred treatment modality for women is also group therapy due to the power of the group in diminishing shame, learning new tools, and gaining insight and support from other women. However, individual therapy is also appropriate and can be very valuable in and of itself as a means to help a woman understand the dynamics of abuse, tap into community resources, strengthen herself, and move toward making positive and healthy decisions in her life. As noted previously, couple and family therapy are not recommended initially due to concerns about the woman's (or her children's) safety but are considered crucial if she plans to remain with the man who has been abusive and violent with her. An effective group program for women also involves cognitive, behavioral, and affective components.

We view battering and abuse as learned behavior and, as such, it can be "unlearned" and replaced with healthier and more productive ways of interacting. Most batterers have either witnessed or experienced controlling attitudes and emotional, verbal, and/or physical abuse in their families of origin and have come to believe that violence and abuse are acceptable ways to resolve conflict and get their

way. This is especially true when a man believes that it is not likely that he will be hurt himself (i.e. in an altercation with women and children) or that he will experience any other significant consequences.

It is our assessment that battering comes about as a result of an unequal power relationship between men and women as well as a socialization messages that promote male control and violence in our culture. This power differential and the cultural roots of battering need to be addressed in the treatment process. **Domestic violence is not caused a poor marital relationship, job frustration, financial worries, sexual dysfunction, parenting problems, a man being victimized in his family of origin, or the like, although these factors may indeed be present and may contribute to the man's decision to become abusive and violent in his current situation.** In other words, these should not be used as “excuses” to “explain” the abusive and violent behavior. In fact, there are many men who experience these same issues but who do not respond with abuse and violence. It is also our assessment that domestic abuse is a primary treatment issue and, because of the potential for violence and the enormous shame it engenders, must be addressed directly if marital or other individual issues are to be adequately dealt with during the recovery process.

The use of alcohol and/or other drugs should not be presumed to be the cause of battering, despite the high correlation between the two, as we believe that issues relating to chemical abuse must be addressed separately and prior to a man involving himself with and benefiting from a domestic abuse program. In some cases, even after a man is sober, his violence and abusiveness may, in fact, intensify and worsen because his emotional “crutch” (i.e. the chemical) has been removed and other more effective coping strategies have not yet replaced it. Thus, we view chemical abuse/dependency and domestic violence as two separate and freestanding issues and we believe that violence and other abusive behavior should be addressed even if a batterer completes chemical dependency treatment and is maintaining sobriety.

Likewise, it should not be presumed that a man's mental health issues, such as depression or anxiety, are the cause of his battering behavior. However, this may be a part of what needs to be addressed (e.g. through the use of anti-depressant medication) if the man is to benefit as fully as possible from the domestic abuse treatment and effectively intervene in his controlling and abusive attitudes and behaviors.

Children are often the overlooked and ignored victims of domestic violence as they frequently witness or experience the abuse that occurs in the home. It is estimated that, annually, between 3.3 million (Carlson, 1984) and 10 million (Straus, 1991) children in this country are at risk of witnessing domestic abuse. Children who grow up with domestic abuse in their household live in a terrifying reality and are always affected by the violence.

Research indicates that children can be strongly affected emotionally, physically, behaviorally, and socially by the violence and are often left feeling confused, frightened, angry, depressed, and shameful about what has occurred. It is important for children to be therapeutically assessed to determine if and how they have been impacted and to receive ongoing therapy and support if appropriate. This is particularly true if the children are involved with acting-out behaviors at home or in school themselves or are having strong emotional reactions that are otherwise unexplainable. It is also our recommendation that, at some point, children have the opportunity to discuss their thoughts and feelings about the abuse and the chaos in the household directly with their parents if it is determined to be safe for them to do so.