



Wisconsin Coalition Against Domestic Violence

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ACCOUNTABLE TREATMENT FOR BATTERERS

WCADV felt it was important to take a moment to frame this newsletter with a working definition of domestic violence. The following definition is an excerpt from: Accountability: Program Standards for Batterer Intervention Services, Pennsylvania Coalition Against Domestic Violence, 1992. This excerpt aptly presents our working definition.

DOMESTIC VIOLENCE - Domestic violence is the generic concept that includes the entire spectrum of coercive control, abuse and battering, exercised by one intimate partner over another.

ABUSE - Domestic abuse encompasses all of the following:

- **Physical abuse** includes a wide range of behaviors from restraint through slapping and hitting, coercing drug consumption or withholding medication, to aggravated assault and homicide;
- **Sexual abuse** is defined as anything from sexual activity pressed after a physically abusive incident to threats of infidelity, coerced sex acts, forcible intercourse, denial of contraception, coerced abortion to sexual mutilation;
- **Emotional abuse** includes threats, verbal disparagement, intimidation, degrading or contemptuous behavior, withholding communication, yelling and social isolation;
- **Economic abuse** occurs through direct or indirect manipulation or domination of family finances, the abdication of financial responsibility, or disposition of the personal property of family members without consent;
- **Destruction of property** includes vandalism of the home, car or other personal assets;
- **Threats or acts of abuse against children, significant others or family pets** which encompass any of the above.

Abuse is *not* a loss of control. Perpetrators select their targets. They often choose the circumstances of their violence, including the amount of injury inflicted by their acts. The perpetrator bears sole responsibility for his or her actions. There is no behavior by a victim which causes or excuses abuse. Not all forms of abuse are illegal. Abuse is an attempt to control the behavior and/or emotional/intellectual life of the other person and to diminish or prevent the other's free choice

BATTERING - Battering is patterned abuse in the presence of terrorizing tactics. Abuse that has at least once been physical, sexual or involved destruction of property and is either repeated or threatened to be repeated in such a way as to engender fear in the mind of the victim is battering. It is the systematic terrorization and/or domination of one person by another. Prior instances of physical, sexual or property abuse and threats of repetition create an atmosphere of extreme terror and of coerced accommodation of the perpetrator.

Battering is the extreme on a continuum of abuse; in fact, it is abuse that is systemized by an ongoing threat or actual promise of continuance. The batterer keeps his victim in a state of constant fear with implied or actual threats of further violence or degradation. While the terrorization is purposeful, it can, in fact, not be fully conscious on the part of the batterer. The batterer's intentionality is not a measurement of battering. Battering is measured by the acts and patterns of abuse inflicted by the perpetrator and by the repercussions observed and reported by the victim.

From the Executive Director...*Mary Lauby*

When we requested contributions for this newsletter issue, we did not specifically ask prospective authors to address male heterosexual batterers treatment. Nonetheless, most articles have arrived with exactly that focus. There are those who believe that domestic violence is gender neutral and often mutual. They have argued that women are equal to men in their use of violence. They have used statistics about violence in same sex relationships as evidence of the potential for mutuality. We continue to find little basis in research, in practice, in arrests or anywhere else to substantiate the notion of domestic violence as gender neutral. At the same time, we do not deny that there are male victims.

That a victim may fight back is not evidence of mutual violence or of her/his potential as a batterer. That a victim may be arrested is not evidence of abuse. That a victim attempts to stop the arrest or prosecution of a partner is not evidence of the lack of a crime. In fact, as many prosecutors know, it is often evidence of the effectiveness of the batterer's control of the victim.

Domestic violence is not about a couple of people who don't get along; or often argue; or tend to yell at one another. Fear and control have a primary presence in abusive relationships and are not present in other relationships that are just 'bad'. The danger in viewing domestic violence as mutual combat, or generalizing it to mean all bad relationships is most apparent in examining remedies and interventions. Batterers' treatment is one of several interventions that can be a wonderful resource for helping abusers find a new way of relating to an intimate partner, or it can be a place that colludes with the abuser and unwittingly promotes new and more socially acceptable ways for controlling the victim. Wisconsin was among the early states to implement batterers treatment programs in the late 1970's. However, batterers treatment programs remain relatively unavailable.

Pennsylvania and many other states have adopted standards for the provision of batterers treatment services. These treatment standards provide common definitions of domestic violence, similar to the one offered on the first page, and minimum requirements for intake, monitoring and evaluation, intervention and treatment methodologies, staffing requirements (including qualifications that require domestic violence training), required involvement of the treatment program with other community agencies, including battered womens programs, probation and parole, courts and law enforcement, and more.

There are several reasons to support good and appropriate batterer's treatment services:

First, victims and their children want batterers to change; they do not want to leave them. They desperately want quality services available which can make a difference. I can think of very few victims of domestic violence who didn't begin the leaving process by trying to find ways to stay.

Second, society has a propensity to demand that we try to fix...whatever. If there is a social problem there must be a solution. We are not a species that willingly looks in the mirror and claims defeat. So, for those batterers who want to change, we need to provide an opportunity to change. Judges and probation/parole agents want alternatives to incarceration, as does society. However, many common forms of treatment are inappropriate and may be dangerous and further endanger and entrap victims and their children.

Third, it may work. Domestic violence can be found in the backgrounds of vast numbers of individuals with other social, medical, mental health and criminal problems in our society. If we find treatment approaches which are successful, generations of children will be spared the legacy of their abusive parents.

Finally, good treatment that has a primary focus on ending abusive behaviors and on protecting victims and children, can also provide victims and their children a window of opportunity to seek assistance for themselves. Edward W. Gondolf, Ed.D., a leading researcher in the field of domestic violence, found that the strongest correlation to whether victims in battered women's shelters returned to an abusive partner or established a separate residence upon leaving the shelter (regardless of employment status, income level, length of marriage, etc.) was whether or not the batterer was in treatment. Considering this finding, it should be of paramount importance that treatment providers do several things.

They must provide victims with honest information about the likelihood of 'success'. Batterer treatment providers should also assist the victim (if she is interested) in securing support and services from a reputable victim services agency. If the victim has indicated that she intends to leave the batterer, it behooves the treatment provider to ensure that she receive the necessary support to leave and that the perpetrator receive adequate support to ensure the victim is able to leave safely and without incidence. Because we know that most victims are killed attempting to leave we should consider batterer's treatment a window of opportunity in which to assist those who so wish to do so.

"Because men who batter choose violence, they can also choose to stop violence and eliminate coercive and controlling tactics in their relationships with intimates. Intervention programs are charged with educating men to consider the options for ceasing abusive behavior and embracing belief systems respectful of women; recognizing that the decision to forsake violence rests exclusively with the perpetrator. Batterer's programs also offer men a window of opportunity to learn alternatives of mutuality, shared decision-making, interdependence and egalitarian distribution of power in intimate partnership. Intervention programs for men who batter are foremost committed to the safety of battered women and children, and, therefore, structure each component of their work so as not to jeopardize the wives/partners and children of those in intervention programs." **Accountability: Program Standards for Batterer Intervention Services**, Pennsylvania Coalition Against Domestic Violence, 1992.

DOES BATTERER TREATMENT PROMOTE SAFETY FOR BATTERED WOMEN?

Kevin Hamberger, Ph.D., Medical College of Wisconsin, Milwaukee

Abuse abatement programs have proliferated. Prosecutors, judges and corrections professionals have supported them as alternatives to incarceration, or an incentive to reduce charges. Many abusive men exhibit emotional and behavioral problems related to (though not necessarily causing) the violence, which are amenable to treatment efforts. In addition, although battered women's advocates have traditionally been wary of the effectiveness of abuse abatement programs, they have provided cautious support. Many battered women do not desire to end their relationship. Rather, they want the abuse to end. Incarceration and/or fines remove income from the battered partner and children. Counseling can help to hold the perpetrator accountable for his actions, teach him new attitudes and behaviors, and at the same time, provide him opportunity to continue working and provide for his family, even if he is separated from them.

Are treatment programs for abusive men effective in stopping violence and thereby promoting safety for battered women? Answers to this question are important since many agencies and people look to counseling programs to help end violence. Many battered women end a separation or drop a restraining order when their partners enter treatment.

Batterer treatment has shown mixed results in stopping violence and enhancing safety. Between 50% and 75% of men who complete treatment are free of physical violence for between 6 months and one year after completion. However, in many cases, psychological abuse and terror tactics continue. Hence, cessation of violence is often not accompanied by an increase in a sense of

safety. Further, statistics cited above mean that 25% to 50% of men who complete treatment (about 50%) have higher recidivism rates than non-completers.

There is no guarantee of freedom from violence or continued safety for a battered woman when her partner enters and completes abuse abatement counseling. Such programs can, however provide support and safety. In addition to working with the offender, an important key to facilitating safety is communication, honesty about program limitations and coordination with any involved criminal justice referral resources. Programs can be helpful to battered women by providing a realistic, honest appraisal of the benefits and limitations of treatment. Battered women should be informed that, even under the best of circumstances, treatment is no guarantee that all forms of abusive conduct will stop. Programs should inform battered women about known risk factors for recidivism. Battered women should also be informed when the man completes or drops out of treatment. In all cases, she should be encouraged to develop and maintain her safety plan. Further, abuse abatement programs should coordinate with criminal justice referral sources to monitor referrals, and communicate as to whether they have followed through on appointments. If recidivism occurs, either during or following treatment, program personnel can contact the victim, provide support and help her review her safety options.

TREATING DOMESTIC VIOLENCE OFFENDERS WITH GROUP WORK

Elaine Stipetich, Probation and Parole Agent, Madison

Several years ago, I became interested in co-facilitating a group of offenders with history of domestic violence. I have since found this method of supervision to be the best way to make contact with these offenders. Dan Nevers and I decided to lead a 20-week domestic violence program using the basic format from the Domestic Violence Intervention Project in Duluth. This is primarily an educational group; however, therapeutic interventions do occur. Both Dan and I have developed various techniques. I believe we have managed to develop a group which is unique. I had the opportunity to attend a seminar on a cognitive restructuring technique developed by Jack Bush from VT and have added components of his cognitive intervention group "options" with positive results. We found group method a more effective way of supervising the offenders. By incorporating the cognitive instruction techniques, the group process becomes more effective.

The offenders are taught how to pay attention to the thoughts, feelings, beliefs and attitudes which lead to their violent behavior patterns. They sometimes talk about their irrational thoughts before they express them in their behavior. Through discussion and group process they evaluate and change distorted beliefs and attitudes to effectively destroy a cognitive pattern at the root.

Clients who are supervised while in a group work setting often do better than those who just report for office visits. An example is Paul, an offender recently supervised for a particularly violent domestic battery. When Paul first appeared for supervision, he was resistive. He talked constantly about how he was falsely accused of this offense and how he was only in need of having somebody listen to "his side of the story".

Paul was seen twice a month for some time on an individual basis and could not seem to break through his denial and minimization of what he had done. He did not want to go to the Domestic Violence Treatment Group but begrudgingly agreed when it was pointed out it was court ordered and within his rules of supervision. He knew that he could be facing jail time or even revocation if he did not comply. Paul is an over-the-road truck driver and, as a result of having to attend this group, he was forced to return to the area for group on Tuesday nights at 5 pm sharp. Despite this, he was in the group for 20 weeks and only missed one group session when he was stranded out of

state during a snow storm.

During the process of the group, Paul began taking more responsibility for his behavior and engaged in less “victim blaming”. His relationship with me, as his agent has improved so much that he began calling when there were other problems; and, he began to focus on changes he might make within himself. During one group session Paul told the other group members about the conversations truckers have with one another on their CB radios. He overheard another trucker make a sexist remark and he told him to “knock it off”. He proceeded to tell anyone who was listening about some of the things he had learned in group.

Paul turned out to be someone who would reinforce what we, as facilitators, were saying to the group, ending up being quite helpful in the group process, which also served to reinforce new thinking within his own belief system. Since the ending of the group, he has utilized our agent/client contacts to discuss problem issues; and, his cooperation with supervision has been excellent. Paul is now with his girlfriend and both have started couples counseling. They are focusing on other problematic issues in their relationship with a therapist who is aware of domestic violence issues of power and control. There, of course are no guarantees that Paul won't be violent in the future. However, the prognosis for his future success is greatly improved by his increased knowledge about himself and his understanding that the ultimate responsibility for change is within him.

Men who battered have historically not been accountable to the women they have assaulted. The battered women's movement is now beginning to demand accountability from both the men who batter and those who provide counseling services to those men. One group session is offered to the women who have been victims of these men, at the mid-point of our group session. We explain the tactics of power and control the men utilize and tell them about what we hope to accomplish during our 20 weeks with the men. We offer them information about the shelter program, protective behaviors, and other counseling resources. By making this personalized contact with the women, we leave the door open for them to contact us more readily in the future. The intent is to make ourselves available to the women so that they will not be hesitant to contact us in the event a partner becomes violent. We also explain that just because their partner is on probation, or in the group, it does not mean there is any guarantee the violence will not reoccur. We can intervene and provide an effective group experience, but it is the batterer's decision to change.

The time it takes to see our clients in groups is reduced with experience in running groups. Violations have been reduced, the relationship with the agent is improved, and understanding of the offender is greatly improved. Most importantly, the offender has gained a greater understanding of himself and his barriers to change. As few as 4 or 5 clients in a group is worthwhile because I see them for 1½ hours every week. The result is that group work is good probation or parole supervision. Clients who were resistive about showing up on report day often never miss a group; and, the resistance they showed previously seems to disappear. Group support and norms develop to encourage attendance and positive participation. When he finishes the group, the offender, with his agent, will be able to work on developing plans for intervention in high risk situations. At this stage, the offender will be searching for an alternative process of cognitive behaviors, thus furthering the help the agent will be able to give the client during individual sessions on report day.

When another agent's clients are in the group, the facilitator can give the agent insight into their client. Communication is usually better between agents and the group facilitators than between agents and outside counseling agencies. I would encourage agents to consider seeing their clients in a group setting. Only through gaining knowledge of the offender do we make an impact on their lives and further our goal of insuring safety to the community. *(Excerpted from a 1994 article for the Wisconsin Correctional Association)*

ETHICAL CONSIDERATIONS IN TREATMENT OF BATTERERS

Lee Shipway, MSW, Marathon County Batterers' Program

In discussing the treatment of batterers, one needs to keep in mind what a dangerous tightrope we walk by considering treatment. There are strong opinions on both sides regarding the "treatability" of batterers. I'm not going to address that debate, but rather offer some points to ponder if one decides to treat this population. First and foremost, a batterers's treatment program needs to look at the ethical outcomes of being perpetrator based v. victim-based. By that, I mean having a philosophy that every decision made by the treatment team focuses on how it will affect the victim, not how it affects the perpetrator. For example, a batterer admits re-offense while in treatment and pleads to not be expelled and/or revoked because "I'm really learning a lot." If the treatment teams decides to let the batterer remain in the group, is that making the victim safer or in jeopardy? Is it giving the victim the message that the partner has been allowed "a free shot" at the victim? If a victim reports to the program facilitators that the batterer has re-offended but does not give permission for the therapists to report to authorities, what course of action is taken? If the therapists report the offense against the victim's wishes, are we then putting the victim in danger of further abuse because of retaliation by the batterer? What message do we send to the victim? "We know better than you what is best for you?" or "We don't care about what you want we're in charge?" Then we have picked up where the batterer has left off, using power and control.

Secondly, bear in mind that making batterers aware of their specific controlling behaviors through videos, written material and other group members' personal accounts, we run the risk of inadvertently teaching batterers how to more effectively abuse/control their partners. Because of this risk, a victim-based program needs to address the victim's need for information about the treatment process. This can be done through making a contact with the partner (free of charge) to inform her of the program's curriculum, philosophy, and policies. In addition, supply her with a safety plan brochure and card for the domestic abuse program/shelter. Also, give the victim handouts and worksheets from the group along with their card so the victim can call at any point during the program if she has questions about group. Warn the victim that the batterer might use the group to try and control the victim, ie. making statements such as, "the facilitators said you're to blame for the violence too", or "the facilitators said you're nuts, you need a shrink". Reassuring the victim that the facilitators will be focusing only on the batterer's behaviors, attitudes and feelings is essential.

Thirdly, batterers often taken any information and try to twist and turn it to manipulate the treatment process. Their defense mechanisms are so high and thick that they will grasp at anything in order to not take responsibility for their behaviors. Therefore, a lot of blaming, minimizing, and denial takes place in group. I think there is an ethical responsibility on the therapist's part to confront these behaviors each and every time they occur. Because every time they are not confronted, the batterer assumes the therapists agree with him (that the victim is to blame, is crazy, is an alcoholic, that the abuse wasn't that bad, etc.)

Fourthly, it is important to have a consequence for each act of violence, non-cooperation with the treatment program and violation of probation clauses. When there are no consequences for violence, absences from treatment sessions, consuming alcohol while on a "no drink clause", etc., we are not holding batterers accountable for their decisions and actions.

Lastly, it is imperative that treatment programs be advised of their responsibility of "duty to warn". If the therapist considers a person to be a danger to themselves or others, they must alert the appropriate authorities and the person they consider to be in danger. Having a confidentiality policy and explaining it to the batterer is a consideration, along with their signature on the policy statement.

TO HAVE OR NOT HAVE: CONTACTS WITH BATTERED WOMEN DURING ABUSER TREATMENT Darold Hanusa, Ph.D., *Alternatives and Treatment for Abusive Men (ATAM), Midwest Domestic Violence Treatment Program, Madison*

I hope someday a strategy will be found that will positively influence men who batter so that, upon acceptance into abuser treatment, they will run gleefully home and share the wonderful news of their good fortune, along with all the important information about their treatment process. I don't believe anyone has yet found that strategy. We face the difficult task of offering abuser treatment in a climate that is often less than cooperative. It is always important to remember that the single most important goal of abuser treatment is the safety and protection of battered women and their children. Therefore, any procedure involving abuser treatment should ultimately serve that end. Currently there appears to be some controversy regarding the issue of contact with battered women during abuser treatment. There is a small group who oppose treatment providers' contact with victims on the basis that it endangers victims and victims don't want contact. However, decisions not to have contact with survivors at this stage may be actually more dangerous and decrease protection and safety efforts.

It is widely accepted that abusers use a variety of psychological tactics to control their partners or former partners. One such tactic is the use of isolation. When abusers engage in treatment, this pattern may initially persist. In this case, isolation is typically in the form of limiting access to information. Abusers often do not share with their partners important information about the treatment process. Certainly it can be seen that such behavior is an extension of the abuser's need to have power and control and not providing their partners with information allows the abuser to maintain the abusive pattern. When treatment providers avoid contact with battered women during the abusers' treatment, they may unwittingly collude with the abuser in his isolation tactic. When this occurs, safety to that battered woman and her children may be threatened.

What is the remedy? Partner contacts. Providing battered women with information early in the abuser's assessment or treatment can increase her safety. Beginning with treatment contracts, abusers should be clearly informed that treatment providers will have contact with their partners. In contacting battered women, precautions should be taken to provide for her safety. Battered women should be contacted at times when the abuser is not present. She should be asked about receiving program information via the mail. During her abuser's treatment, information shared with treatment providers should be used only with her consent and only after a discussion of her safety. Personal contacts with treatment providers may increase her level of comfort in asking questions about her own safety as well as questions about her partner's progress in treatment. Education and information regarding what to expect from abuser treatment, treatment limitations and what to do if he re-offends can help her in planning strategies for her safety and the future of the relationship.

In case you are still unconvinced, consider this. Battered women whose partners present for treatment at the ATAM Program at the Midwest Domestic Violence Resource Center are routinely contacted. Following a safety assessment with each battered woman, they are invited to participate at various points during the abuser's assessment. An on-going survey is being conducted to assess the impact of this procedure. Currently, 100% of the women surveyed report that they believed the contacts with the treatment program were important, useful, informative and highly recommended! Many of the women have indicated that having direct contact with the treatment providers was useful and helped them feel more comfortable. Having access to information has decreased their isolation and insured that program staff would not collude with abusers in this way.

A NEIGHBORHOOD BASED ORGANIZATIONAL MODEL FOR SUPERVISING DOMESTIC VIOLENCE OFFENDERS ON PROBATION

Dan Nevers, Field Supervisor, Division of Probation and Parole, WI Dept of Corrections

The number of individuals on community-based probation and parole supervision has grown dramatically in Wisconsin. Since 1988, the total has increased by over 150%. As a result, probation and parole agents have had to organize differently to maintain their ability to meaningfully supervise.

A number of agents have responded by developing methods of supervision called *neighborhood probation*. Neighborhood probation identifies problem neighborhoods that have concentrations of offenders. The agent then focuses on that specific neighborhood which allows the agent more time in the neighborhood as well as a chance to network with other agencies that provide local services. These agents work from the philosophy that crime is a community problem. It is the role of the probation and parole agent to join with other professionals and the community to identify problems that broadly relate to crime and problem-solve, based on the unique circumstances of the area. The agent supervises the offender, but other family members, significant others, or community members become resources to assist in the supervision. Each area has resources, strengths and weaknesses and it is up to the agent to work with them.

Bob Kemp is one of these agents. He supervises 24 clients in a neighborhood, most of them in families, and many of them are domestic violence offenders, and in some cases, victims. His supervision of one of these cases is an example of how the neighborhood probation program can work to provide better, more intensive supervision of offenders, provide better protection for family members and points to some of the needs that exist in the community. It also demonstrates some of the frustrations of supervising clients to change attitudes as well as behaviors.

This particular offender was placed on supervision in March, 1993 for a misdemeanor battery to his wife. He was only 20 years old, but had already had contact with the juvenile and adult authorities, some involving previous violence. Conditions of the 18 month probation case were: to obtain assessment for treatment; no threats or acts of violence, and to maintain full-time employment. In committing the offense, he had pushed her, and hit her in the eye, causing bruising, in an argument over how loud to play the TV. His description of the offense upon intake at probation and parole was characteristically minimizing and blaming, "She tried to stop me from leaving, and the door hit her in the face." Somewhat typically, he was not somebody coming to probation, committing to taking advantage of it as an opportunity.

He viewed himself as "outgoing, helpful, good sense of humor", and what he would like to change in himself was to have "more money and a better marriage." His rules of supervision developed by the agent at that time repeated the court conditions, but also the agent ordered "No use of alcohol, non-prescribed drugs or paraphernalia", and because of an immediate violation, "No disciplining of any children by physical means and/or use of any object that may cause physical pain to children." Clearly, this was an offender that had multiple issues regarding the use of violence to obtain control, and a family with a lack of resources to bring about change. It became the duty of the probation agent to provide external control, and the case plan reflected this intent by focusing on obtaining treatment and maintaining employment.

Initially the offender resisted any attempts at addressing the problems identified by probation and the Court and was largely successful. The agent supervising many cases like this, or worse, was not able to keep up. The offender complied minimally--missed appointments, made excuses, rescheduled treatment and invented job conflicts. He did work, but mainly at a succession of temporary food service jobs. During this time, he had violations, resulting in short jail holds on two

occasions. He was also supervised by two different agents and social services became involved because of a possible neglect of children investigation.

By the time Bob became the neighborhood agent, and the third agent assigned to the case, very little had been accomplished. However, as Bob made contact with the neighborhood police officers and the social worker and made home visits, it became clear that intervention was necessary. Urinalysis revealed that drug use was a continued problem and his house was still in an unacceptable living condition. Bob gave deadlines for a treatment assessment and followed up on all conditions of supervision. Finally, through continuous attention, the offender started to comply and obtained full-time employment as a probationary employee, with benefits, and he started an aggression program. At the same time, a follow-up contact with social services revealed what might be physical abuse of a child. Bob immediately requested assistance of a social workers, and the schools, to work as a resource team, interview the child and establish probable cause. As soon as the allegations were established the neighborhood officer was contacted and the offender was placed in jail, his third time while on probation.

Revocation and return to court was considered, but an alternative was developed because the use of jail, without continued probation supervision, did not seem to benefit the individual or the family and still would not address the issue of treatment. A disposition was agreed to by all parties, including the court, that the offender would remain on probation to provide safety and follow-up. Conditions made by the agent were to reside at a specific residence apart from the family, continue and complete the aggression course, to be followed by parenting classes, and not to be alone with any of the children. The rules have been shared with the resource team, including the neighborhood police officer, who is checking with the residence and the family. Many times the officer is in the neighborhood when we would not be. Coordination means an increased presence.

The offender is now employed in a permanent, full-time position with his employer and his insurance is picking up treatment. He is reporting weekly and urinalysis is taken frequently. Finally, it appears that some tentative stability and progress has been achieved in supervision.



Clearly, supervision in such a case is a frustrating and risk-filled process. Agents have tried to maintain contact with offenders and supervise appropriate conditions and have been overwhelmed by the number of cases and the complexity of the problems. This has been an experience duplicated by other agencies and it is only through increased resources *and* innovative programs that we seem to be able to make progress. It is with the clear focus as Bob developed, interagency community coordination, and agreement on follow-up, that progress can be achieved. We still need to coordinate with victims' groups to develop better safety plans and increase the likelihood of increased safety by involving community members. *If domestic violence is a community problem, then we need to involve the community in solutions.* Also, we need all elements to be involved. The continued authority of the court is important to this process as is neighborhood police protection and the authority of the agent and the threat of jail. However, of equal importance, is coordinated service to victims, and lastly, education and treatment programs. Without these we may only be perpetuating a cycle without change. Bob points out that we have domestic violence perpetrators on supervision for years. As this case points out, for many reasons, it has taken that period of time to develop consistent supervision and true attention to the roots of the problem. With coordinated community attention and the use of resource teams, the process of providing a safe environment may occur faster.

CO-FACILITATORS—LOOKING AT GENDER *Kristin Koeffler, MS. ICSW. PC., Rock County Domestic Violence Intervention Program, Janesville*

In abuser treatment, I believe the gender of co-facilitators is more important than in other types of treatment programming not related to issues of domination and violence. Domestic violence groups must look at issues of domination and control over another person and the sexist beliefs in society as well as in themselves. Since sexism is all about gender, it follows that it is a factor worth looking at.

After doing abuser treatment for 13 years, I have seen every combination of gender in co-facilitators work and not work, also. In my opinion...Male/female teams work best for male abuser groups. Since most of our referrals are heterosexual, this provides group members with the best of all learning models - seeing a man of authority interact with a woman of equal authority. Thus, providing new information to men who often want to believe women are second best and need to be submissive or dominated for their own good - as well as the good of greater humankind.

Male-female co-facilitators are more likely to bring sexist prejudice out to be dealt with. Sometimes group members' stereotypes would not appear if a woman was not co-facilitating in the group--her very presence brings up issues for some abusers which can then be dealt with by both facilitators. Because we do not want women group members to be revictimized, we do abuser treatment in homogeneous groups of men and women separately.

Male-female co-facilitators will see power and relationships from different perspectives. That balance is not just helpful for the group members, but for both facilitators as well. We are raised in a sexist culture, and being androgenous doesn't mean our world is non-sexist.

Two male co-facilitators will also

work well in being role models and being heard/seen as credible in the eyes of group members. However, in these groups of all men, you then subtract the gender issues and lose the chance to "show" by example that women are equal to men and demonstrate a positive interaction and balance of power between men and women.

If the men's group has two women facilitators, you also lose any role model benefits. The information and content used for treatment may be the same, but learning also depends on the group members' "use" of new skills and belief systems. If a group member thinks the theory all sounds good but can't see or integrate it because he lacks the model of a man and woman interacting, it is harder to learn. In addition, since abusers' sexist beliefs affected their actions in the past, having two women as co-leaders can mean dealing with more resentment.

Looking at the importance of role models, I found little research on the gender of abuser treatment facilitators so I turned to research that has been done on learning in schools. In several studies of elementary school teachers and students, the finding in reading skills suggests a correlation between the gender of the teacher and the student's reading skill. Girls showed better reading achievement in lower grades where the teachers are mostly women. In schools where the teachers were male, the boys showed better reading scores. This suggests role modeling and gender of role model are important.

Regardless of gender, it is important for co-facilitators to have contact with victims of domestic violence on a regular basis. They do not necessarily have to talk to the partners or their group members, but must talk to victims of domestic violence on a regular

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NECESSITY OR LUXURY: FEMALE AND MALE FACILITATORS IN ABUSER TREATMENT Darold Hanusa, Ph.D., *Alternatives and Treatment for Abusive Men, Midwest Domestic Violence Resource Center*

From the beginning of time women have resisted violence against them. With the advent of the battered women's movement, women have become more vocal in their work to end violence in the lives of women and children. Over the past two decades men have become increasingly involved in working with abusers. For a long time, and for good reason, women working in the battered women's movement have been clear about their role with men: they did not want one! For years I heard leaders of the battered women's movement proclaim, "I need to invest my energy in helping women. Let men help other men stop their violence."

To some extent, it appears that men have listened. Abuser programs have developed and proliferated nationally. Because of their recent and generally unproven status, many questions have arisen. For instance, can or should women play a role in the treatment of men who batter? In some regard, this question is academic, since some of the pioneers in abuser treatment have been women. Questions about the gender mix of treatment facilitators, the focus of this article, have also arisen.

It has been suggested that abuser treatment programs should always use both male and female facilitators. This notion is interesting. Does this mean that, over time, women have softened their approach and desire to work with men? Does it mean that women are afraid that men will not "get it right". These are both possible topics for future discussion. In regard to group facilitators, there are decided advantages in working with mixed gender teams. First, there is an opportunity for abusers to deal with a woman in authority and therefore, to confront various power and control issues. Second, mixed gender teams can provide themselves as excellent examples of modeling equality and demonstrating conflict resolution and communication skills. Third, a woman co-facilitator can confront men about their sexist ideology and provide them with a reality check regarding that particular woman's reaction to their behavior. Clearly, mixed gender co-facilitators provide a balance.

With so many apparent advantages in using mixed gender co-facilitators, it is easy to see why this approach is strongly advised. However, is it an absolute necessity? No, it is probably more of a luxury than a necessity. Finding women who are available and willing to invest energy in working with men, who are willing to be trained and who are willing to work with resistant clients may be difficult. In some areas of the state, it may be next to impossible. What then? In such cases, single gender teams may be necessary. For single gender co-facilitators, there are some cautionary notes. First, colluding with abusers regarding sex-role stereotypical attitudes may be more of a danger. It is important for male facilitators to be vigilant towards negative bonding which promotes, rather than decreases, male privilege. Also, single gender facilitators may meet with greater levels of resistance to change. Abusers often accuse single gender co-facilitators of bias or lack of understanding of their perspective, especially if the co-facilitators are female.

No matter what the gender mix of treatment co-facilitators, there are difficulties in working with men who batter. It is clear to me that the use of mixed gender co-facilitators is the best choice whenever possible because it provides a balance. However, there are situations when single gender facilitators are the only option. In these cases, it is especially important that the facilitators have adequate training. Further, it is important for treatment programs to have a connection with local battered women's services and to request input regarding treatment programming and issues. Finally, I think it is especially important for men to work with men and to make a clear statement: Violence against women is not acceptable!

basis to stay centered and in touch with the terrorism, fear, resentment, confusion and helplessness. Policies need to be ironed out with the shelter support groups, advocates and coordinated community response agencies on issues of confidentiality and reporting--with the bottom line being safety of victims and holding the abusers accountable.

When therapists do assessment and individual counseling, I think the variable of gender is less important than it is in the group setting.



Having defined why I think male-female co-facilitators work best let me say, just recently I have begun to question this wisdom. Not because the basic philosophy is any different or doesn't hold true, but because

in the practical application, what if your female co-facilitator is weaker? I believe the amount of time we each share being lead facilitator is very important. Our co-leaders must agree this time should be equal. The problem is finding the balance. If the powerful learning moments are not shared equally by both facilitators and if the woman co-facilitator does less, the bigger message of "the man as smarter, more articulate and therefore more powerful" is sent. If she is less experienced, less verbal and less articulate, group members will learn less from her. It is easy to say it doesn't matter which facilitator sends the message as long as it is sent, but I don't believe it is that simple or true. Again, balance becomes an important part of the message.

Domination, threats and violence are not okay, and equality, respect and equity are. Facilitators need to model those very attributes to be effective--and we all must do our homework as professionals before we walk into the group.

THE POLITICS OF CO-FACILITATING

Maureen Funk and Ingrid Peterson

Men's Abuse Program, Family and Children's Center, La Crosse

Women working as facilitators in batterers' treatment programs not only experience controlling behavior directed at them by group members, but often have to deal with more subtle forms of control from their male co-workers. It is important for every batterers' program to look at interpersonal relationships and power and control issues between male and female co-facilitators. Power differentials can undermine a facilitator's effectiveness and credibility. In our experience, the use of controlling behaviors by a co-facilitator is a barrier to clear communication and needs to be confronted within a program. This is especially critical when you consider that equality and respect in male-female relationships is something we want to model for the batterers in our program. It is important to discuss the following issues within your staff:

1. What are ways that male co-facilitators may be more susceptible to colluding with men in the group?
2. Identify ways in which male co-facilitators can be controlling or undermine the female's

effectiveness. (Examples include interrupting the female co-facilitator, monopolizing the conversation or assigning her the "secretarial" tasks such as collecting fees. Discuss "rescuing" vs. support between facilitators.)

3. Fear and danger level--do males have the same sensitivity to this as females? Are male co-facilitators attuned to their own feelings regarding fear and danger? Do they share the same sense of outrage about acts batterers have committed?

4. Identify ways in which the batterers in the group can be sexually abusive towards the female co-facilitator--is the male co-facilitator sensitive to this? What is an appropriate response?

5. Why is it difficult for some male co-facilitators to look at their own issues of (power and control)?

In conclusion, it has been our experience that it is crucial for male co-facilitators to be vigilant in evaluating their own behavior in male batterer's groups. A man who is doing this work should ask his co-facilitator if he displays any behavior in group for which he needs to be accountable. Women bring extremely valuable experiences and information to this position. If a male group facilitator is feeling defensive or making excuses about his behavior, he needs to acknowledge it, listen carefully to his co-facilitator, and examine his own beliefs.

A Scale for Self-Evaluation for Male Co-Facilitators by Dr. Ken Bennet is available through our program at (608) 787-9410.

CULTURALLY SPECIFIC TREATMENT FOR BATTERERS

An Interview with David Duran, Hispanic Migrant Liaison, WI DHSS, Division of Economic Support

Are you working with any groups which are doing culturally specific batterers' treatment program for migrant workers?

We are not currently working with any specific group. I am trying to research what is being done with Latinos--specifically migrant workers since they posed a challenge as a highly mobile population, when batterers' treatment traditionally works with a less transient population. Some programs do exist in Milwaukee (examples are La Causa Family Center and United Community Center UCC) and I am trying to schedule a visit to the programs to analyze their success and to determine if their programs might work with a mobile population.

We need to analyze services needed for women and treatment for men which I see as a crucial part of services for women. When we conducted research in Wisconsin through focus groups, migrant women told us that leaving their relationships was not an option for a variety of reasons. They would like to get help and want the men to get help also--keeping the family intact. We need to be respectful of these wishes.

I am currently working on a research project with Dr. Rachel Rodriguez, Director, Family Violence Research Network, Migrant Clinicians Network. The research project focuses on migrant farmworker men. We hope to learn more about migrant farmworker men's perspectives of domestic violence and analyze existing treatment programs which maybe effective with a mobile population.

I am familiar with some programs nationally which I hope to visit so that we can develop an intervention model which can be used in Wisconsin and other parts of the country. One program is in Hood River Oregon, developed by La Clinica del Cariño, the Migrant Health Center.

What advice do you have for domestic violence and batterers' treatment programs that serve areas where there are migrant workers?

There needs to be a tremendous push to get service providers to know about the migrant population and their needs. Right now there is no particular program meeting their needs. While some programs have been receptive, they need to understand how to tailor their services to a highly mobile population. They need to go the extra mile to ensure that safety as well as linguistic needs are being met.

Migrant workers and their families do not trust governmental agencies and they see non-profit organizations as governmental agencies. Even at La Clinica there is a level of distrust. A brochure or poster or label announcing services at the domestic violence program is not enough if the appropriate line services are not there. They need to look at their services and see what cultural and linguistic barriers exist. Some programs are trying, but running into problems. They need to understand the cultural view of what is happening to the migrant family. If they are going to engage, they must comprehend the culture. I wish in Wisconsin we'd give more priority to underserved populations and not just give lip service by just adding a board member or staff person of color. Programs need to develop volunteer networks for Latinos.

What kind of resources are available for domestic violence and batterers' treatment programs?

I am available at least to give information on cultural competency. Service providers need to link with the existing Latino organizations in their areas. (See list below)

Do you advocate for culturally specific batterers' treatment programs for Latinos who are not in the migrant population?

There aren't any programs which exist now that are specifically geared to Latinos. We really need to invest resources for this specific population. There are very few programs in general for Latinos and the ones which exist are not very culturally competent. With a culturally specific batterers' treatment group trust would be built more easily. If you want to see more compliance and better results, it behooves us to create the groups. Most of the time Latinos are dealing with people outside their culture, when it is difficult enough to deal with the issue of violence within your culture. The issue of domestic violence has been a taboo for us in our culture and maybe we need more awareness within the population, we need to develop good leadership within our community and to do more advocacy. When we started our focus groups we feared raising the topic of domestic violence but were amazed that women and men were willing to talk. Working with existing Latino organizations is integral for services providers. Hopefully a network is out there which is willing to work toward opening their services to populations with cultural and linguistic differences.

Resources on working with migrant farmworker families:

UMOS (United Migrant Opportunity Services, Beaver Dam (414) 887-7233

UMOS, Milwaukee (414) 671-5700

UMOS, Wautoma (414) 787-7400

Family Health/La Clinica, Wild Rose (414) 622-4206

Wisconsin Migrant Education Program (608) 266-9616

Migrant Health Service, Crookston Minnesota (218) 281-3552

PRELIMINARY IMPRESSIONS--TREATMENT FOR MEN WHO ABUSE OLDER WOMEN Candace J. Heisler, Assistant District Attorney, City and County of San Francisco

Candace Heisler is part of a group considering developing a batterers' treatment group specifically for men who batter older victims. We asked her to share with us the impetus for this idea.

We received one of the Administration on Aging grants to develop model programs to assist older battered women and realized that we would not be meeting the needs of victims if we do not also deal with the needs of those who batter them. We have been working with Men Overcoming Violence (MOVE), a well established batterers' treatment program in San Francisco, asking them to provide treatment for those who batter older women. The Probation Department is establishing guidelines for court-mandated treatment of these batterers. We recognize that at present this is a very small population and expect most abusers in this category to be referred by the court. We have looked at persons currently on probation--***without regard to their ages*** and expect to focus on those spouses, partners and adult children who batter older women. We will not include paid caregivers. We plan to use domestic violence batterers' treatment program design while focusing on the behaviors of persons who have abused older victims.

It has been difficult to identify a sufficient population to start a treatment group. We did identify two people (one a spouse and the other, an adult child). The spouse was given the choice of entering a traditional batterers' group or waiting for the specialized group for persons who batter older victims. He selected the traditional group. This made me wonder if a batterer can more easily accept himself as a "wife-beater" than as a person who has abused an older woman. The adult child waiting for the group has had a really difficult time dealing with what he had done to his mother. He didn't blame others for, or minimize his behavior. He is filled with self-reproach and self-loathing. His reaction is very different from most domestic abusers we have seen who frequently blame others and minimize their conduct. Although we certainly have seen adult children who assaulted other parents react as most batterers have. One case, particularly comes to mind. In it, a son severely assaulted his mother. She was covered with bruises from her head to her toes. Suffering from late stages of Alzheimer's Disease, she could not speak. In spite of the incredible abuse, the police investigation, his arrest and conviction and extensive post-conviction mandated counseling, he still does not accept responsibility for his conduct. He continues to blame others for his arrest and denies his actions.

These cases are just beginning for us as we try to identify appropriate interventions with this population of batterers. It is too early to come to any conclusions about their responses to their situations or their treatment needs. A note of caution: When we met with the Probation Department we saw that the population of offenders who had abused older women contained a significant number of persons with major mental health issues for which batterers' group treatment is inappropriate. Many of this group are themselves older and suffer from organic brain disorders which cause them to be violent and hurt their spouses, and others as well. Their violence is not driven by the need for power and control which is central to domestic violence. People working with older offenders must recognize that a percentage of offenders will be from this population. Intensive assessment is needed to identify which offender falls into this category and should not be placed in a traditional batterers' group therapy session.

These are my preliminary impressions. With time, we hope to have identified a larger group and have begun to collect data about them. It would certainly be helpful if people around the country working with abusers of older battered women would share their experiences with us. *Candace Heisler can be reached at the Office of the District Attorney, 880 Bryant Street #322, San Francisco, CA 94103.*

WHO ARE THESE WOMEN BEING ARRESTED FOR DOMESTIC VIOLENCE AND REFERRED FOR DIVERSION, ANYWAY?

*by Nancy Gustaf, Director of the Deferred Prosecution Unit (DPU), Dane County DA's Office
DPU works with first offender status cases. Monitored like probation, if offenders comply with program conditions,
their charges are dismissed.*

In Dane County we have about 1100 cases referred to DPU from the District Attorney's Office each year with approximately 75% entering into the diversion program. Out of those 825 cases, 40% are domestic related. This includes about 100 women who are arrested for being the *primary physical aggressor* in a domestic incident. The arrests include dual arrests where each partner was violent and may have had visible injuries. This total also includes women who are in same sex relationships. Further contact with women offenders indicates they may have been victims in the past who are now fighting back. Many male partners have been arrested in the past as the *primary physical aggressor*. He may not take responsibility for his own violence and shows his level of denial by telling her it is her turn to get in trouble with the police.

Through our interviewing and assessment, the DPU staff attempts to sort out all of the issues. We use the same interview form for all referrals which includes questions on domestic violence. We may receive collateral information from prior criminal cases from the Family Violence Unit. If we identify victim issues with a woman charged as an offender, our contract will address those issues and any anger problems. If a woman has aggression issues, we will address this, if appropriate.

Overall we do not see women who fight back manifesting the same power and control characteristics as men who systematically use violence as a way of controlling their partners. Some women do have problems controlling their anger--but they may not be abusers. Women arrested may be in unequal power relationships with their partners and may continue to be controlled by their partners and fearful of them, especially if the women fought back. And, if a woman is arrested the situation at home may no longer be a secret. It is hard for women who have been victimized by their partners to separate their experiences as victims from their arrest. They may feel revictimized by the criminal justice system even though they acknowledge they did something wrong. They may mistrust the system for not protecting them. Sometimes it is a hard call whether aggression is an issue for the woman because she may have arrived at a place where she feels safe to express her anger about the past abuse to her. Most of the woman have never had any intervention around domestic violence before their referral to DPU--and here they come to us as offenders! We may be the first people to hear their stories. Many of them have reactions as victims, not abusers.

Many of the women say they are fighting back because they cannot take the abuse anymore. They make a decision to take care of themselves and choose fighting back as a way to do that. Also, some of their criminal charges may be more serious than the male abusers as they may use a weapon to threaten, wound, or equalize the power imbalance due to physical strength differences. There are women who may handle conflict in their relationships with violence, but most have been victims.

If domestic violence is determined to be factor in a woman's case, we refer her to one of the counseling programs in Madison. The programs facilitate skill-building, education on victimization, anger management and the societal factors that create an atmosphere for the victimization of women. Also, DPU conducts a one-time educational 4 hour class for women charged as offenders. Basic victim education and dissemination of information on community resources are offered. There is a chance for the participants to talk about the violence in their lives and be able to tell their accounts of the incidents that brought them into the system. We do not condone violence as a way of dealing with conflict. We make this clear to any individual, male or female, if they are to participate in the DPU program.

We do not refer women who have anger control problems to participate in male abuser groups. To mandate their participation in male abuser groups would revictimize those women who have been victims. We would be giving them the message they were somehow the cause of the violence. The power and control issues are just not the same for men and women. Both men and women have their own *denial* issues. Men tend to not take responsibility for their violence against women. Women will usually admit they committed the violence. Men utilize a lot of societal privilege to oppress and control their partners...isolate her, keep her in a submissive role, withhold her access to the purse string, etc. You just do not see this behavior with women who are being arrested for domestic violence. Women may deny they are victims. This may be the first time anyone has identified her as a battered woman. Many women are totally unaware that domestic abuse is more than physical violence.

Women tend to be more accepting of counseling than men. Some men do admit what they did was wrong and ask for help. But our statistics show that the greater number of DPU cases sent back to court for failure to comply with batterers' treatment are for male offenders. Men are more resistant to treatment because they are not willing initially to own their violence. Also, we never recommend couples counseling until the abusive partner has completed abuser treatment. How can you counsel a couple where there is a threat of violence to the partner? The victim may be scared because she knows when she gets home she may be battered. Couples counseling may be very appropriate after the batterer completes treatment and the likelihood for further violence has lessened.

We receive some same sex violence cases, also. In gay relationships, both partners tend to minimize the seriousness of the violence. In almost every case I have seen (maybe 7 cases a year) there has been alcohol abuse related to the violence. In lesbian cases, there may be some minimization of the abuse, but it is more common to see the victim afraid of her abusive partner. There has been a greater need in lesbian violence for us to mandate no-contact contract conditions or encourage victims to get restraining orders. We have not seen the *fear* factor as high with gay men. But, any of the causes of violence are the same in gay and lesbian relationships as they are with heterosexual relationships...jealousy, the need to control the other partner, unfounded mistrust, alcohol and drug problems and the breakdown of communication due to violence. The violence may be more hidden in the gay and lesbian community because the community members have up until recently not wanted to accept that domestic violence exists. Also due to lack of services for gay victims and abusers there has been nowhere for these individuals to turn unless they wanted to pretend they were straight. Since domestic violence is seen as a heterosexual societal problem, community services are geared for heterosexual relationships (the terminology, etc). If gays and lesbians turned to *straight services* for safety or treatment, they may feel they would have to lie about the genders of their partners. This, in itself, is another form of victimization that many may not be able to endure. There is an indication that homophobia may be higher with heterosexual abusers than in the general male population. For this reason, we do not send gay men to abuser treatment programs. Gay abusive partners usually end up going to individual counseling.

We have sent some lesbians to group counseling which serve *straight* women. We would prefer specific counseling groups geared to lesbian violence, but the resources are not available. It does not appear so far that it is as big an issue for the females as the males when they are referred to violence counseling. The two women's programs we refer to that deal specifically with women's victimization and violence are Women's Violence Prevention Group at Family Services facilitated by Paula Harry (608) 251-7611 and Women's Prevention Group at H.&S. Counseling facilitated by Paula Hoppenjohn at (608) 278-8776.

HERSTORY—Beth

My husband and I have been married for six years. We have two children. Although there was no abuse during the time we dated, the first two years of our married were very awful. I came from a traditional home with parents who'd been married for a long time. He came from a rough household with lots of fighting. During those first years there was a lot of emotional abuse. I think that he tried to make me so miserable that I would leave and then he wouldn't be blamed for leaving the marriage. There was one incident of physical abuse and that was a relief to me. I'd been trying to figure out if I were being abused and this made it clear to me. We were already in couples counseling. I called the counselor and told him I had been hit. Because of a lack of training, the counselor handled it inappropriately and let my husband off the hook. He made me tell my story in front of my husband. Naturally I watered it down. When I told the counselor that I had threatened to leave the marriage, he said that probably hurt my husband as much as his hitting had hurt me. I felt as if I were expected to take 50% of the responsibility for being hit. Couples counseling was definitely not the place to deal with violence within a relationship because it wasn't my problem. He was the one with the work to do on taking responsibility for the violence.

We were moving to the midwest and someone recommended we looking into batterers' treatment programming in Madison. I stayed with my parents in Iowa and refused to move here until he was committed to counseling for himself. He literally found the program in the Yellow Pages. After his initial interview I spoke with the treatment provider and asked if I should move to Madison. The counselor asked me what I wanted to do. It was the first time my needs--not his--not my baby's--were being considered by me. We stayed separated for six months, although I was always committed to continuing the relationship. When I rejoined him, I joined the program's support group for battered women. It was important for me to hear the other women and to hear myself talk about my experience. The program continuously worked with me on my safety. For example, they would have me tell people what I was dealing with to ensure my safety in case of an emergency.

My husband told me that he could see himself in others in his group. It was important that each member of the group held each other accountable for his actions. The program was excellent. I don't think that abusers are necessarily evil. They are people who have had negative role models reinforced by all the bad stuff in our culture. We have changed our friends and are only associating with people for whom respect within a marriage and raising healthy children is paramount.

There have been times since when he has behaved inappropriately. We are still working on having a better relationship. But now when he is emotionally abusive he recognizes it. He may not apologize immediately, but he does later. It is constantly an uphill climb. Like any other abuse you have to be on the lookout all the time and want to change. Today, we are dealing with my oldest son's anger, trying to teach him appropriate ways of showing anger. He experienced two years of instability and witnessed more abuse than I realized. My youngest son has been spared that.

A woman is never responsible for violence against her. Programs that consider her somehow a participant in the violence can make her in more danger by communicating that he is not fully responsible for the violence. I broke dishes on the floor during our fights during those first two years, but he was never afraid of me. I was afraid of him.

If a woman feels she needs to leave, she should--but I disagree with those who believe that once an offender, always an offender. Obviously, the abuser really has to want to change.
