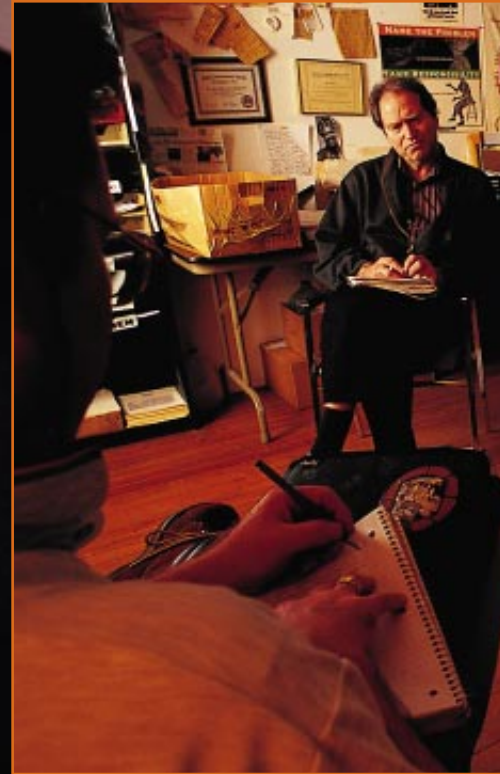


Treating Men Who



J. D. TALASEK Phototake

Batter Women



ANN STATES SABA

TREATMENT PROGRAMS for men who batter generally follow one of three principal approaches. This group session conducted by Men Stopping Violence, a program in Atlanta, uses the feminist model: it aims to change men's attitudes toward women by undoing their sexist socialization.

Treatment programs for men who abuse their partners are proliferating, but their effectiveness remains unclear. A growing body of research about the types of men who batter may help experts tailor treatment more precisely

by Marguerite Holloway, staff writer

The scene is a football field. Three-hundred-pound bodies are preparing for the all-American pastime: bone-crunching battering. A player on the field turns to the camera: "There was a woman who walked into doors and one who frequently tripped on smooth floors." Other football players pick up the story: "A mother of three broke her arm on the stairs; another simply stumbled over a chair. There was a woman who hid scars under her hair, and for some reason, she's no longer there." It is a bone-chilling poem, part of a public-service campaign against domestic violence sponsored by the Liz Claiborne Foundation and one of the first to speak directly to men. The advertisement took its cue from real life. The years following the O. J. Simpson trial have seen an ominous rise in reports of sports figures assaulting women—with little repercussion for many of the athletes. Christian Peter of the New York Giants has been convicted twice for assaulting women, and he continues to play. Darryl Strawberry of the New York Yankees was arrested for threatening his then wife with a gun. The list goes on, running through the ranks of other football teams and a host of baseball and basketball lineups.

Although Northwestern University researcher Jeffrey Benedict—author of *Public Heroes, Private Felons*—has found athletes disproportionately violent toward women, they are



TERRENCE "RED" CROWLEY of *Men Stopping Violence* says the goal of the treatment program is not only to change men's attitudes of superiority toward women—"an attitude that encourages domestic violence"—but also to engage the entire community so that violence against women is not tolerated.

some studies of men who batter suggest that there are very different kinds of abusers. Rather than lumping all men into one category, as was generally done in the 1970s, researchers are defining batterer types. These findings could have implications for refining treatment programs, and accordingly they are being championed by therapists and experts who have argued that a tailored, integrated approach would be most effective in treating men who batter.

"I am relieved to see this kind of thing emerging. We need to lend a scientific lens to this, as we do to any other psychological phenomena," comments Janet A. Geller, director of the Family Violence Prevention Center at the Jewish Board of Family and Children's Services in New York City. "Because at one time, men were being objectified as well: they were all batterers because of power and control. That is partially true, but it is too linear an explanation. Human beings are much more complicated than that."

Feminist Legacy

Treatment programs for men who batter originated in the late 1970s, growing directly—and, initially, tentatively—out of the battered women's movement. Women's activism drew attention to the horrors of domestic violence, bringing hidden abuse into public view and establishing shelters (a solution that began in England in 1971). After a few years, though, people who worked with the victims of violence began to turn their attention to men, who would often just move on to another relationship in which they would batter again. And they started to see different women coming in who had been abused by the same man, recalls Richard M. Tolman, professor of social work at the University of Michigan, who began working in 1980 with men who batter in Anchorage, Alaska. "People began to ask, 'What about men? Can we help them? Can they be stopped?'"

The first programs for men were built around what is called the pro-feminist model. Counselors view violence as an extension of patriarchy, as a way of men maintaining power. Men enrolled in these programs go through resocialization. They examine how men and women are socialized by looking at magazine advertisements, films and other cultural forces that shape how men's and women's roles are defined. And they learn new skills for dealing with their relationships: how to express frustration or anger without becoming violent. This is the approach taken, for instance, by *Men Stopping Violence*, a program begun in Atlanta in 1982. "Historically, there has been a presumption of male su-

hardly the exception. According to the most recent figures from the National Institute of Justice, approximately 1.5 million American women are raped or physically assaulted, or both, by an intimate partner every year. Despite three decades of awareness about domestic violence—including efforts to identify, treat and protect battered women and, more recently, to arrest consistently men who batter—the practice appears tragically entrenched.

As the recent advertisement indicates, however, men are increasingly being targeted in public-awareness campaigns and in intervention programs. Since the mid-1980s, many states have mandated arrest for incidents of domestic violence, and consequently the judicial system has been swamped with cases of men who batter. In many instances, courts have been requiring that offenders attend treatment programs or receive counseling. This demand has led to a proliferation of programs for batterers, but it has also led to controversy. Many people who treat battered women and children are concerned that money will be redirected from shelters or from women's services. Furthermore, there have been few data to show that treatment programs are effective.

Nevertheless, many experts who have been treating men who batter say methodologically sound studies are beginning to show the programs do have an impact. In addition,

priority in the world,” explains Terrence “Red” Crowley, director of the program’s community intervention evaluation project. Men Stopping Violence places emphasis on social change rather than on simply treating individual men. “We figure out how to challenge and deconstruct their thoughts and beliefs about women that encourage violence against women,” Crowley elaborates. “We want to be a visible presence in the community to indicate to the community that violence against women is a problem and that it exists.”

The pro-feminist model is the most popular and widespread method of batterer treatment. The other two methods emphasize either family interaction counseling or psychotherapy. The family interaction approach, which examines the couple’s relationship, is the least common because it has been criticized for being potentially dangerous to the woman: if she complains during a session, she may end up being beaten to a pulp at home. Indeed, 20 states actively prohibit couples counseling for this reason. The psychodynamic model focuses on the batterer’s history and psychological problems and aims to work them out during therapy. Some of the most well-known and long-standing batterer treatment programs—such as EMERGE in Boston—combine elements of the pro-feminist approach with cognitive behavioral techniques, examining gender roles but also examining past and current relationships with women as a forum for self-exploration and change.

Despite the fact that programs for men who batter have been around for two decades, it has been hard to assess whether the programs are successful. In many instances, the question is moot: 30 percent of the men referred to programs do not show up, and about half those who do drop out. For those who stay, success seems to range from 53 to 85 percent—when success is defined as the cessation of beating according to reports by the woman. But some studies have found that abuse sometimes ceases on its own after the batterer is arrested, without the need for further intervention. And one study found that men who went through treatment became even more physically aggressive.

“I don’t think the data are clear-cut,” says Tolman, who has co-authored a review of programs with Jeffrey L. Edleson of the University of Minnesota. “We just don’t know at this point which [programs] are most effective.” Tolman compares batterer treatment services to services for psychological problems: “We just haven’t had any stunning success in any realm of psychotherapy. People need to keep that in mind.”

Assessing efficacy has been very difficult for many reasons, explains Edward W. Gondolf, professor of sociology at Indiana University of Pennsylvania and research director at the Mid-Atlantic Addiction Training Institute. First, the study methods have often been very different, making it difficult to compare studies: some have relied on subsequent arrest records to check success, some on the victims’ reports of recurring violence, and others on a combination of both; some have described only the absence of physical abuse, not the presence of verbal and emotional abuse. Second, the programs all run for different periods, and there is no agreement on what length of follow-up is sufficient. Third, few studies have had control groups because it would be unethical: an untreated batterer in a control group might kill his wife during the course of the study. Fourth, response

rates are often very low. The enormous costs of longitudinal research limit how well treatments can be monitored. Gondolf notes that the study he is currently conducting costs \$1 million to track about 840 people in four cities for 15 months. The study, which is funded by the Centers for Disease Control and Prevention, was recently extended to 48 months—for another \$1 million.

Costly as it may be, the careful methodology seems to be paying off. Gondolf is finding that treatment makes a difference. Just over a year after starting treatment (which lasts three to nine months), a third of the men were still violent with their partners. But two and a half years after the programs ended, less than 20 percent of the men were violent, suggesting that the treatment sinks in gradually. Gondolf notes that the four programs being evaluated are long-standing, behaviorally focused ones that are closely connected both to the courts and to community and victim services. In these cases “there seems to be a program effect,” Gondolf says. “The vast majority of men are not reassaulting. And considering this crew, that is pretty good: over half have alcohol problems, lower income and lower education. This doesn’t mean that the programs are responsible for all that or that [the abusers] are wonderful people. It does mean that

RICHARD M. TOLMAN, a professor of social work at the University of Michigan, notes that the data are largely unclear about whether treatment programs for men who batter are effective. But longer-term studies and more consistent methodologies may resolve this problem.



PETER YATES

The Hidden Violence against Men

In the field of family violence, nothing is more contentious than studying women who are violent toward men. To many researchers who have devoted themselves to helping women escape domestic abuse, it feels taboo even to consider the possibility. Yet a series of studies suggests that men are occasionally victims of domestic violence as well.

"We have to take seriously the fact that there are women out there who are using violence," notes Richard M. Tolman of the University of Michigan. But he and other researchers point out that the consequences of violence against men

are rarely as serious as those against women are. The greater physical strength of men makes a difference: for instance, a man slapped by his wife could end up with a red welt across his cheek, whereas a wife slapped by her husband may end up in an intensive care unit.

The controversy about female violence first erupted in 1975, when Murray A. Straus of the Family Research Laboratory at the University of New Hampshire and his colleagues reported that men and women were equally aggressive. The researchers questioned people from 2,000 households and found that 11.6 percent of men and 12.1 percent of women were violent toward their intimate partner. The study was immediately criticized for its use of the Conflict Tactic Scales, a sampling method that does not examine the extent or consequence of the injury or the context in which the violence occurred. "The Conflict Tactic Scales equates a slap across the face with a life of terror," explains Terrence "Red" Crowley of Men Stopping Violence, a treatment program in Atlanta for men who batter. "It doesn't deal with the severity of the injury or the mortality. Or the systematic nature of it. Clearly, women make violent choices. But by and large, men are not terrified of women."

In later studies, Straus and his collaborators continued to find almost identical rates of violence, but they also reported differences in the types of violence used. The researchers reported that men were much more likely than women to use the most dangerous and damaging forms of aggression: beating up a partner, wielding a knife or using a gun. These findings are supported by those of a 1992 report in the *Archives of Internal Medicine*, which examined 93 couples seeking counseling for marital problems. Fifty-six of the 65 couples who reported violence said it was reciprocal. But



JEAN-MARC GIBOUX/Gamma Liaison

DAVID M. NEVERS of Clarendon Hills, Ill., is one of the few men willing to claim publicly that he has been physically abused by a woman. Nevers says his ex-wife slapped him, kicked him in the groin and pushed him down a flight of stairs.

we have interrupted the violence." His research also suggests that programs make a difference over and above the effect of arrest: rates of recurring violence by men who were arrested but dropped out of treatment are much higher than those of the men who were arrested and treated.

Court Involvement

Assessing efficacy is increasingly important as more and more states mandate standards for treatment. After a 1984 study done in Minneapolis found that arresting batterers appeared to be a powerful deterrent, police all over the country began to increase arrests in domestic violence cases. The courts have been overwhelmed with men who abuse, and treatment programs are seen as part of the solution—in many cases, notes David Adams of EMERGE, because "batterers come across as well spoken and respectable," judges and lawyers still don't viscerally think of these men as criminals. (The Minneapolis study has been replicated several times, and the results have been conflicting. Other researchers reached the conclusion that arrest was not a barrier; in one study, arrest actually appeared to increase recidivism. The controversy continues even now, with the two authors of the original paper arguing different sides.)

To impose some quality control on the burgeoning programs, many states have established standards for treatment. Yet the standards vary widely, Gondolf notes. In Maryland,

for instance, the state devised a very general guideline, urging the incorporation of new scientific research and allowing flexibility in approaches. In some other states, however, the standards specify exactly what form of treatment should be used. For instance, Tolman points out that some states mandate the use of group treatment—even though, he notes, it is possible that in some cases individual therapy could be more effective. Many researchers remain wary about the trend toward standards in the face of unproved treatment models. "People are just supposed to follow a curriculum," says Geller of the Jewish Board on Family and Children's Services. "But some programs take whoever comes into them without ruling out the inappropriate ones. Sometimes they don't use trained clinicians," she adds. "This is serious. Somebody could kill somebody."

Despite concerns about the state standards, many experts laud recent moves to integrate all elements of the domestic violence and criminal justice system. Unifying the response of the police, the courts, the shelters, women's services, batterer programs, hospitals, the medical community, and mental health and substance abuse services offers the best hope, according to Tolman. "When the messages are similar, there is a much greater chance of behavior being influenced," he says. Crowley of Men Stopping Violence echoes this view: "We change the culture, and men will change."

Another trend that many researchers are glad to see is the growing body of work on the types of men who batter. Rather

only the women suffered broken bones, broken teeth or injury to their organs.

The most recent National Institute of Justice data do not support Straus's finding of equal rates of domestic violence. In 1998 the National Violence against Women Survey found that 1.5 million women are raped or physically assaulted, or both, by an intimate partner every year, compared with 834,700 male victims of domestic abuse. But even if fewer men than women are attacked by intimates, some researchers note that they still need to be helped—without draining resources from services for women and children. Irene Hanson Frieze, a professor of psychology at the University of Pittsburgh who has studied female victims of domestic violence, says she increasingly feels that violence against men needs to be addressed as well. A few years ago Frieze conducted a study on violence in dating relationships. Two thirds of the 305 students between the ages of 18 and 22 that she talked with reported some form of violence, and for the most part, according to all parties, women were more violent. "This is typically mild violence," Frieze explains. "Like he flirts with somebody and she slaps him, and neither takes it very seriously." But she notes that the ongoing violence could eventually catalyze a violent counterattack.

The findings were surprising to Frieze but not as surprising as what happened when she was interviewed about her work on several call-in radio talk shows. Frieze recalls that she was astounded by the number of men calling in to say that their wife or girlfriend had hit them and to ask where they could go for help. "There is no place for them to go," Frieze says. "The people at the shelters would laugh at them." —M.H.

than follow the purely cultural explanation that men batter because they can and because they need to maintain hegemony, these findings suggest that men batter for very different reasons—and that they can be treated accordingly.

The types generally fall into three main camps, although some finer subdivisions and other categories can be found in the literature as well. The first is referred to as family-only, meaning that these men are primarily violent toward intimates. This group is not well understood, notes Amy Holtzworth-Munroe of the University of Indiana, who has helped define these types. "We don't know why they cross the line," she says. "They do not hate women, and they do not think violence is good." In contrast, the other types are less remorseful. The second type is described as generally violent and antisocial. Holtzworth-Munroe says these men are very violent both in and outside the family and are often involved in criminal activity. Men in the third group are called dysphoric or borderline. They are most violent in the family setting, are often very depressed, and can be quite needy and dependent on their wives or partners.

"One of the important things about these typologies is that we get some clues that will help us predict who will be the most dangerous type during a relationship," says Daniel G. Saunders of the University of Michigan. For instance, "the most severely physically abused men in childhood develop antisocial traits, abuse alcohol and have a criminal lifestyle." They do not show high levels of anger or jealousy, he says,

but they become the most severely abusive with their partners. Many of these men were intensely beaten, often by their fathers, Saunders notes, "and they often justify what their fathers did: 'He had to do that to raise me right,' or 'He made me into a man.'"

Saunders has found that for men with antisocial traits, the pro-feminist structured treatment groups have the most success. In contrast, men who are in the other two categories—that is, family-only and dysphoric—do better in less structured psychotherapy groups.

This kind of flexibility in treatment is crucial, says Geller, who has been treating men who batter since 1977. "I believe everything about the feminist perspective, and I subscribe to it," she notes. "But we need a combination." By doing a careful assessment of the men, Geller says, she is able to design appropriate treatment: "Regardless of the modality, an abuser can change." And she also does what many consider taboo: she works with couples—once she has determined that the counseling is safe for the woman. "Women who are abused need different interventions. Some are prepared to leave the relationship," Geller describes. "Then there are women who are staying in the relationship."

Some researchers are concerned that the focus on types is going to play out badly, prompting courts to give differential treatment to men who batter. "Perhaps judges are inclined to think that maybe [certain types] don't need as long a program or no program at all," argues Adams of EMERGE. "I am not disputing that batterers come in different types, but frankly I don't trust court personnel or psychologists to do those kinds of typologies without imposing their own biases." Adams gives a recent example of a psychologist who, during a court evaluation of an offender, concluded that the man was not a batterer—the physical abuse his wife has suffered wasn't battering, because she had been drunk when she was bound and dragged around the house.

Given that violence between intimate partners shows no sign of abating, Adams's concerns need to be reckoned with. Courts, hospitals and communities need more well-trained staff. Adams and others describe what is commonly a whirlwind assessment and a judicial system stretched to the limit. "There are huge numbers of batterers, and judges don't want to have all these hearings," he says. "So batterers are shopping around. They give guilty pleas [in exchange] for private therapy or a short 10-week anger program as opposed to 40 sessions, and the judges are going for it." The consequences show up every day in the newspaper. SA

Further Reading

FAMILY VIOLENCE. Edited by Lloyd Ohlin and Michael Tonry. University of Chicago Press, 1989.

BREAKING DESTRUCTIVE PATTERNS: MULTIPLE STRATEGIES FOR TREATING PARTNER ABUSE. Janet A. Geller. Free Press, 1992.

MALE BATTERERS. Edward W. Gondolf in *Family Violence: Prevention and Treatment (Issues in Children's and Families' Lives, Vol. 1)*. Edited by Robert Hampton. Sage Publications, 1993.

MEN WHO BATTER: RECENT THEORY AND RESEARCH. Edited by Amy Holtzworth-Munroe and Daniel G. Saunders. Special issue of *Violence and Victims* (Springer Publishing Co.), Vol. 11, No. 4; Winter 1996.

BATTERER PROGRAMS: WHAT CRIMINAL JUSTICE AGENCIES NEED TO KNOW. Kerry Murphy Healey and Christine Smith. National Institute of Justice, July 1998.