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Treating the abusive man: A constructivist inquiry

Randi Maines Walters

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TREATING THE ABUSIVE MAN: A CONSTRUCTIVIST INQUIRY

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Randi Maines Walters

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This is a constructivist study that explores divergent views on the most effective ways to treat men who are physically abusive to their wives and girlfriends. Data is qualitative in nature and has been gathered through personal interviews with helping professionals and those they seek to serve. The constant comparative method has been used for collection, recording, and analysis of data. The goal of the project was to encourage dialogue so that new and effective strategies are developed for ending the terrible cycle of violence that destroys individuals and families.

Content analysis was used to categorize data into themes. The major themes of the study were definition and scope of domestic violence, legislative issues impacting domestic violence, and treatment issues with the physically abusive man. Based on these themes, a number of areas of consensus emerged. Key informants agreed that treating domestic violence requires the leverage of the court, that there is a need for better training among professionals, that anger diversion groups are an effective way to work with batterers, and that there is a need for extensive communication among decision-makers on the issues of domestic violence.
ACKNOWLEDGMENTS

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INTRODUCTION

The Focus of Inquiry

The study and treatment of abusive men is an open frontier as professional and public attention has only recently focused on this population. Sociologists, psychologists, social workers, and feminist writers all have been increasingly concerned with domestic violence in the last two decades. These professionals are beginning to recognize that if dialogue on treatment is not brought to the forefront, battered women will have little choice but to turn to private solutions that entrap them and their children in a terrible cycle of violence. The issue of domestic abuse deserves our attention for many reasons: the incidence of physical abuse is high, spousal abuse is not unique to any particular race or socioeconomic status, and this problem has implications for the mental and physical health of every member of the family.

Clinicians can expect to encounter domestic violence regardless of the setting in which they practice (Bern, 1990). Since society's response to men who batter has historically been to condone, ignore, or conceal their behavior (Waldo, 1987), the helping profession has a responsibility to further explore the dynamics of family violence and to develop effective treatment approaches for working with men who batter.
Assumptions

Family violence is not gender neutral. In North America, 95% of incest is perpetrated by men, and the majority of victims are female; 95% of marital violence is perpetrated by men (husbands or ex-husbands) against women (Avis, 1992). This is not to say that women are never sexually abusive and physically violent. However, giving an equal focus to women's violence, as if it were similar in meaning and impact and proportion to men's, overlooks the strong relationship between violence and gender.

Feminism's emphasis on framing the explanations and solutions to women's private problems within the larger socio-political context is congruent with social work's historic focus on the interconnection of person and the social environment. A feminist perspective on violence in families requires that we first face the degree to which violence against women is a normal part of patriarchy, expected and condoned (Avis, 1992). The assumption that the social inequality of women is a critical element in our society may guide and direct research and treatment of abusive men. Men who abuse must take responsibility and be held accountable for their violent or coercive behavior. Research and therapy must avoid any collusion in the abuser's denial, minimization, avoidance, or projection (Avis, 1992). The primary focus of the helper must be on changing the violent
behavior itself through helping the client to understand the impact of his actions on others.

**Statement of Purpose**

Only recently has the media's increased attention sensitized the population to the existence of spousal abuse. A random, nation-wide survey conducted by Straus (1980) of 2,143 men and women reported that 3.8%, or 1 out of 26 wives, gets beaten by her husband at least once a year. Other studies believe the incidence rate to be much higher. Macleod (1987) states that 1 out of every 6 women in the United States is abused each year by the man with whom she lives. Severe, repeated violence occurs in 1 in 14 marriages (Dutton, 1988), with an average of 35 incidents before it is reported. Domestic violence is now considered the single largest cause of injury to women, with an average of 4 women being killed each day by men who batter (Jones, 1990).

Spouse abuse should not be considered a private problem that affects only the victim and family unit. It is a social problem that belongs in the public domain. While the researcher was interested in causal factors and incidence rates, the primary focus of this study was on intervention. Direct social work practice was the area of primary focus at the start of this study; however this focus was expanded as the study progressed. The researcher made inquiries primarily regarding the most effective ways to treat men who
abuse their wives and girlfriends. The purpose of the study was to explore new and effective strategies for ending the terrible cycle of violence that destroys individuals and families.

**Literature Review**

During the 1970s, theories about interventions to address domestic violence focused primarily on women victims. Women were often labeled as masochistic, sadistic, or frigid, and interventions tended to treat the victim's pathology in hopes of stopping the abuse (Scott, 1974). There was an assumption that women were responsible for their victimization. In the 1970s the resurgence of the women's movement led many practitioners and researchers to question this assumption. A new perspective gained prominence whereby men were seen as choosing to respond violently in response to male sex-role socialization (Eisikovits & Edelson, 1989).

In response to these changing trends, researchers and practitioners have been studying and attempting to change the violent behavior of men. In recent years, a great deal has been published about men who batter and about the development of interventions with them. The reason for this new area of study is simple: the attempts to control violence in family relationships without working directly with the perpetrator have proved unsuccessful (Adams & McCormick, 1982).
The majority of literature on interventions directed at changing violent behavior of batterers falls into two categories. The largest category includes descriptive articles and books based on anecdotal clinical experience. The second category includes numerous reports of empirical evaluations of programs. These evaluations range from single-subject research designs to large-scale studies of hundreds of individuals. The anecdotal versus empirical dichotomy is not the only aspect of variation in these studies. Some studies focus the intervention on individuals, while others focus on couples, and still others on groups of men. The components of intervention are also very different depending on the theoretical orientations, intervention techniques, and measurable outcomes.

The most common approach to working with abusers is the psychoeducational or psychotherapeutic group (Roberts, 1984). These groups, usually comprised of four to ten men, operate on a short-term basis. Group lengths range from six sessions (Frank & Houghton, 1982) to twenty-four sessions (Adams & McCormick, 1982). Some groups are comprised mostly of court-referred or court-mandated men, (Bern, 1990) while others function on voluntary referral. The content of groups also varies. Some of the groups are cognitive-behavioral in orientation (Purdy & Nickle, 1981); others are more traditional (Adam & McCormick, 1982). Even though there are
differences, most programs share these common goals: elimination of violence and accepted responsibility for the abuser's violent behavior (Ganley, 1981).

Another level of intervention frequently discussed in current literature is work with couples. This includes both conjoint couple therapy and couple therapy groups. Systems theory is widely cited by those advocating couple treatment. Weitzman, and Dreen, Geller, Gelles and Maynard, and Nedig are perhaps the strongest in their advocacy of a systems approach (Eisikovits & Edelson, 1989).

The major rationale for selecting conjoint couple therapy appears to be both a couple's stated desire to remain together and the fact that violence occurs when they are together. Several authors state that by using a conjoint approach couples may or may not decide to stay together. However, therapists focus on repairing the marriage relationship. There is a small but growing body of published evaluations of couple interventions. Deshner and her colleagues report a somewhat confusing array of outcome data. Deshner, McNeil and Moore state that 47 persons completing treatment reported significantly fewer arguments, less anger, and higher relationship satisfaction. In the same article, it is stated that while violence decreased, the change was not statistically significant.
There is little research on interventions with individual men, neither is there research on how to change cultural values and belief systems. Attitudes that condone battering and assign major responsibility for it to women victims have been found to be widespread in the general population (Waldo, 1987). Ecological, feminist, and systems analyses of culture often identify such beliefs as major contributing factors to the maintenance of domestic violence (Sugarman & Hotaling, 1989). However, no reports of interventions aimed at changing these belief systems on a cultural level were found.

In summary, there is little consensus on the most effective way to intervene when one family member is physically abusing another. The problem of domestic abuse demands an alternative way of thinking. The chaos that results when violence occurs at the hands of a loved one needs to be met with a plan for restoring integrity both to the victim and to the offender.

METHODOLOGICAL CONSIDERATIONS

Research Paradigm

Most positivist researchers assume that there is some way that things actually "are" and actually "work" and that science can find out what those are. In fact, science often succeeds in explaining the way things are. Positivists also believe that this process of testing theory must be objective
and value-free if the goal of proving cause and effect is to be attained. Truth is determined by how well the positivist's finding enables, predicts, and controls. In contrast, constructivists believe that the ways things are and the way things work depend on the particular human constructor entertaining the ideas. A constructivist researcher believes that there are multiple realities rather than a single reality. The research question at hand demanded constructing multiple realities as it seemed obvious from reviewing the literature that there is no single way to ensure "curing" a physically abusive man.

Perceptions and values are endemic in any discussion of social problems. These beliefs and world views should not be discounted in the name of truth seeking. Subjective inquiry is the only kind possible since all studies are value-laden to some degree (Erlandson, 1993). Therefore, it was the role the researcher to seek connection and promote discussion about perceptions. The aim of inquiry was the development of shared constructions and ideas about taking action among members of a particular group, society, and culture.

**Fit Of The Paradigm To The Focus**

Hypotheses are embedded in the value orientation of the researcher and are based on his or her preconceived notions about the topic and reasons for study (Erlandson, 1993). The working hypothesis is always considered tentative in
constuctivist inquiry. With this in mind, the working hypothesis was as follows. Men who abuse can be treated and true change can occur; however, uncertainty exists over which kinds of treatment methods are most effective. The researcher believed that experienced clinicians, domestic violence family members, and others involved in providing services to domestic violence families would be able to formulate new ideas on treatment through sharing constructions: their subjective experience could lead to innovative constructions on the healing process. This open exchange of ideas would not have been possible if the researcher was bound to conduct an "objective" study.

The processes of carrying out constructivist inquiry are different than the processes of conducting conventional inquiry. Design elements emerge throughout the study and the "instrument of choice" is almost always the human instrument (Erlandson, 1993). The inquirer and the inquired are fused into a single monistic entity. Findings are literally the creation of interaction between the two (Guba, 1990). The researcher believed that the research question could most effectively be answered through such human and verbal interactions.

Participants

The initial identification of participants was made through purposive opportunistic sampling. This method was
used to identify key informants with divergent constructions on the focus of inquiry. This method also allowed the researcher to incorporate additionally identified participants as the study progressed. All participants had personal or professional experience with domestic violence.

**Hermeneutic Dialectic Circle**

The process of interpretation and interaction is inherent to constructivist inquiry. The purpose of the inquiry was to explore the constructions of others regarding the issue of domestic violence. This process involved assembling a circle of key informants who were willing to offer personal opinions and ideas. This interactive process was hermeneutic because it was interpretative in character and dialectic because it sought a synthesis through comparing and contrasting divergent views (Erlandson, 1993).

The hermeneutic dialectic circle serves as a visual construct of the respondents involved in this study. Figure 1 depicts the proposed circle of key informants. There were seven identified stakeholder/participant groups included in the proposed hermeneutic circle. It was proposed that an equal number of representatives would be interviewed from each group of the circle. The initial circle was comprised of two groups of helping professionals (therapists, shelter home directors) and a group representing the judicial system (police officers) and three groups of study participants who
had more personal experience with domestic abuse. There is little research on what those experiencing the problem have to say about what would be most helpful to them. The study also sought to incorporate the constructions of a few children whose ideas were anticipated to be insightful.

Figure 1

The Initial Hermeneutic Dialectic Circle
The constructivist paradigm facilitates modification of the proposed hermenuetic dialectic circle in order to accumulate increasingly relevant, as well as divergent data, as the study progresses. This occurred as the researcher requested names of additional stakeholders at the end of each interview. Through this process new respondents were identified and added to the circle.

After content analysis was under way, it became apparent that consensus among preliminary informants was that the leverage of the court is integral to the treatment process. With this in mind the researcher modified the circle in order to include constructions from a superior court judge, a prosecuting attorney, a domestic violence court program coordinator, a probation officer, and a police officer. The emergent nature of the paradigm dictated these changes. However, due to these additions and time constraints, the researcher excluded constructions from abusive men. The researcher also observed that many of the helping professionals repeatedly referred to certain resources in the community. These area resources were sought out and the researcher began to compile a notebook of literature on domestic violence groups, anger management classes, and other pertinent resource information. This resource information was added to the hermenuetic dialectic circle. Figure 2 illustrates these changes.
The modified circle included eighteen participants, as well as the constructs of the researcher and the pertinent resource information. Some stakeholder groups were more represented than others. For example, in the judicial system stakeholder group included interviews with eight different key informants, while only two shelter directors were interviewed. Three therapists were interviewed; one therapist interviewed is also a social work educator, the
others work exclusively with physically abusive men. Two children, ages eight and ten, who have witnessed extensive and ongoing violence between their parents were interviewed as were three women who have been involved in more than one violent relationship with their partners. It is important to note that the key informants making up the group of battered women had each left their abusive husbands a number of years earlier.

All participants were asked to read an informed consent form which explained the purpose and methods of the study (See Appendix A). Participants were also given a debriefing statement containing names and numbers of people to contact were they to have any additional questions or concerns as a result of their participation (See Appendix B). Participation was completely voluntary and all participants were informed of their right to withdraw their constructions from the study at any time.

Data Collection and Recording Modes

As has been previously stated, the data gathering sources were primarily interactive interviews between the researcher and respondent. These were conducted as "conversations with a purpose" (Erlandson, 1993). The researcher and key informant dialogued in a manner that was a mixture of conversation and embedded questions. These interviews helped the researcher understand the larger
contexts of interpersonal, social, and cultural aspects that surround the problem of domestic abuse.

Records of the interviews were critical to the study. Tape recordings were made of the actual interview and extensive written coding and summarizing was also done. Tape recording freed the researcher to make eye-contact and personally interact with the key informant throughout the interview and provided an audit trail for the inquiry process.

**Structure of Interview**

The structure of these face to face interviews included the following pieces: "ice-breaking," introduction of researcher, explanation of constructivist inquiry as an alternative paradigm, explanation of research focus, key informant's constructions, feedback from researcher to key informant on what the key informant has said, input from researcher from what other key informants in the circle have said, response from interviewee regarding summary of what other key informant's have said, summary of interview and explanation on feedback process. The researcher sought to motivate key informants to form other communication circles around issues of treating abusive men; this goal was stated at the beginning and end of each interview.

The process of on-going content analysis shaped the structure of each successive interview as the researcher
constantly evaluated themes and adjusted questions before preceding to the next interview. However, during the interview, the process was largely directed by the key informant. The primary strategy used for enhancing the quality of the interview was for the researcher to be open-minded and relaxed.

**Instrumentation**

The researcher was the primary instrument for data collection in this study. She had no personal or professional experience with domestic violence. Extensive reading, informal conversations regarding treatment of abusive men, and journaling prepared the interviewer to be sensitive and informed.

**Quality Control**

The goal of quality control, in a constructivist study, is to ensure that each participant's construction is noted carefully and reported accurately. The researcher ensured this goal by constantly asking the participants for clarification and feedback. Erlandson (1993) terms this "member checking." For example, the researcher asked the participants to review the summary of the interview and return it to the researcher with corrections. The researcher also kept a journal throughout the interview process which included personal reflections on the process of inquiry and how it was affecting the ideas of the researcher. The
transcriptions, tape recordings, summary statements and note cards were all additional ways of creating an audit trail.

Guba and Lincoln outline a process that seeks to integrate persons with differing opinions into the study. In this study, the initial key informants were asked to give the researcher names of people who they perceived to be in disagreement with their opinions (this was particularly appropriate when interviewing therapists and policemen). In this way the researcher hoped to obtain a wide range of opinions.

Credibility was further established through a process of peer debriefing. Peer debriefing involves stepping out of the context being studied in order to review perceptions and ideas with professionals who are not involved in the study but who are able to provide feedback. Professors and colleagues provided the researcher with guidance and feedback throughout the study.

**SUBSTANTIVE CONSIDERATIONS**

**Successive Phases of Inquiry**

The process of constructivist inquiry unfolds through a series of phases. The researcher begins with a broad definition of an arena to be studied and begins exploring the constructions or ideas of the key informants. Themes begin to emerge through this process. These themes guide the researcher toward a more structured design in which consensus
is made and clarified among participants. Due to time constraints, this study only explores beginning constructions. The hope is that a student in the MSW program at California State University will continue the study beyond this first phase of inquiry as their final research project in the future.

Orientation and Overview

Planning for certain broad contingencies, without indicating exactly what will be done in relation to each, was the goal during the first phase of inquiry (Lincoln & Guba, 1985). This involved formulating general questions for the circle of key informants, asking specific people if they would be willing to participate in the study, and constructing a design for interviewing.

General Questions

General questions are important as they highlight potential themes and opinions of the study. The following questions were asked at the end of the interview if they had not been brought out by the interviewee:

1. What is your personal experience with men who abuse?
2. What interventions are most effective in treating abusive men?
3. What do you see as the causes of abuse?
4. If you could design a program for abusive men, what would it look like?
5. What are some of the road blocks in treating abusive men?

These questions were modified depending upon the interviewee. For example, when interviewing children who had witnessed domestic violence the researcher would ask, "What do you think would help your daddy to stop hitting your mommy? Why do you think your daddy hits? What do you think people like me should do to help your daddy?" Again, it should be noted that these questions changed as the researcher began to collect data and became more aware of other issues that needed to be explored.

**Sampling**

Central both to constructivist inquiry and to this study was purposive sampling. Random or representative sampling was not utilized since the researcher did not intend to generalize the findings of the study to a broad population. The researcher sought informants primarily based on willingness to participate. At this phase of inquiry, the researcher was beginning to contact people for the purpose of solidifying a circle of key informants; this was happening through gathering names and phone numbers from classmates, colleagues, and supervisors of tentative study participants.

**Interview Design**

Interviews were face to face and interactive in nature. During the interview the researcher attempted to create a
relaxed, conversational atmosphere without losing sight of the purpose of the meeting. Conversation was limited to one hour, but this guideline was flexible in order to be sensitive to the interviewee. The researcher relied heavily upon her communication and interviewing skills to a large degree throughout the study.

**Content Analysis**

The simultaneous process of data collection and data analysis is integral to constructivist inquiry as the analysis of data provides direction for the collection of data. The constant comparative method outlined by Lincoln and Guba (1985) was used for content analysis. This method is a continuous process of categorizing information by properties and constantly comparing new information to these categories for the purpose of determining whether the new information is similar or divergent.

The researcher continually reviewed and revised the general questions in an attempt to focus exploration. This was possible through using a coding system. One aspect of this coding process was the development of a general organization system that enabled the researcher to constantly review constructions. In this study there was a system of files and note cards. For example, a folder was designated for each of the key informants. This folder contained an interview summary, the tape of the interview, and the
thoughts the researcher recorded immediately following the interview.

The tape of the interview was transcribed and the transcription used to assist the researcher in coding the interview into major themes. Individual note cards were used to outline broad categories in the interview. These cards were coded according to source so that the data could be clarified at a later time if necessary.

At first, most of the cards fit into a category that had not yet been defined. As the process continued and more interviews were conducted, the categories were revised and were assigned certain properties. When a category reached a substantial size, all the cards in the category were reviewed to determine if they still fit or if a new category should be established. Certain information was excluded in an attempt to focus information.

**Member Checking**

Member checking is a method of verifying data obtained from participants. In this study, this was accomplished through writing a summary after each interview and sending it to the key informant in order to get their feedback. They were mailed the summary with a self-addressed envelope to be returned to the researcher with their comments. Some participants made additional comments in their response; these were integrated into the study. As has been discussed
previously, member checking was also an integral part of the face to face interview.

In summary, this project consisted of only the first phase of constructivist inquiry. A single round of interviews was conducted with key informants identified personally or professionally with the issue of how to treat men who are physically abusive to their wives and girlfriends. This phase of inquiry was considered complete after eighteen face to face interviews were conducted. Broad, open ended questions exploring effective treatment strategies, profiles of abusive men and battered women, and needs of the community around this issue were utilized. The information received was unitized and analyzed for similar and divergent concepts. All of the data in the categories provided the basis for the following report on areas of consensus as well as divergent opinions on the most effective way to treat physically abusive men.

Themes

There were a number of themes that emerged from the interviews. The following narrative gives a synopsis of these themes incorporating direct quotes from the key informants. For the sake of brevity in reporting the results, the researcher has selected only certain quotes from key informants to support themes that were established by many of the stakeholders. The major themes of the study
include the definition and scope of domestic violence, legislative issues, and treatment issues. From these general themes, there are specific areas of consensus related to treating the problem of domestic violence. These areas of consensus will be termed outcomes. These outcomes that emerged point to a better way of addressing domestic violence.

**Definition and Scope of Domestic Violence**

It was clear that many of the key informants did not feel that treatment issues should be addressed prior to understanding and coming to consensus on origins and patterns in the cycle of violence that occur in families. Thus, a portion of every interview was spent discussing these issues. The following themes emerged.

**Historical Overview**

Many key informants felt strongly that understanding the history of abuse against women is of primary concern. One shelter director stated "we need to put forth before people the history of violence against women so that everyone understands that the situation did not begin yesterday and therefore will not be solved tomorrow." The key informant from a state legislative office conferred by saying:

"Cultural practices are reflected in the laws of civilized society. Historically battering has not only been informally condoned, but even supported by the law. Before 1700, the laws allowed the husband to quote "chastise his wife with any reasonable instrument" In the 1700's a law was passed that was considered to be a
compassionate reform of earlier statutes. It stipulated that reasonable instruments used to chastise the wife should be quote, "a rod not thicker than the husband's thumb". That's the origin of the rule of thumb. In 1874, the North Carolina Legislature outlawed the rule of thumb. However, the following paragraph was added to the statute. "If no permanent injury has been inflicted, no malice or dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the partners to forgive and forget". At the turn of the century, eleven states had laws on the books, expressly stating that husbands had a right to beat their wives. So ingrained was that philosophy that it was common place even when I was growing up in the 1950's."

Another key informant, an educator, continued this line of thinking in her comment.

"...a historical perspective, the maintenance of a historical perspective is crucial. The story must be told; it's sort of like the Jews of the Holocaust, you've got to keep the story in front of people no matter how bored they get. People must know the real deal."

There was consensus among all key informants that domestic violence is not a new problem but a very old issue entrenched in a societal framework; a framework that is very resistant to change. Another shelter home director stated "Women have been subjected to violence for more years than most of us can even imagine." Most stakeholders agreed that our common heritage of patriarchy has legitimized male violence as an acceptable response to frustration.

Key informants all acknowledged that the study of domestic violence, laws, and treatment programs are still in the beginning stages of development. One therapist stated "that domestic violence has been an unacknowledged epidemic
and America is only now beginning to hear the wake-up call. We have to help people hear the alarm."

**Systems Thinking**

Key informants were remarkably consistent in addressing the problem of domestic violence from a systems perspective. "You have to start treating the whole," said one representative from the judicial group. "We need to treat the victim, the husband, the kids, the drug and alcohol problem, the unemployment and economic issues." A shelter director stated "there are many problems with our society and the way we deal with domestic abuse as a system. We help to create this situation, we help to continue the situation, and there are many issues that society at large can address and must address if changes are to be made."

A therapist who works with perpetrators highlighted the generational quality of domestic violence: "Providers need to understand that this abusive man is desperately trying to get back the power and control he lost as a little boy when he was watching his father hit his mother. And in this relationship he gets back some of that power. This man has found what worked for his dad and so he goes into his relationship and does the same thing that he learned." She went on to say, "you have to be willing to treat the whole family and look at the bigger picture; there is a whole system that needs to be overhauled."
In summary, not one stakeholder saw the problem of domestic violence as intrapsychic in nature. Rather, stakeholders consistently addressed the need to look at the many facets that create the abusive dynamics. Each was clear to state that treating the physically abusive man is a very complex process due to many personal, relational, and societal factors.

**Philosophical Orientation To The Batterer**

The stance or orientation to the physically abusive man was diverse between and within stakeholder groups. The way in which key informants viewed those they serve significantly affected their approach toward treatment. During some interviews this orientation was not directly discussed; however, the respondent's frame of reference was discernable as it guided other comments and ideas.

"Perpetrators are not monsters," said a therapist who works with physically abusive men, "they are just people with a lot of emotional pain and are coping in a destructive way." Later in the interview this same therapist stated, "Remember, they (abusive men) are wonderful people, with very negative horrific behaviors." Key informants who worked with perpetrators shared the belief that their clients were not "monsters" but there was great variation in their orientation. For example, another therapist stated that soliciting opinions of the perpetrators to assess therapy was
simply a "waste of time as these are master manipulators you are working with here." "You've never met someone who could lie as good as him," commented a woman who had lived with an abusive man.

A shelter home director stated that she operated from a perspective that she was no "better or worse than the least." She stated that she believed this positive orientation was crucial to being effective in treating the abusive man. Others agreed with her; a key informant who runs a domestic violence program through the court stated, "I don't believe I'm working with the bad guys and I think that greatly affects my work."

The majority of probation officers and police officers viewed the perpetrators from a much different, often less compassionate, perspective. One probation officer stated "...that he had been so amazed at the little things that provoke the abusive man that it was almost hard to believe that some of them are human, they can be so sadistic...but there are good guys among the guys, but it is hard sometimes you know, some of them are pretty good liars and they minimize so much."

Women who had been battered and children who had witnessed domestic abuse had yet another orientation. One child stated "sometimes I look at my dad and I see this really mean man, and other times I look at him and just see
my dad." The women in the study who had been in battering relationships often referred to the abuser as sick. "It really was as if he had some kind of horrible disease," said a key informant from the battered women's group.

Profile Of A Battered Woman

In the discussion of what approaches might be effective in treating the abusive man, the stakeholders could not help but mention the attributes of the battered woman. This demonstrated a recognition that there is a powerful relationship between the batterer and the batteree which must be studied if treatment is to be relevant. Respondents highlighted the need to look at the battered women and the causes of her plight at several levels.

"Isolated" was a word used over and over again by key informants as they described battered women. One shelter director commented "we are dealing with an individual who for the most part has been socially isolated from those persons that she knows and loves. More than likely she does not have an ongoing relationship with her friends or family. He has become everything and everybody to her. He has all the answers." A therapist stated that he saw battered women "as prisoners on a very deserted island, there is just no one around for them." One battered women participant added, "you have to understand, I really thought I loved him, I did love him and I'd made a promise to be with him forever." She
continued, "I felt very alone because I couldn't tell anyone what was going on because I knew they wouldn't believe me cause everyone was so convinced of what a great guy he was... he was a great guy to everyone but me." Another battered woman added, "I had let him control every part of my life, no one else was even a part of my life really so I didn't feel like I had any place to go and truly I was afraid if I let anyone else get close enough to see what was happening or if I left that he would kill me or the person who was trying to help me...it just didn't seem like there was any way out."

Therapists, shelter directors, and law enforcement officials agreed that battering relationships always involve serious threats. One probation officer stated "the battered woman knows that he keeps all of his negative promises, like if you press charges I will find you and make you sorry you ever thought about it, or if you leave you'll never see your kids again. They (the victims) also learn that he doesn't keep the more positive promises that are made during the "honeymoon phase". A battered woman conferred by saying, "there were so many threats that he carried out and so many promises that weren't kept, I always knew the bad stuff would happen, but I knew after awhile that he wouldn't keep his promises to get help."

There was consensus among all key informants that battered women often take responsibility for the abuse they
are experiencing. One shelter director explained "...he will always shift the blame to her... if she had just made steaks instead of spaghetti he wouldn't have broken her arm... and she believes him..if I had just made steaks this would not have happened...he's right, this was my fault...I could have avoided this...I'm the guilty person...As you can see this is not unlike being brainwashed... This is a person that is locked into the situation by assuming blame." Another therapist agreed, "at first, my clients believe that they can avoid abuse by behaving in certain ways because he keeps saying 'if only you had not done that or said that I wouldn't have gotten so mad.' However, as the abuse escalates they realize their complete lack of control over the situation."

In describing her abusive relationship, a battered women highlighted this feeling of responsibility.

...the marriage lasted for another six years before we came to a mutual position to end the violence, it was getting too strong and he didn't like it either. Because we're friends now, I know that since then he has been married twice, and he hasn't abused another woman since our marriage. For a long time that made me feel like it must have been me, it must have been me. But I was primed for that, it was always my fault.

Children viewed their mothers who were experiencing the abuse as powerless. One child stated "my mom is so strong, like in the good way, at work and with us kids, but my dad was so strong, in the bad way, that there was nothing she could do." Another child said "I always wanted to just scream my loudest when they fought to make my dad stop but I
didn't think it would work; nothing worked, ...my mom couldn't make him stop either".

Key informants agreed that violence against women affects women from all races and socioeconomic levels. The following quote from a therapist summarizes the opinions of many key informants in describing the profile of battered women. "Like the men, they cross every line of culture, race and class. Usually they have two very different levels of functioning. In public they are often highly functioning, in private, they live in fear. There is often a differential in education. There is often a past history of violence. And, often there are deep seated dependency issues and drugs and alcohol are often involved."

Profile Of A Abusive Man

A certain amount of time was spent in each interview talking about perceptions of the abusive man. Perceptions among stakeholders were again remarkably consistent. Key informants supported the literature stating that physically abusive men are represented in all races, socioeconomic classes, religious groups, and ethnic affiliations. However, certain key informants stated that they had much more exposure to certain groups of men. For example, participants working in the judicial system stated that they saw mostly poor minority men. The therapists in the study reported working with men from all races and classes. The
probation officer reported that he worked almost always with minority men.

The key informant from the District Attorney's office added another dimension to the discussion on demographics in the following remark: "I'm seeing a lot of middle aged people. And I think economics has a lot to do with that. In this county (San Bernardino) we've had two military bases and a railroad close. These men are forced to be in an extended family situation as a result of financial constraints and this seems to add a lot of added stress."

There were other characteristics on which key informants formed consensus. Stakeholders repeatedly communicated "that this man does not believe that he has committed a crime."

One shelter director stated, "the amount of resistance in this client population is unbelievable; they just don't feel they have done anything wrong and therefore have no motivation to change." A key participant who had been in an abusive relationship for over a decade described a dialogue that takes place between her adolescent son and her abusive ex-husband.

My ex-husband still doesn't think he did anything wrong. My son who has become an abusive person, although he is working on it in therapy, hates his dad for what he did. It has been nine years since he left and they (her husband and son) are still arguing about all that happened. My son says to his dad 'you beat her everyday,' his father answers 'I didn't beat her that much, I hardly hit her at all, and I never hit her with a closed fist.' 'Dad, you tried putting her head through the wall, you would throw her on the floor, and
hit her in the back with a chair; you broke her ribs a couple of different times; you kicked her so hard you ruptured her colon.".

Another therapist continued the same theme. "When these men come to anger management groups with me they are confused and often wonder what in the world they are doing here. Remember, they have only been acting on what they have learned and do not think that they have done anything wrong."

Drugs and alcohol were mentioned by almost every key informant as they talked about their perceptions of batterers. One therapist stated, "nation-wide the statistics indicate that in 45% of domestic violence incidents, drugs and alcohol are involved, however I believe that it is closer to 90%." Another therapist agreed, "...in most of the cases that I've worked, drugs and alcohol account for probably 95% of all the incidences." One shelter director stated that she believed drugs or alcohol were never the reason or cause for the abuse "but always present somehow in the scenario."

Those who had experienced domestic violence personally tended to see drugs and alcohol as more of a causal factor. This opinion was greatly divergent from those of the helping professionals. One battered woman stated that "payday was always the worst day of the month for me because he had money to go out and get smashed, which always meant that I was going to get it when he got home in the middle of the night; it was as predictable as the sun coming up every morning." Another battered woman who saw alcohol as the cause for her
abuse stated, "if only he hadn't been an alcoholic, cause when he wasn't drinking he was a really nice guy." One child continued this idea "...one time I told my dad that I wanted for there to be no more drugs, cause if there were no more drugs, there would be no more hitting."

Lack of self-esteem was also mentioned by many participants in describing the abusive man. One child stated "I don't think my dad liked himself very much." A battered woman said, "He had very low self-esteem, for who knows what reasons, the way he was raised, the things that he'd been through, his family life."

One therapist gave a very detailed description of the abusive man which is given in the following narrative. This quote is included in its entirety because many key informants strongly agreed with this therapist's profile of the abusive man. The researcher felt that his description summarized much of what was said.

There are three typologies that most fit into. There is the "explosive." This guy has numerous jobs but lots of financial problems. He's impulsive in many areas. He goes through friends quickly - he makes them fast and loses them fast. He's usually overcontrolling in every way. He's often from a transient family and is often a blue-collar worker. Next, there is the overcontrolling "businessman type". He is the pillar of his church. Usually he is more affluent. He is better educated, has a white collar job. He sits on his anger all day long at work. He usually has two kinds of friends, business associates, and no one they would ever bring home. These two types are talked about frequently in the literature. The third type may surprise you. He is a verbal and friendly man. He expresses himself well and wants to be educated but he can't stick with it. He
is involved in ongoing banter with his partner and he enjoys arguments. He usually doesn't come from an abusive background. He is high on the feminine side on the MMPI. He can’t handle the intensity in the relationship and resorts to violence. He is the "new age man" but he can't hack it. Usually he is with a partner who tends to be as physically abusive as he is. He is willing to learn new skills but lacks confidence.

Theme of Hope

There was great variation in the amount of hope respondents had regarding effectively addressing the problem of domestic violence. There were a few stakeholders who seemed overwhelmed by the immensity of the problem. Others were hopeful, but highlighted that hope is only possible if great strides are made at a societal level. Responses were inconsistent within groups related to the theme of hope. For example, one shelter director was very positive that abusive men could change if provided with the right resources, whereas another shelter home director commented, "I don't know, most days I think my job would be a lot easier if these guys were all locked up for a very long time."

The women who had left abusive relationships had much to say regarding what had given them hope. The following narrative illustrates some of the key elements in one woman’s journey toward wholeness.

"Ironically, my husband called Family Services and insisted that someone see his wife right away because she was totally losing it....they hooked me up with the most wonderful woman in the world, she's no longer counseling there but she was a godsend to me. She helped me find my way back to being a whole person, back to getting into self-respect, back to knowing that I couldn't change the way my parents felt about
me, or the way that other people thought about me but that was okay, because I knew that I was okay."

In summary, most of the key informants are deeply committed to changing the patterns that allow violence to take place. Many were able to communicate their sense of hope. However, some stakeholders appeared discouraged at the magnitude of the problem. The following quote was given by a stakeholder who works at the legislative level. She passionately stated, "We must be involved in communicating that there is hope, that the violent cycle can be broken, that there are places to go for help. There must be zero tolerance of domestic violence and we must spread the word that there is no excuse."

**Incidence Rates**

There was surprising consensus among study participants related to incidence rates. Most stakeholders reported that 95% of domestic violence crimes are against women. The legislative representative commented that an act of domestic violence occurs every fifteen seconds in the United States. She continued with the statement that "domestic violence is the single greatest, most frequent injury to women." One key participant added, "...studies show that approximately 17% of pregnant women are beaten during their pregnancy, but as few as 5% of victims are identified. Sixty percent of abused women report spousal rape. Sixty to seventy-five percent of battered women report their children are also physically or
sexually abused. And 90% of those with children in the home report that the children frequently witnesses the abuse." Key informants all quoted statistics in discussing the prevalence of the problem.

Incidence rates had a whole different meaning to the women and children who had experienced or witnessed the abuse. The data they provided made a much more personal and lasting impression. "The nine years I spent with that man, I can honestly say there were maybe thirty days that there wasn't some kind of abuse," said one battered wife. One child remarked, "sometimes I didn't think the hitting would ever stop."

**Social Learning Theory**

There was generally agreement among stakeholders in the helping professional groups regarding the presence of social learning as a crucial factor in domestic violence. Many respondents mentioned that "this is learned behavior" throughout the interviews. This theme emerged in a variety of contexts: in discussing the connection between drugs and alcohol with abuse, and in discussing the abuse itself.

The following comments represent the construction of the researcher. Social learning is a crucial intervening variable that comes between the ingestion of mood altering substances and violent family interactions. For example, the husband who becomes intoxicated at a bar and then goes home
to attack his wife or children has some unusual perceptions of reality. First, he thinks his state of intoxication is special in that he can be violent as part of being drunk; second, that it's okay to target his aggression on a family member; and third, that he can later blame his action on the chemicals inside him rather than taking full responsibility for the damage he has done. Key informants agreed with this synopsis and also highlighted that the helping professional should never argue that the perpetrator's use of drugs or alcohol alone caused that person to aggress. Rather, the use of these substances must be placed in the context of a complicated situation in which clients and sometimes entire families must quit taking intoxicants, but as a part of a much larger recovery process.

The theme of social learning came up in other contexts as well. The following remark came from a social work educator. "Abusive men have learned and had it reinforced that hitting was okay. When you know that violence begets violence, and if you hit a child to tell them 'no,' then what they learn is to solve situations using violence. Violence is clearly a learned behavior." An attorney stakeholder reiterated the preceding remark with the following comment. "There is one commonality between the batterer and the battered and that is the home that they have come from. Did they see violence? Almost always the answer is 'yes.'" This
is a learned behavior but the encouraging thing is that if it can be learned, it can also be unlearned." One probation officer described the dynamics of abuse in the following way.

These guys have grown up watching dad totally dominate mom. They are taught as little kids to defy their mothers and tell her she is stupid; it's amazing. Kids have grown up, especially in certain cultures, watching mom get smacked and the women have grown up thinking this is normal too. It's what they believe and it's what they understand.

Legislative Issues

Legislative issues were brought up by key informants in almost every interview. This theme was not anticipated by the researcher. This section will address the new laws that have been implemented, the implications of mandatory reporting, and outline what is being done to coordinate legislative and treatment issues.

Domestic violence was first addressed in California under the Domestic Violence Center Act in 1977. This law granted money for shelters and for services to battered women and their children. In 1979, spousal rape was made a crime, but it could be considered a misdemeanor or a felony. Prior to that, it wasn't criminal at all. California has now adopted a legal definition for domestic violence, incorporating both spousal and partner abuse. It is as follows: "Domestic violence is abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, co-habitant, former co-habitant, or a person with
whom the suspect as had a child, is having, or has had a
dating or engagement relationship." This definition is given
in the Penal Code (13700B).

The legislative representative commented, "that the last
five years have shown the most dramatic increase in
legislation reform." Most key informants shared this view.
Key informants in the helping professions were very aware of
what new legislature is being considered to address the
problem of domestic violence and were also very knowledgeable
regarding the history of legislation around this issue.

New Laws

Stakeholders expressed their concern over the lack of
knowledge that many helping professionals, law enforcement
personnel, and legal professionals have regarding domestic
violence. Therapists and shelter home directors were
especially encouraged about the new law that will mandate
helping professionals to seek additional training on domestic
violence. This new law is called Assembly Bill 890.

Assembly Bill 890 has two distinct sections. It required, as
of January of 1994, that all persons applying for licensure
or relicensure as a physician, surgeon, nurse, physiologist,
licensed clinical social worker, master of social work, or
marriage and family counselor complete instruction in spousal
or partner abuse detection and treatment. The second
section, required as of January 1 of 1995, that acute care
hospitals, acute psychiatric hospitals, special hospitals, psychiatric facilities and chemical dependency recovery hospitals establish written policies and procedures to screen patients routinely for the purpose of detecting spousal or partner abuse.

The respondents in this study feel this mandate may also encourage further research regarding effective treatment strategies. "Laws like this make everyone realize that there is a lot to learn about this problems and how to address it", said one attorney. "It's great that those who are professionals in the medical field will also be forced to look at this issue," said another therapist. A probation officer stated "we desperately need good training."

Assembly Bill 226 is another new law that has significant implications for helping professionals and physically abusive men. This law will be mentioned later as it was more often brought up by key informants while discussing anger diversion programs.

Mandatory Reporting.

Some other new pieces of legislature have created much more controversy than Assembly Bill 890; Assembly Bill 16-52, passed in 1993, and Assembly Bill 74, which was written to clarify it passed in 1994, drew diverse reactions from stakeholders. These bills address mandatory reporting. The legislative representative spoke about this bill at length.
"The bill applies to any health practitioner employed in a health facility, clinic, or other type of facility operated by a local or state public health department, so it includes public health records. The bill states that if in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient, who her or she knows or reasonably suspects that the person has been a victim of domestic violence, shall immediately make a report to a law enforcement agency. The report should be made by telephone as soon as is practically possible and to be followed by a written report within two working days.

One therapist commented that mandatory reporting was a crucial step forward in treating the victim and the perpetrator. He stated, "..Battered women's syndrome includes amongst its tell-tale signs the fact that a woman who has been abused (and has been constantly told she is no good, and feels that she is at fault, and is constantly in fear), is not able to make the decision to leave on her own. And so it is important that those people who see the abuse, and who really are in a position to help her and tell her that she is not alone, do so. Services are available and she needs to know that; reporting is one aspect of these services and support network."

"There must be some thresholds established because nothing in this law says what to do with the report," commented the representative from the state legislative office. One of the major concerns regarding the health professionals mandate to report suspected abuse had to do with what would actually happen to the reports once they were received by a law enforcement officer. The legislative
representative addressed this concern as she talked about the diverse array of responses state-wide to domestic violence calls. "Some police departments have had extensive training related to working with domestic violence other departments have had little training and seem to want to ignore the problem, which causes health professionals to be very concerned about what happens to these reports."

One shelter director spoke at length regarding her concern over the new mandatory reporting laws. She said,

When you make the mandatory reports to law enforcement, how do you think it is going to effect the women who need medical care? We happen to believe that when word hits the street, women are not going to go to the emergency room for care. Why? Because we know that she doesn't want him to go to jail, she doesn't want him to be arrested, and she does not want him to be prosecuted. I would like to ask 'what is the intended result of this legislature?' I think it could do a lot more harm than good.

Another stakeholder remarked:

It is true that a women is most at risk when she decides to leave. It is true that the wrong way of handling this (mandatory reporting) can hurt her and her children or people around her more than at any other time. It is also true for law enforcement officials that they know that a visit to the site of domestic violence is probably their most dangerous call; these are extremely volatile situations. With this in mind, many need to be a part of the decision making on what happens to these reports.

The representative from the legislative office also commented that she was aware that the Family Violence Fund was opposed to mandatory reporting of domestic violence. She felt this was the case "because they are interested in empowering the
woman to take charge of her life and feel this control is taken away when someone else reports the abuse."

In summary there was a range of divergent opinions related to mandatory reporting. These opinions ran the gamut; from the legislative representative saying "document, document, document, that is the way we will address the problem in the long term" to this comment from one shelter home director, "you better think long and hard before you make the victim's life any more difficult than it already is." Many stakeholders were able to agree that the key to helping rather than endangering domestic violence victims lies in the establishment of protocols in each community designed to spell out what happens to reports once they are received by law enforcement.

**Summary Probation Versus Prefiling.**

Domestic violence is a crime. This idea was strongly supported by the key informants. Because of seeing domestic violence as a criminal offense; the stakeholders were deeply concerned with the way the court system handles domestic violence cases. There was overwhelming consensus regarding the need for court intervention in treating the abusive man; there were divergent opinions on what court action is most beneficial. A probation officer explained the process of how a domestic violence case is taken to court.

"The process goes as follows: the district attorney reviews the case from the police department, they must
then decide if they even have a case. Sometimes there is not enough evidence, or maybe she hit him with a baseball bat before he hit her, or maybe the police officer wrote a lousy report; if the D.A. cannot not make a case they send the file over to the person that handles the prefiling diversions. The person there writes a letter saying "if you go to anger management, the case will be dropped, it's kind of a sucker approach because the D.A. isn't going to try to prosecute anyway. The rate of those who complete the classes as a result of this approach are low. These are called prefiling diversions. It's frustrating because some of the cases sent for prefiling are legitimate cases that should be taken to court. If the case is filed and goes to court, they can be still be considered for the diversion program if they meet certain criteria. These criteria are: they have no conviction for any offense involving violence within ten years, their record does not indicate that probation or parole has ever been revoked, they have not been diverted pursuant to this chapter within ten years and they haven't assaulted anyone with a deadly weapon. If they are diverted, I get their probation case and they have to go to 52 weeks of anger management classes. The deal here is that I have the leverage of the court, which is crucial, because if he doesn't go to anger diversion, the threat is that criminal proceedings will be reinstated. Let's say he doesn't fit into one of these categories, the case may be tried and he may go to jail. I'm afraid those cases are far and few between."

Many other stakeholders discussed prefiling diversion and summary probation during the interview. There were key informants who did not agree with the probation officer regarding low completion rates for those enrolled in anger management as a condition of a prefiling diversion. One respondent stated that as high as sixty percent of those in anger diversion programs as a result of prefiling diversion cases completed the program. Another therapist also felt strongly that prefiling diversions are the intervention of choice because they are able to provide counseling to the
family right away, eliminating the natural wait inherent to the court process. "These families, especially the perpetrators, need counseling while they are still in crisis. That's just good crisis intervention theory, and prefiling diversion offers that to them." Another therapist believed there was some variation on what kind of involvement the judicial system should have. He stated:

I strongly support diversion. People need counseling. Judicial intervention with pre-court diversion for misdemeanors. In San Bernardino County when a case is set for diversion there is immediate intervention. If the perpetrator gets involved in counseling they will not have to go to court. If the case is tried, given to probation, a whole month can go by, once the case is in court the wheels churn slowly.

The conditions for filing prefiling diversions versus summary probation cases are in a state of flux in San Bernardino County at this time. The representative from the district attorney's office stated that "under the new sentencing guidelines, a summary probationer, someone who has been convicted of a felony, will be mandated to attend 52 weeks of anger management." Up until this year the mandate was for 32 weeks. She continued:

"Our administration is taking a different approach, we will handle domestic violence cases a lot differently... we are going to file more cases and proceed without the victim. One of the first executive orders out of our new administration was that you would not allow the victim to sign a statement that says she does not want to press charges. We received a grant to form a new pilot program out of Chino. There, we file everything and we treat the case as if there is no victim. The perpetrator is tried without the victim. We won't be doing prefiling".

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The lawyer from the District Attorney's office explained that in a new pilot program being run in Chino that if a person was convicted for a domestic violence felony that he or she would be put on probation for three years and would be mandated to attend a 52 week diversion program. She also commented that reducing the amount of pre-filing cases and making every effort to take most cases to court sends an important message. "People need to know that this is serious stuff; if you never have to go to court; it's easy to feel that what you did doesn't matter to anyone and you can keep on doing it. By trying to prosecute with or without the victim's consent we hope to send a very powerful message. We want people to be safe."

**Vertical Prosecution**

One attorney explained "vertical prosecution means that police officers take a police report; it comes to the D.A.'s office and the D.A. reviews it; the same D.A. makes the offer, goes to court, tries the case, and handles it all the way through. That kind of continuity means there are a lot more prosecutions and a lot more support for the victim." Vertical prosecution was also something that the legislative representative felt was a very important move forward in sentencing batterers. "Vertical prosecution is great but you have to have reports in order to get to prosecutions," she said. A probation officer agreed, "... vertical prosecution
is valuable, it gives the prosecutors a chance to get really good at what they do and gives the victim support."

Key informants were highly in favor of legislation and funding that would make vertical prosecution possible statewide. Battered women felt that vertical prosecution would have made their court experience much less traumatic. "You have no idea how many lawyers have heard my story; it's so frustrating, no, humiliating to have to prove yourself to so many people just to try to get the justice you deserved in the first place," said one battered woman.

**Treatment Issues**

When asked what one thought was most effective in treating physically abusive men, stakeholders had a range of opinions. One therapist responded, "I can tell you what doesn't work. Couple therapy doesn't work. Individual therapy doesn't work. Pastoral counseling doesn't work and Rogerian group therapy doesn't work. It's very difficult to say what works and what doesn't because it is so difficult to measure recidivism; there are so few studies tracking men longitudinally. The D.A.'s office shows low recidivism which contradicts some research that says that if someone goes to jail the spouse is at a higher risk." Other stakeholders agreed that it was difficult to determine what treatment approaches are most effective. One police officer commented that "we are only beginning to study this problem seriously."
"There are no magic wands," said one shelter home director. "I really don't think we know what works."

After acknowledging that there are no simple treatment solutions, most key informants discussed anger management groups as the treatment of choice. Not one key informant advocated for individual therapy. Most believed that there were certain characteristics that these groups must have in order to be effective.

**Anger Management Groups**

"Assembly Bill 226 mandates that persons who have been convicted of spousal abuse shall be ordered to attend a 52 week anger diversion program and if they do not attend will end of back in court and will face jail time," said one shelter home director. Many of the key informants were asked to respond to whether or not they felt that anger diversion programs were effective. The representative from the D.A.'s office who refers all of her clients to anger management programs made this comment. "Most perpetrators are very reticent to go, however I hear them say absolutely wonderful things about these programs once they are involved... wonderful things about the program content, and the facilitator." Another therapist stated, "...to me, anger management groups are very successful; I would say that they are 90% successful." Another therapist reported, "Their first night at group they are livid that they (the physically
abusive men) are even there, they're mad they have to pay, they don't think anything is their fault, but after about two or three weeks, you hear them saying they really look forward to coming and they are learning a lot about feelings and emotions and that they've never had a place to talk about those things." A probation officer commented "...it appears that if these anger classes are properly done that they can be beneficial." A battered woman agreed and added the following. "He needs to go to that class a lot, cause he needs to hear over and over, he needs to internalize that it is inappropriate to use violence, and he needs to hear it from men, from lots of men."

**Qualities of an effective facilitator.**

There was consensus among stakeholders that the quality of an anger management program could be measured by assessing the skill of the group facilitators. Stakeholders also agreed on characteristics of an effective group facilitator. "Good facilitators are the key to an effective anger management program" said the representative from the D.A.'s office. "You have to have facilitators who believe that they can make a difference, who believe that they can help these people make long-term changes." One probation officer stated, "it's got to be confrontational; the facilitator has to be willing to confront cause these guys have had it pounded into their heads that male dominance is okay. You
don't tell them they are naughty and have them change; you've got to pound in other messages."

A therapist highlighted another theme in discussing the attributes of an effective therapist. He made the following remarks. "Facilitators need to understand how the complexities involved in ethnic dynamics can affect the helping encounter. A general understanding is not enough. They must be able to see the specific ways in which information applies or does not apply to a particular client." Other key informants agreed that a therapist who works with physically abusive men must understand the pervasive significance of ethnicity in working with their clients.

Treatment Issues.

There was diversity among key informants regarding which issues they thought were crucial to the treatment process. "So what we try to do is look at where the original pain began, where the pain and anger is. We teach them the physiology of anger," said a therapist working with perpetrators. Later in the same interview she continued, "In group, when they begin to see that their emotional pain may be contributing to the problem, as it applies to domestic violence and they begin to think that I loved this woman but all this emotional pain brought me to the point where I went boom... I did this final act. They begin to see that there
behavior may be connected to their family history and a whole list of hurts that they have stuffed deep down inside."

"Treatment must be based on reality. You must go through a sequence. Anger is the issue and the therapist must have a concept of balance between anger and time. The therapist must also be working from a theory," said another therapist.

In general, key informants discussed the need for perpetrators to learn new skills related to their anger. These included recognition of bodily and situational cues that triggered physical aggression. Other treatment issues that were mentioned related to communication skills, stress reduction, and assertiveness training.

**Length of group.**

"52 weeks is a long time, it is a big commitment ... other programs that have had 52 week programs say that it is not long enough and I think that they might be right... the perpetrator must realize, that like being an alcoholic, that recovery is a lifelong process," said the representative from the district attorney's office. A probation officer stated his support of a 52 week program as well.

It's much better that these guys have to go for 52 weeks. There was a time when if a guy was told he had to go to anger class, it might have been for eight weeks and the ideas was that 'we know the broad had it coming but you shouldn't have hit her quite so hard.' That type of stupid mentality is nonsense and now the push is to get away from the good ole boy syndrome and the psychotherapy bull and down to an educational
confrontational thing that says 'Hey, stop the violence, violence in a domestic relationship is totally inappropriate under any circumstance.

There were those in the study who were concerned about the new 52 week program mandate. "My concern is that there is a fee attached to these classes, anywhere from 20 dollars to 50 dollars a class. Twenty dollars a week for a year is a lot of money for someone who doesn't want to be in a program," said one shelter home director. The probation officer offered a different perspective when he said, "...it costs them 20.00 dollars a week; surprisingly the poor people pay it better than the middle-class people. Middle-class people whine because they are so over extended and the poor people find a way."

**Need for follow up.**

"Domestic violence is an addiction like any other addiction and we need to address it as such," said one therapist. Many in the study mentioned the need for follow-up programs for those who had attended anger diversion. It was clear that no one saw any short-term solutions but instead realized that the family with patterns of domestic violence would need help over the life cycle. "You don't know if you're successful or not unless you follow up with the men that have been in your program after they've been done six months, a year, five years and then if there is anyway possible, ten years," said one therapist. A battered woman stated: "This is something that he will deal with for
the rest of his life, just like any other big addiction; this is something that I will deal with for the rest of my life."

**The need for marital separation.**

For the most part, stakeholders believed that partners should not live together during the initial phases of the treatment process. "People need a cooling off period and separation gives both parties a chance to do this," said the district attorney's representative. Another therapist added, "Partners should be separated during the time of intense treatment. They need to realize that this is a long slow process of resocialization." Many in the study commented that they believed the majority of the families they worked with reunified. This recognition guided treatment approaches.

**Prevention Programs**

As former U.S. Surgeon General C. Everett Koop has said about the inner generational effect of domestic violence, "If you are going to break the chain, you have to break it at the child level. We have much to do in this area." These words were spoken by the representative from the state legislative office. Other key informants also discussed the need for programs that focused on prevention. "We're just barely putting out fires right now," said a judicial respondent. "We must be thinking ahead of ways that we can prevent this horrible cycle from happening over and over." One child
stated, "at least I know I won't hit my kids cause I'm learning to be mad the right way."

**School Based Programs.**

School based programs were mentioned a number of times as a way to work preventively on the problem of domestic violence. "Every perpetrator I've ever worked with in an anger diversion group has said 'I wish I would have learned all this stuff in school earlier.' They need to have that. We need programs in the school to be addressing these mind-sets long before they create the massive destruction that we know will occur if the problem is not addressed." The representative from the state legislative office commented, "one education related idea to curb domestic violence is to institute more teaching about family abuse in school. California has a mandated health education class in grades one through twelve. Education, code section 51202, says this health instruction may include information on violence. This provision could be amended to specifically include instruction in domestic violence. But I have to tell you there is real resistance to mandating anything on the school."

**Funds For Shelters.**

Shelters were mentioned often in this study as a way to address the problem. However, almost every time someone talked about shelters it was to say how much still needed to
be done in terms of funding shelters. Key informants were very supportive of shelters as tools of prevention. "Shelters have been understaffed and underpaid and under-funded for years and years" said the representative from the District Attorney's office. "Yet they continue to serve more and more victims and children every year. Their statistics go up drastically every year." "Shelters are a haven, a much needed haven for women and children and we must do everything possible to advocate for them," said another therapist.

The state legislator commented that "already the California State Legislature immediately after the murders of Nicole Brown Simpson and Ronald Goldman, agreed to provide thirty million dollars of new money dedicated to fund shelters and improve local prosecution of domestic violence cases. This increased recognition may precipitate the passage of other progressive bills that would reduce domestic violence in the future."

**Outcomes**

The major themes of the study included the definition and scope of domestic violence, legislative issues, and treatment issues. Many areas of consensus among stakeholders emerged related to addressing the problem of domestic abuse. While the study set out to research specific treatment approaches with physically abusive men, through the process of data analysis, it became clear that a broader macro-level
approach was advocated by key informants. Based on the themes that have been discussed, a number of outcomes were delineated. These outcomes point to a better way of addressing domestic violence. Key informants agreed on the following: treating domestic violence requires the leverage of the court; there is a great need for better training among professionals; anger diversion groups are an effective way to work with batterers; and finally, there is a need for more extensive communication among decision makers.

Domestic Violence Treatment Requires Leverage of the Court

In every case, key informants discussed the need for the court to be involved in addressing the problem of domestic violence. Over and over again stakeholders made comments similar to this one made by a shelter home director. "I believe that when you're working with domestic violence victims and domestic violence perpetrators that you really, really, have to believe that domestic violence is a crime." The stakeholders believed that abusive men would not be willing to go to anger diversion groups without the leverage of the court. "Court is tremendously traumatic", said one therapist. "However, the advantage is it gives a very clear message. This is against the law and there will be serious repercussions for your choices." One child stated, "the only person my dad really listened to was the judge cause he didn't want to go to jail."
Need For Better Training of Professionals

All key informants highlighted the need for training of professionals. One judge commented, "... you have no idea how hard it is in a courtroom to decide who is telling the truth in domestic violence cases, we need a lot of training on family violence - on how victims act and why they act the ways that they do." Training is crucial because of the pervasiveness and complexity of the problem. Some key informants felt that effective training hinged on quality longitudinal research regarding effective intervention.

Better Communication Among Decision Makers

Key informants from the helping professional's groups feel strongly that inter and intra-agency cooperation is crucial in addressing the problems of domestic violence. There was consensus that no one could operate in a vacuum if families were to be served. Coordination of services and protocols were a high priority for stakeholders.

The legislative representative spoke to the need for uniform protocols.

We at the state level recommend very strongly that local task forces implement the adoption of protocols that would be uniform throughout the community. The state does not set these protocols because there is so much resistance at a community level about having the state mandate how reporting will be handled. The other reason that the state does not set uniform protocols is because we really want people at the community level to be talking to one another; people need to see the issue from all sides and that will not happen until police officers hear from shelter home directors and health professionals and vice versa.
Coordinating Council

A number of respondents addressed ways that they are attempting to address this need. One key informant from the District Attorney's office explained that there is a Coordinating Council in San Bernardino County whose role "will be to bring together decision makers, department heads, the sheriff's office, the attorneys, and people that make policy decisions. This council will make decisions that will be uniformly implemented in the county and will provide training. We will have all the resources in one central location as opposed to many different areas. It will serve to get many involved and moving in the same direction." The council would set protocols for hospitals and medical clinics as well. A therapist, a prosecuting attorney and the representative from the district attorney's office agreed that geography was a major barrier to the success of this council.

San Bernardino has also started a group called the Domestic Violence Intervention Consortium. This group includes members from the probation department, the District Attorney's office, a representative from the Coordinating Council, and therapists and shelter directors. They meet for the purpose of setting county-wide standards. For example, the consortium agrees on fees that will be charged for anger management groups across the county, and establishes
protocols for release of information. This uniformity is helpful as it standardizes services and expectations. Discussions of treatment issues take place and members are free to discuss ethical concerns. This consortium also serves as a rich networking and referral resource for helping professionals in the San Bernardino area.

DISCUSSION

Although many authors have documented the prevalence of spousal abuse and its high personal and social costs, the question of how to intervene has no clear answers. The members of this study believed that anger management classes are a viable way of helping physically abusive men and their families with habitual anger and violence patterns that destroy their relationships. The therapists interviewed in this study agree with the bulk of literature that the treatment of choice should be a carefully structured "cognitive/behavioral" approach. This paradigm employs a structured sequence of psychoeducational group sessions designed to treat new coping skills (such as assertiveness, anger management, communication skills and relaxation) that can control or disenable violent responses. It was stated that the facilitator is crucial to the treatment process.

Battering is both a crime and a clinical problem. Violent acts that occur within the family should not be granted unique legal or social standing different from those
that occur outside it. The study participants were clear in stating the need for the leverage of the court in addressing domestic abuse. They felt that the community at large, the abusive man and the abused family legal intervention.

**Comparison of Findings and Literature Review**

The literature is not consistent regarding the most effective way to treat physically abusive men. The results of this study indicate that those helping professionals in San Bernardino County have aligned themselves with a prevalent group of writers who advocate for group therapy for physically abusive men, specifically cognitive, reality-based interventions.

Participants were aware of literature findings and often quoted the authors mentioned in the literature review section of this paper. Respondents were also remarkably consistent in reporting statistics on incidence and prevalence that are supported in the literature. There is one aspect in this comparison that deserves special attention, the cycle of violence. Everyone but the children in the study made mention of this cycle.

It was generally assumed that a single-episode outburst does not lead to battering, but rather that battering is the culmination of a series of antecedent events. This is supported in the literature. Many stakeholders discussed the cycle as violence in acknowledging the intensity and the
habitual nature of domestic violence. Lenore Walker was quoted most often during these discussions.

Unanticipated Results

One of the main goals of this study was to begin dialogue among a circle of key informants on the most effective way to treat men who are physically abusive. What was discovered, however was that in San Bernardino County this was already taking place through the Consortium For Domestic Violence. While this communication network is in the beginning phases, it is accomplishing what the researcher hoped would be the end result of this study.

Limitations of Study

This project consisted of the first phase of inquiry of the constructivist paradigm. A single round of interviews with eighteen participants was conducted. While the researcher intended to focus more specifically on treatment issues, the study became much broader in scope as key informants addressed a wide variety of topics.

There were many times during data collection and analysis that the researcher felt that to do the constructivist paradigm and the research question justice would require five researchers and a year long time line. This study was meant to be exploratory and to expose the researcher to an alternative paradigm. Both of these objectives were met.
Suggestions For Further Research

The constructivist paradigm suggests three distinct phases. Because this study only addressed the first phase of inquiry, future research would initially need to address the following two phases. This would involve returning to each of the key informants to report findings and conduct another interview addressing more focused questions. This second phase would also involve new study participants as the researcher has not yet exhausted the range of opinions. The third phase would be to bring all of the key informants together for a round table discussion and to form ongoing discussion groups. It is the hope of this researcher that another MSW student will continue this study to the next phases of inquiry.

Implications For Social Work Practice

The constructions of the key participants were in line with the researcher's construction that there is no autonomous healing system. Those who are concerned about the problem of domestic violence must be willing to enter the messy, time-consuming and often frustrating larger systems that primarily address the needs of batterers and their families. These include public welfare, the department of public social services, the courts, the police and shelters. The problem of domestic abuse must be addressed from a system's perspective.
Social workers are well-equipped to effectively address domestic violence from a system's perspective as a result of their specialized training in assessing the person-in-environment interaction. Social workers must use this model to ensure that coordinated and comprehensive service networks are established to address this public and private problem. Social workers must also assess how the prevalent ideology affects both social policy and the models that guide direct work with clients. This study has attempted to illustrate the current ideology on the problem of domestic violence. A social worker with a person-in-environment perspective must extend this kind of analysis to a range of other public issues that deeply affect vulnerable populations.

Family violence is a problem of epidemic proportions. The development of effective strategies for addressing and eliminating it are now a necessity. The findings of this study are preliminary however significant as they represent the ideas of those who have committed themselves to changing the way individuals, families, and societies view domestic violence. Social workers and other helping professionals must work together to evaluate effective approaches for treating the abusive man if we are to communicate hope and offer healing to the violent man and to those who suffer at his hand.
APPENDIX A - Informed Consent

Study Participant Consent Form

The study in which you are being asked to participate is designed to explore opinions on the most effective way to treat men who physically abuse their wives or girlfriends. This study is being conducted by Randi Maines Walters, a second year graduate student in Social Work at California State University, San Bernardino. The study has been approved by the Human Subjects Committee of the Department of Social Work which is a sub-committee of the Institutional Review Board of California State University San Bernardino and will be supervised by Professor Marjorie Hunt.

In this study you will be asked to participate in an interview that will last no longer than one hour. During the interview you will be engaged in a discussion about your experiences with domestic violence. The researcher is interested in your thoughts and feelings regarding the most effective way to treat abusive men. What you say will be written down and tape recorded. You may be asked for a second interview several weeks after the initial meeting.

The study is concerned with your experiences with domestic violence both personally and professionally. The researcher is interested in a number of factors related to domestic violence; however, the primary focus of inquiry will be on possible treatment approaches. It is the hope of the researcher that the constructions shared will be helpful in developing new and effective ways to deal with family violence.

Please be aware that the project and the information you provide is not anonymous or confidential in that your ideas will be shared with other study participants. While your ideas will be shared your name will be kept confidential. Constructivist inquiry requires the sharing of constructs among participants so that members of the study receive feedback on where they agree and disagree. Before your ideas are shared with others, you will have the opportunity to verify what you said.

Your participation in this study is totally voluntary and you are free to withdraw yourself and the data you have given at any time. There are no foreseeable risks to this study as information will be gathered in a nonmanipulative, nonstressful fashion. However, if at any time during the interview you feel uncomfortable, please let Randi Walters know and she will provide support and redirect the conversation. You may also contact her at any time after the interview at (909) 798-5580 if other concerns arise. If you have more general questions about the study, you may contact the faculty research advisor, Dr. Marjorie Hunt at (909) 880-5501.

On the basis of the above statements, I acknowledge that I have been informed and understand the nature and purposes of this study and I agree to participate in the project.

Participant's Signature  Date  Researcher's Signature  Date

Parent's Signature  Date

If the participant is under eighteen years of age, their parent or legal guardian must also sign acknowledging they consent to their child's participation in the study.
Debriefing Statement

Thank you for participating in this discussion on the most effective ways to treat abusive men. You have provided me with important information by sharing your knowledge and perceptions. It is my goal to accurately represent your ideas to others in hopes of creating on-going dialogue between you and other study participants.

In no more than two weeks, you will receive two copies of a summary of today's interview. A self-addressed stamped envelope will be included; please review the summary and make any corrections before mailing one copy back. If time permits, the researcher may contact you for the purpose of setting up a second interview. The second interview time would be spent relating the ideas of other study participants in order to get your feedback. Early the Spring of 1995, you will receive a copy of the first draft of the final written report for you critique. By May you should receive a copy of the final draft of the study.

The researcher is aware that this may be a personally sensitive topic for a number of the study participants. At the end of the interview, you will be asked how you are feeling regarding the issues that have been raised. If you feel that you need to sort through any additional areas of concern related to the conversation, a list of professional counselors in your area will be provided to you. The persons named below may be contacted for assistance for possible consequences resulting from study participation.

Again, thank you for your time and willingness to be apart of the learning process. If any questions arise at any time or if you have additional ideas to share, please contact:

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Or

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REFERENCES


