

**Domestic Violence Perpetrators:
Recent Research Findings and Their Implications for Child Welfare**

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Domestic violence may raise a number of questions for the child welfare practitioner. The most

common question is likely to be: What are the risks of immediate harm to the children? But other questions may arise: What are the risk factors for domestic violence? Are criminal justice and social service interventions effective in stopping the violence? Do differences among perpetrators make a difference in their responses to interventions? This article briefly reviews answers to these questions for child welfare and family law attorneys.

A Focus on Woman Abuse

Although there is a continuing debate about the extent of "husband battering", I will refer to victims here as women because they are the most victimized. Men are less affected psychologically and physically when they are victims¹ and women's violence is more likely to be in self-defense.² I will also include as victims those who are dating, cohabiting, divorced, and separated because of the relatively high rates of violence toward these women³. Psychological abuse is included in the definition of woman abuse because it usually accompanies physical abuse and can damage women's emotional well-being just as much.

Response of the Child Welfare System

Several concerns about the child welfare system's response to

domestic violence have surfaced recently. First, as in many other systems, domestic violence may go largely unreported.⁴ Detailed, behaviorally specific questions that do not use terms like "abuse" or "violence" are most likely to be effective in detection. Some child welfare offices use a structured interview protocol to increase detection.⁵ Even when domestic violence is detected, the information might not be used in family court proceedings.⁶ Furthermore, its severity may be minimized or an assumption is made that it is easy for women to leave abusive partners.

Second, caseworkers might place too much emphasis on the responsibility of the mother to protect herself and her children and not enough on holding the offender accountable for his actions.⁷ In an evaluation of domestic violence training of child protection workers in Michigan there were many positive gains from before to after training, yet many workers continued to hold victims responsible for the safety of the family.⁸ In addition, a substantial percentage also said they would make referrals for couples counseling, which could place the women in more danger if traditional couples' counseling is used.

Third, welfare policies that mandate work or training may have negative effects.⁹ Abusers may feel

threatened by any sign of independence in their partners and abusively interfere with their work or training. Even without the threat of physical abuse, caseworkers may not recognize the difficulty women have in working because of the immediate or lingering psychological effects of the abuse. Failing to meet work requirements, women may be terminated from welfare. Once off welfare, there is an increased risk that women will return to violent partners because poverty is a major reason that women stay in abusive relationships.¹⁰

Fourth, child custody decision-makers frequently do not understand the risk markers for domestic violence and the risks to the children of custody or unsupervised visitation with a perpetrator of domestic violence. Social science research can help practitioners respond to these and other concerns.

Risk Factors for Abuse

A consistent risk marker for woman abuse is the offender's childhood experiences with violence—either witnessing violence between parents, being abused by a parent, or both.¹¹ One element of the transmission of violence across generations might be the attitudes about women conveyed from father to son. The childhood history of ineffective parenting, poor modeling, and traumatic events are likely to lead to other risk markers often found in offenders: lack of effective communication skills, sub-

stance abuse, personality disorders, and a belief that others have hostile intentions. About half of men who batter a partner use physical force against a child more severe than a spanking or a slap. An insecure sense of masculinity in these men may influence them to hold rigidly onto male sex role behavior—competitiveness, possessiveness, a desire to dominate, and constricted emotions—leading to the characterization that men who batter are like all other men, only more so. None of these risk markers are necessarily causes of abuse and none of them should be used to reduce personal accountability. For example, personality disorders, unlike some severe mental disorders, do not reduce personal culpability. While some men develop delusions of jealousy, overall they are no more likely to have a severe mental disorder than are other men.

The pattern of risk factors is not the same across offenders.¹² The severity and frequency of violence differs considerably. In addition, some offenders are violent only at home while others attack non-family members. The particular childhood experiences seem to be related to differing patterns of abuse and personality. In one pattern, severe physical abuse in childhood is associated with anti-social personality, a "criminal lifestyle", a lack of remorse, violence inside and outside the home, substance abuse, and severe violence against a partner. In a second pattern, severe loss or emotional rejection in childhood

is associated with borderline personality traits, fear of abandonment, jealousy, severe psychological abuse of one's partner, depression, and suicidality. This may be the type of offender who is most likely to stalk and kill his partner after separation, sometimes killing himself as well. In a third pattern, childhood trauma is not evident and violence is restricted to the home. The men appear to be over-controlled ("stuffing" their emotions) and perfectionistic with themselves and others. They are the least likely to be severely violent and have less rigid sex role attitudes than the other types. Typology research has helped to identify the men most likely to be severely violent during and after the relationship. In addition, there are a growing number of assessment tools for uncovering indicators of lethality. The most widely used is the Danger Assessment Instrument,¹³ but others are being developed and validated, such as the Spousal Assault Risk Assessment (SARA) instrument.¹⁴

At one time it was thought that battered women had many characteristics in common with their partners. Evidence now shows that it is the men who have the risk factors and differ from other men; very little distinguishes battered women from other women.¹⁵ They are somewhat more likely to have witnessed violence in the home and to be survivors of incest. If the women have problems with substance abuse, suicidality, low self-esteem and other problems, they are likely to

be consequences of abuse rather than precursors.¹⁶ Of critical importance to the child welfare field, they are much less likely than their partners to abuse their children (50% vs. 25% in one national study) and their anger toward the children decreases when they are out of a violent relationship.¹⁷

Implications for Child Welfare Practice

In addition to knowing that men who batter are at a fairly high risk to physically abuse their children, there are other considerations for determining custody and other welfare decisions. Men who batter also emotionally abuse their children when the children witness or hear their mothers being abused. There are many short-term and long-term consequences of this abuse on children, including severe depression, anxiety, and aggressive acting out.¹⁸ About half of men who batter go on to batter in another relationship and thus may further expose the children to violence.

Battered women are often placed at a severe disadvantage when child custody and visitation decisions are made.¹⁹ Many men who batter have had a lifetime of experience covering their childhood traumas and chronic problems. They may appear very calm and are often adept at manipulating their image in positive ways. Battered women, on the other hand, are likely to be suffering from recent trauma from physical abuse, psychological

abuse, stalking and harassment. The fear of losing their children to an abuser is likely to increase trauma symptoms even more. This trauma may manifest itself in ways that may seem puzzling: a flat affect, anger, mistrust, nightmares and flashbacks. They may be labeled "uncooperative" if they want to move away from their perpetrator, refuse mediation, or are reluctant to allow unsupervised visitation.

Interventions for Offenders

If criminal justice or social service interventions were known to be effective, then child welfare decisions and advice to battered women would be made simpler. Unfortunately, guidance from research on interventions for men who batter is not clear-cut.

The differences among offenders described above explain some of the complexity. For example, while it was once believed that domestic violence almost always increased in severity and frequency over time, this seems to only hold true for shelter samples or other samples of help-seeking women experiencing severe abuse. Recent evidence shows that substantial proportions of men stop their violence, especially among those who were never severely violent.²⁰ It is not yet clear what contributes to the cessation of abuse.

Evidence on the effect of arrest is also not clear-cut. The findings of the landmark arrest experi-

ment in Minneapolis which showed arrest to be superior to brief separation or officer "mediation" have not been found in other controlled studies.²¹ Arrest seems most effective for married men and those who are employed. Even if the effects of arrest for deterring further abuse are not uniform, there are other reasons for a uniform policy mandating arrest with probable cause. Arrest sends a message to all of society about the seriousness of domestic violence and may have a general deterrent effect.

Only one experiment has focused on prosecution.²² There were no differences in rates of violence when comparing pretrial diversion with counseling, prosecution with mandated counseling, and traditional prosecution with recommendations for presumptive sentencing. Violence was less likely when women were allowed to drop charges following an arrest by warrant. Results for the effects of personal protection orders are also not very encouraging. The majority are violated and enforcement is not uniform.²³ Again, the type of offender seems to make a difference. Those with severe and chronic patterns are least likely to be deterred. A recent development is to consider a range of sanctions that include work release programs, home confinement, day reporting centers, intensive probation, and forms of restitution.²⁴

Social service interventions take a variety of forms. Most can be labeled "psychoeducational"

and fall between extremes of "psychological" (treatment) interventions and educational approaches that use mostly didactic methods. Most programs integrate various methods and attempt first to help the men take more personal responsibility for the abuse and then teach alternative behaviors. Programs seem to differ on the emphasis they place on the following dimensions:

1. Building awareness of control tactics. This approach is designed to help the men take responsibility for their behavior. The men are confronted by group leaders and other group members to take ownership of their intentions to control others. An emphasis is placed on expanding the definition of abuse to include isolation, demeaning language and control of finances and other means of control.

2. Skills training/behavioral. This approach is based on social learning assumptions about the behavioral deficits and excesses of offenders. Modeling of positive behavior and behavioral rehearsal are likely to be used.

3. Cognitive restructuring. These approaches assume that faulty patterns of thinking lead to negative emotions and destructive behavior. Restructuring of these thoughts is likely to reduce anger and the fear and hurt that often underlies it. These approaches can also be used to help the men realize their core belief systems developed in child-

hood, the rigid stereotyping of gender roles, and negative attitudes about women.

4. Gender role resocialization. This approach helps the men see the negative effects of constricted male roles and the benefits of gender equality. Male dominance is viewed as one of the effects of this rigid socialization.

5. Trauma-based. These approaches rest on the assumption that the men need to re-experience and resolve their childhood traumas, in particular emotional rejections and physical abuse from their parents. One of the assumptions is that they cannot empathize well with others because they are cut off from their own pain.

6. Family systems. These approaches assume that couples unknowingly engage in repeated cycles of interaction that may culminate in violence. The focus is on analyzing and changing communication patterns.

The first four approaches seem to be most commonly integrated into the same program.²⁵ Practitioners have been reluctant to use trauma-based approaches for fear that they will provide an excuse for battering. Family systems approaches are the most controversial. Critics charge that this approach explicitly or implicitly holds the victim responsible for the abuse.²⁶

There are a variety of formats for delivering the above approaches. As of 1986, the date of the most recent survey, men's groups are the format of choice, followed by individual counseling, couples counseling, and family counseling, in that order.²⁷ No studies have compared individual and group formats. Men's groups and couples groups have been compared in some studies.²⁸

Evaluation of Social Service Programs

Evaluation of social service interventions is still in its infancy. Few studies have been conducted that have the hallmarks of rigorous evaluations. The most rigorous studies include long-term follow-up (12 months or more), use of victim reports, high rate of victim interviews (75% or higher), randomized assignment to different interventions, and comprehensive definitions of success that go beyond physical abuse. Recidivism rates based on partner reports six months or more after treatment show that most men, about 55-65% across a number of studies, are violence free.²⁹ However, this reduction cannot be attributed to treatment. When control groups or quasi-control groups are used, the effects of treatment are small or non-existent.³⁰ Also, psychological abuse often remains at fairly high levels after treatment. Experimental comparisons thus far show no differences between approaches, whether comparing self-

help and cognitive-behavioral approaches, or process-psychodynamic and feminist-cognitive-behavioral approaches. Comparisons of gender specific and couples groups also show no difference, but these comparisons are based mostly on small, highly selected samples.³¹ One large-scale study of military men showed no differences between men's groups, "quasi-couples" groups, rigorous monitoring, and a control group.³²

Of special interest to child welfare practitioners, there is evidence that programs for men who batter decrease the potential for child abuse or actual child abuse, even when they do not specifically focus on parenting issues.³³ Only one description could be found of a special parent training program for men who batter.³⁴ A related development is the use of visitation centers to help fathers maintain some contact with their children. The role of these centers is still being defined. Do they try to maintain a "neutral stance" that balances parental rights or do they advocate for best interests of the children?³⁵

One promising research finding is that different types of offenders seem to respond better to different types of treatment. In one experiment, men with antisocial personalities had lower rates of post-treatment violence in feminist-cognitive-behavioral groups than in process-psychodynamic groups.³⁶ Another type, men with dependent personalities, had less violence in the

process-psychodynamic groups. In another experiment, men with alcohol problems had lower recidivism rates in couples groups than in men's groups, but this was a small sample study.³⁷ Some programs (e.g., in the military and at the Third Path program of Arapaho Co. Colorado) distinguish between high risk and low risk cases and provide longer term, more intensive treatment to the high risk cases. Not surprisingly, the characteristics of high-risk men are similar to those who tend to recidivate after treatment: those who abuse alcohol, have severe personality disorders, and have a history of chronic and severe offending.

Another promising development in the field is the increased attention to culturally competent programming. Same-race and same-ethnic groups are offered in some communities for men who prefer these groups.³⁸ One qualitative study of an Afro-centric approach indicated that this approach seemed to produce better group cohesion than mixed race groups.³⁹ Such groups may lower the above normal attrition rate of men of color. Even with such interventions, however, the organizational structure and atmosphere of the entire program may need to be addressed. Despite some progress in this area, more programs need to network with minority communities, and obtain consultation, information, and training on the unique needs of men of color.⁴⁰

The above studies provide some guidance but no firm conclusions because findings are usually based on a single study or multiple studies that have major methodological flaws. More research with better methods will eventually provide us with a clearer picture of effective treatments. Despite the general lack of empirical findings to guide practice, many states and local communities have developed practice standards, which in some cases must be followed to receive state funding. Some of these standards have been criticized for mandating very specific methods of treatment without having a scientific foundation for them. Michigan's standards for batterer intervention programs,⁴¹ endorsed by the Governor in 1999, are not as specific as some states. They give cautions about particular approaches, especially if they are not embedded within an overall approach that addresses male dominance. One state, Maryland, has standards that provide very general goals for intervention but is postponing more specific standards until more research support is found for them.⁴²

A Coordinated Community Response

Even if arrest, prosecution, treatment, or other interventions by themselves are not effective, a combination of interventions in a coordinated community response may be effective. Experimental evidence is lacking, but non experi-

mental studies reveal promising results of comprehensive, community-wide approaches that combine arrest, fines, intensive probation, and counseling.⁴³ Coordinating groups typically work together to develop a uniform philosophy and set of policies. While coordinating groups originally had representation from victim advocate, criminal justice, and offender intervention agencies, other workers are increasingly being represented on coordinating bodies, in particular child welfare and health workers.⁴⁴ These groups often go beyond interventions to focus on prevention. Child welfare practitioners can join these efforts to prevent abuse from occurring in the first place—through presentations to our young people, support of media campaigns, and increasing awareness among their colleagues of the root causes of domestic violence in our society.

Summary

This article reviews current concerns about the child welfare system's response to domestic violence, evidence of risk factors for domestic violence, various criminal justice and social service interventions, and the elements of a coordinated community approach to ending the violence. There are several implications of this review for child welfare practitioners: 1) Men who batter are at a much higher risk of abusing their children than battered women; 2) Risk factor research shows that men who batter usually have chronic problems that

may not be readily apparent; 3) Trauma effects to women may lead to coping responses that are sometimes difficult to understand; 4) Neither criminal justice nor social service interventions are a panacea for domestic violence; 5) Different interventions may need to be used for different types of abusers, thus emphasizing the need for comprehensive assessment procedures; and 6) The most effective way to end domestic violence may be through community-wide prevention efforts that coordinate the criminal justice, social service, mental health, and child welfare systems.

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