BRINGING THE VICTIM/VICTIMIZER CO-EXISTENCE TO LIFE: THERAPISTS' REFLECTIONS UPON THEIR WORK WITH MEN WHO BATTER AND WHO HAVE EXPERIENCED CHILDHOOD VICTIMIZATION

by

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A Thesis submitted in conformity with the requirements for the degree of Doctor of Education
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BRINGING THE VICTIM/VICTIMIZER CO-EXISTENCE TO LIFE: THERAPISTS’ REFLECTIONS UPON THEIR WORK WITH MEN WHO BATTER AND WHO HAVE EXPERIENCED CHILDHOOD TRAUMA

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ABSTRACT

This qualitative study aimed to explore therapy-related challenges experienced by therapists counselling men who batter and who had experienced childhood trauma. In particular, the study explored therapists’ preferred approach to treatment, their views about addressing the batterer’s victimization experiences and concerns regarding the safety of victims.

Five leading therapists from community counselling agencies and private practice in the area of violence against women were interviewed. Each participant had a minimum of three years experience in counselling men who batter.

This study revealed that treatment approaches for men who batter and who had experienced childhood trauma require further consideration and development. While the participants in the study agreed that the primary focus on treatment must be on the victimizing behaviour, they identified four indicators that could suggest when it may be safe to begin to address batterers’ own childhood trauma in therapy. Supervision and self-reflection were seen as essential for therapists involved in this work. These therapists also indicated a need for open dialogue among therapists, agencies, and community stakeholders about conflicting values and assumptions that underly therapeutic approaches to men who batter and who had experienced childhood victimization.
DEDICATION

This thesis is dedicated to my mother, Edna Katherine Baker Bricker, who modelled for us, her children and grandchildren, confidence, strength, courage, and a grace and dignity that will not be forgotten.

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I had the good fortune to have Dr. Niva Piran as my supervisor on this dissertation. Since I attended her Therapy Relationship class as an M.Ed. student in the mid-1980's, she has had an impact on my clinical approach, supervised my M.Ed. Qualifying Research Paper, and supported me through the development of this dissertation. It is with the warmest regard that I extend to Dr. Piran my appreciation for her insights and understanding as well as her metaphors of support and encouragement that contributed immensely to the overall development of this project as it became a completed dissertation. I also wish to acknowledge the helpful feedback and the support I received from my other committee members, Dr. Solveiga Miezitis and Dr. Mary Alice Guttman, and from my external advisor, Dr. Harvey Brooker.

I wish to express my gratitude to the five therapists who took time out of their extremely busy schedules to participate in this study. I wish to thank them for their honesty and candor in sharing their clinical opinions and their personal triumphs and struggles.
There were many friends who sustained me through this often overwhelming process. I wish to thank you for your support and encouragement and for reminding me to breathe.

To my mother to whom this thesis is dedicated, my now 86 year old father, and my sister Katherine, thank you for being the family that values respect, fairness and equality, and the belief that life’s work extends beyond the family and into the community.

I also wish to acknowledge the many hours my niece, Jennifer Duncan, applied her superior editing and formatting skills throughout the development of this dissertation.

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CHAPTER ONE

INTRODUCTION

For the purpose of introducing this study, the following sections contextualize: my professional experience relevant to the present investigation; dilemmas identified in the treatment literature of batterers who experienced childhood abuse to include reasons for focusing on sexual abuse; the study in a therapeutic context; accountability related to counselling practice and research; reference to definitions and terminology; and, the resulting questions for exploration.

1.1 Researcher’s Professional Experience Relevant to the Present Investigation

I have had a private therapy practice for almost ten years. Before that I was a policy advisor for the provincial government, a social worker, a community worker and a child care worker. My experience spans almost twenty-five years and in all my work experience I have encountered wife assault.

My Masters Qualifying Research Paper explored the issue of individual counselling for men who batter. I had only read about group work for these men. The outcome of this research was largely that group work was favoured, however individual counselling could be effective as long as women’s safety was ensured and that men take responsibility for their violent behaviour. In this work, the victim/victimizer co-existence
(the co-existence in a client’s history of battering behaviour as an adult and being a victim of childhood abuse) was already beginning to emerge under the question of whether a psychotherapeutic approach along with a psychoeducational approach would be effective in working with these batterers. In my own clinical practice with men who batter, I noticed how many men had histories of childhood trauma. In some cases, these men had been raised in caring, non-abusive families, and had been sexually abused by a non-family member.

I was a participant at a national men’s conference on ending men’s violence toward women in Ottawa during the fall of 1991. I was there as a man, as a therapist and as a consultant. In a workshop about treatment approaches for men who batter, I raised the issue that became the topic of this thesis, that is, how we as therapists should respond clinically in situations where men who batter have experienced childhood victimization. The response I heard from the workshop facilitator was that ‘experts’ say if you are a therapist and you are working with a man who batters and his own victimization as a child is identified, then two therapists should be involved, one to treat his battering behaviour and one to treat his experience of child abuse. I was concerned about this response. I considered this approach another example of ‘compartmentalizing’, keeping parts of our lives and ourselves separate from each other, which is a strategy associated more with coping with pain or trauma than with healing it. I wondered about the negative affect this may have on counselling men who batter. It is from this experience at this conference that I decided to research this therapeutic dilemma further. I was concerned about whether certain prescribed therapeutic approaches to working with batterers may result in their early experience of victimization being buried.
and whether this outcome may further fuel battering behaviour. My research provided an opportunity to document the experience of five therapists who reflected upon their work in counselling batterers who experienced childhood sexual abuse (childhood trauma), bringing the victim/victimizer co-existence to life and offering their opinions concerning best practice models to treating these men.

I have had the opportunity to be involved in the area of violence against women and children as a Social Worker for the Children's Aid Society, as a Community Worker in public housing, as a Policy Advisor and Coordinator for the Ontario Ministry of Housing, as a private consultant and facilitator, and as a representative in my community's Coordinating Committee Against Violence Against Women and Children. I have travelled extensively in the province of Ontario in relation to my work in this area.

I have worked as a child care worker and social worker for a child welfare agency and in this capacity, received disclosures of childhood sexual abuse from children and adolescents. I am experienced at providing counselling to male survivors of childhood sexual abuse. As well, I am an experienced staff trainer and facilitator in the area of childhood sexual abuse.

1.2 Dilemmas Identified in the Treatment Literature of Batterers who Experienced Childhood Abuse

Dilemmas noted in the treatment literature mirrored the dilemmas noted in clinical practice, that is there is a lack of attention given to treating batterers who have
experienced childhood abuse, and a lack of specific treatment approaches to working in this victim/victimizer co-existence.

Literature was limited in this specific area. A search of the literature using the key words noted in the above heading yielded no noted literature. Using the key words victimizers/victims in assorted configurations to identify the experience of victimizers (who perpetrator abuse) who were victims as children (abuse was perpetrated on them) resulted in identifying some relevant literature, while using key words that separated the victimizing experience (men who batter) form the victim experience (men who were sexually abused as children), resulted in identifying treatment literature.

Treatment literature of men who batter was abundant, and largely focused on a staple treatment approach, that being a time-limited, psychoeducational group work model. Treatment literature for men who experienced childhood sexual abuse has grown relevant to men becoming more comfortable in disclosing sexual abuse and, therefore, being able to research and document their experience and develop treatment approaches.

Treatment approaches for men who were abused as children include both group and individual counselling models. Treatment literature addressing the co-existence of men who batter who were abused as children existed but was limited in two ways. Firstly, it was less abundant then the treatment literature noted above that separated the victim and the victimizer experiences. Secondly, it was more likely to address the cycle of violence and addressed whether boys who were sexually abused as children were more likely to be sexual abusers as adults, or whether boys from homes where they witnessed their fathers abusing their mothers were more likely to become wife abusers as adults.
Feminist literature refers to all abuse, whether it is physical, emotional, or sexual, as an abuse of power (Finkelhor, 1983; Washburne, 1983; Dutton, 1995). This researcher supported this belief. The focus on sexual abuse in this study as the experience that represented the victimization component was in no way intended to reflect that one form of abuse was more serious or harmful than another. My decision to focus on sexual abuse emerged from much thought and attention to the literature and my experience and beliefs. First of all, the literature as noted above, often focused on the cycle of violence. Secondly, the emotional response to sexual abuse tended to be stronger and this might have special consequences in terms of the therapists' experience of treating the victim/victimizer co-existence. Thirdly, sexual abuse included both emotional and physical abuse and this enabled the study to narrow its focus without altogether eliminating other forms of abuse. Fourthly, my professional colleagues encouraged the exploration of the victim/victimizer co-existence as a therapeutic dilemma for therapists in the field, rather than as an examination on the cycle of violence.

1.3 The Study in a Therapeutic and Social Context

In approaching this study, I was concerned about the experience of working with men who batter to end their violent behaviour within the context of having knowledge of the man's experience of sexual abuse. Therefore, the importance of this study was considered from several perspectives.
Firstly, the importance of conducting this study was highlighted by statistics gathered to indicate the prevalence and epidemic proportions of the number of women who are victims of wife assault and by its documentation in history. Statistically: in Canada, it is estimated that 800,000 women are beaten in their homes each year. This represents approximately one in ten women in a marriage or marriage-type relationship.

An October, 1988 Gallop poll found that 23 per cent of Canadians personally know a woman who has been assaulted by her spouse.

Domestic violence is not restricted to the poorer classes. One study revealed that at least 10 per cent of professional men beat their wives.

(Thorne-Finch, 1992, p.8-9)

The issue of wife assault was well documented in history. For example, the expression 'rule of thumb' that continues to be widely used in contemporary day to day conversation, has its root in violence against women that was sanctioned by British Law. It was explicitly stated in British Law, that a man could use a stick no wider than his thumb to 'discipline' his wife (Thorne-Finch, 1992).

It was only in recent history, that there was a movement in society from viewing wife assault as a private family matter to that of a public matter, with clear societal responsibilities (Sinclair, 1985; Ontario Women's Directorate, 1988; Rafiq, 1991). In 1982, it was recommended in a House of Commons Report that wife assault be treated as a criminal activity. This was the beginning of the process where, today, police are required by a Provincial directive, (Bain, 1989; Sinclair, 1989) to charge a batterer with a criminal charge related to the violent act against his partner.
It is important to note that this recommendation brought to the House of Commons was met initially with laughter from some Members of the House. This is mentioned because in working within the area of wife assault, there are notably, different values that exist in the community. Since 1982, there has been a tremendous amount of work accomplished in working toward ending men's violence against women, yet serious remnants of the attitudes and values represented by those Members still linger extensively in the community.

Secondly, the importance of this study was documented by statistics that reveal the prevalence of the sexual abuse of boys. For example, *The Committee on Sexual Offenses Against Children and Youth* (Ottawa, 1984) reported a study that involved interviewing two thousand people of different ages. Of the males who were interviewed, one third reported experiencing some type of sexual abuse as a child. Ellen Bass and Laura Davis (1988) stated that "one out of three girls, and one out of seven boys, are sexually abused by the time they reach the age of eighteen" (p.20).

Men's disclosure of their experience of childhood sexual abuse is a recent phenomena (Hunter, 1990), but like women's experience of childhood sexual abuse and women's experience of wife assault, the act is not a recent phenomena. The experience of men as survivors of sexual abuse is shrouded by its own mythology. In society today, some members may hold the belief directed at boys, that they are not really victims of sexual abuse because somehow they are 'seduced and love it' (Hunter, 1990, p.26).

Identifying and exploring the theme of who is responsible for violent behaviour highlighted the therapeutic dilemma that emerged when the co-existence of perpetrating battering behaviour and being a childhood victim existed in a man's history. Ending the
battering behaviour requires that men take responsibility for their violent behaviour and this becomes the therapeutic focus (Sinclair, 1985; Currie, 1988). To heal the experience of childhood sexual abuse, the survivor is given the message that it was not his fault and that he was in no way responsible for the abuse occurring (Lew, 1990; Hunter, 1990).

The values and beliefs of therapists working in the area of violence against women and children were addressed in the literature and by my professional colleagues. Opinions as to the values and beliefs required by therapists included content relevant to the theme of the victimizer being responsible for the violence and the preferred therapeutic framework for working with perpetrators. This contributed to the therapeutic and social context of this study. For example, Sinclair, (1985) a noted and respected consultant, advocate, therapist and writer in the area of wife assault commented on the values and beliefs required by counsellors working with men who batter:

Before helping men who assault their wives, counsellors must hold the following values and beliefs,...

1. The offender is solely responsible for his own violence and abuse...
2. Once the offender uses violence to cope with stress, he will rarely spontaneously stop using violence. ...
3. Violence is learned by individuals through the culture. ...
4. Couple or family counselling with the offender present should never happen until the violence has stopped, and the victim is no longer afraid of the offender. ...
5. Group counselling is far more effective than individual counselling. ...
6. Group leaders must be aware of their own attitudes and experiences with violence. ...
7. Unlike assaulted women, men who assault their wives benefit from contact with both male and female counsellors. ...(p.71-72)

This therapeutic and social context supported the importance of the present investigation. Statistics revealed the prevalence of both wife assault and of men who
experienced childhood sexual abuse. Batterers need relevant treatment to stop assaulting their partners. Men who are abuse survivors need relevant treatment to heal this trauma. The co-existence of these experiences within a man's history presented the treatment dilemma addressed in this study.

1.4 Accountability Issues Related to Counselling Theory and Practice

As already mentioned, the controversy surrounding existing treatment programs for men who batter included a component related to the accountability of these programs. This was documented in the literature (e.g., Gondolf, 1987).

Many of the delegates at the Towards Women's Safety (O.W.D., 1993) forum, particularly women who were victims of wife assault and shelter workers, felt that these programs should be accountable to women in the community in terms of program evaluation and program expectations.

The accountability issues of women's safety and men taking responsibility for their violent behaviour appeared throughout the literature (e.g. Adams, 1988; Gondolf, 1987).

1.5 Definitions and Terminology

In my work in the area of violence against women and children and from the literature review process, I encountered many terms for, and definitions of what I have
come to always refer to as wife assault. Terms such as 'conjugal violence', 'domestic abuse', 'spousal abuse', 'spousal assault' and 'wife battering' appeared to be the most widely used. The term one chose to use appeared to reflect their attitude toward the issue. As this is a criminal activity, I agreed with the use of the criminal/legal term of 'assault', and as this is a crime against women in a relationship I agreed with the term 'wife'. The term 'spouse' implied that this is a crime of which men were equal victims and this could seriously dilute or minimize the issue (Sinclair, 1985). In much of the literature, a working definition of wife assault was not often found. Perhaps the writer assumed that the reader would know what battering behaviour was. I preferred to have a working definition and I, again, drew upon the work of Sinclair (1985) to find this:

Wife assault involves the intent by the husband to intimidate, either by threat or the use of physical force on the wife's person or property. The purpose of the assault is to control her behaviour by the inducement of fear. Underlying all abuse is a power imbalance between the victim and the offender." (p.15)

Definitions of child sexual abuse varied in terms of detail. Some definitions contained less content, were more general and less explicit, while others were more explicit and detailed in explaining the actions and context of the abuse. For example, Mic Hunter (1990) used a less descriptive, more general definition of childhood sexual abuse. He defined sexual abuse as:

any sexual act that an adult does to a child... while incorporating Judith Lewis Herman's concept that any touch or other behaviour between the child and the adult that must be kept secret will be considered abuse. (p.3)
Hunter (1990) added that usually the adult used "enticement, rewards, misuse of authority, or misrepresentation of what is taking place" (p.4). I agreed with most of this definition. I did not agree that it was always perpetrated by an adult.

An example of a more explicit and detailed definition of childhood sexual abuse was found in the definition used by the Toronto Children’s Aid Society. It read:

Child sexual abuse refers to the use of a child by an adult for sexual purposes whether or not consent is alleged to have been given. It includes acts of exposure; sexual touching; oral, anal or vaginal penetration; and the exposing of a child to, or involving a child in, pornography or prostitution.

Any form of direct or indirect sexual contact between a child and an adult is abusive since it is motivated purely by adult needs and involves a child who, by virtue of her/his age and position in life is unable to give consent.

Sexual activity between children constitutes sexual abuse when it is between siblings or when it is clear, by differences in developmental level, coercion and/or lack of mutuality, that one child is taking advantage of the other.

(Metro Toronto Special Committee on Child Abuse, 1995)

I preferred this definition because of its clarity and explicitness, and because it made reference to covert (indirect) abuse and that not all sexual abuse was perpetrated by adults.

Additionally, I tend to see childhood sexual abuse as an act of sexual, physical and emotional violence and that it is perpetrated by someone who is often in a relationship with the child that is supposed to be trusting.
1.6 Questions For Exploration

The treatment of men who batter and the treatment of men who experienced childhood sexual abuse involves attending to such issues as: who is responsible for the violence; best practice clinical approaches; and, the beliefs, values and training of the therapist. One challenge that transcends these issues is the dilemma that emerges when the co-existence of these experiences presents itself, and a therapist is faced with the victim/victimizer co-existence, that is counselling men who batter who have experienced childhood abuse.

The present investigation aimed to explore several questions related to this dilemma. In particular, the study aimed to explore the approach that experienced therapists use to clinically respond to men who batter who experienced childhood trauma. The study also aimed to explore whether issues of safety indeed seem to be stirred by addressing batterers' personal histories of childhood sexual abuse, and whether addressing this history in the therapy seems to affect the therapeutic goal of cessation of violence.
CHAPTER TWO

LITERATURE REVIEW

Three areas of literature were reviewed for this study. They were; treatment approaches for men who batter; treatment approaches for men who experienced childhood sexual abuse; and, treatment approaches for men who are both victims of childhood sexual abuse and who are wife abusers, referred to in this study as the victim/victimizer co-existence.

2.1 Treatment Approaches For Men Who Batter

Treatment approaches for men who batter have paralleled societal attitudes toward men's violence against women. Historically, when this violence was condoned ("rule of thumb") there was no concern for treatment as there was not an identified problem. When the violence was determined to be grounded in the dysfunctional patterns of a relationship, couple counselling has been employed and when the violence is considered to be an anger management concern, ventilation models have often been used (Adams, 1988). A profeminist model, the most contemporary, focused on men taking responsibility for their violence and the safety of the women and children in their lives (Sinclair, 1985; Adams, 1988; Pence, 1988; Currie, 1988; Peled, Jaffe and Edleson, 1995).
In his very comprehensive article, *Treatment Models for Men Who Batter, A Profeminist Analysis*, Adams (1988) critiqued five clinical approaches from a feminist perspective. The article began on a note to emphasize the importance of viewing wife assault as a treatment issue on its own, not as a manifestation of growing up in a dysfunctional family. He critiqued the insight, ventilation, interaction (couple), the cognitive-behavioural/psychoeducational, and profeminist models. Three of these approaches (insight, ventilation, interactive (couple) were viewed as inadequate at best, and as colluding with the violence at worst. One of these models, the psychoeducational approach using a profeminist model, was the preferred approach among the community of practitioners reviewed in the literature.

Adams (1988) commented on the insight-oriented model and those approaches that focused on purely psychological explanations for behaviour and the intrapsychic importance of increasing self esteem (e.g., Psychodynamic therapy, Rogerian):

An overemphasis on providing support and empathy to abusive men can also reinforce their pattern of finding excuses for their violence and for projecting blame onto their partners. Supportive validation becomes overaccommodation and implicit collusion whenever it is not accompanied by a persistent focus on the violence and a challenging of the man's excuses for the violence. (p.181)

The above quote alerted the therapist to the concern of focusing on an empathic connection with the man, without a focus on his violent behaviour and his 'excuses' for it. This quote, therefore, connected to the questions of this present investigation.

Adams (1988) also commented on the ventilation model (e.g., Gestalt therapy, Primal therapy, Psychodrama). These were approaches that focused on particularly the feeling of anger and its affect on 'emotional repression and blocked communication'.
Men who batter their wives do not need permission from experts to continue to vent their anger with little regard for its consequences to others. Pence (1985) comments that abusive men are already “experts at venting their anger” and that they often justify their angry outbursts on the grounds of being honest about their feelings. (p. 183)

This quote identified the concern that by encouraging the expression of anger as a way to open up and communicate more honestly and effectively, that batterers may use this as a way to justify their violent behaviour and that this supports forms of self expression without addressing the violent behaviour.

In the interactive model (couple therapy), battering behaviour was not considered to be the sole responsibility of the batterer, or that it was an attempt for the man to control his wife, rather, it was seen as the result of both partners’ inability to communicate effectively and their joint participation in upsetting each other. Adam’s (1988) stated:

Besides clouding the issue of who is responsible for the violence, couples counselling places the battered woman in an impossible bind. Though she is expected to be open about her feelings, air her grievances, and report her husband’s violence, to do any of these things places her in grave danger of continued violence. Many battered women report that past family therapy sessions were followed by violent episodes. (p.187)

This critique of the interaction approach to treating battering behaviour identified the concern for the victim’s safety. Women in sessions with their violent partners reported that violence could increase after these sessions. Men continued to vent their anger in violent ways, felt justified for doing so, and were supported by the counselling process in being considered jointly responsible with their wives for their violent behaviour.
Adams (1988) spoke for many contributors to the treatment literature, in his critique of these three models for treatment. Other writers and practitioners (Sinclair, 1985; Sonkin, 1986; Currie, 1988; Gondolf, 1988; Pence, 1988) highlighted the tendency for batterers' to: project blame onto their wives for their violence; avoid taking responsibility for their violence; and, they identified safety concerns for women when their husbands were not taking responsibility for their violence.

Literature in the area of counselling men who batter initially emerged from the grassroots, community level. Two significant counsellors, educators and advocates in Canada wrote about their research and experience in providing treatment for men who batter (Sinclair, 1985; Currie, 1988) and documented the beginning of these programs for men who batter as a request from victims for programs for their abusive partners. These writers (and therapists) and others (e.g. Purdy, 1982; Pence, 1985; Lystad, 1986; Gondolf, 1987; Adams, 1988; Jacobson & Gottman, 1988; Noisko & Wallace, 1988; Holmes & Lundy, 1990) spoke of the preference for group programs for men who batter.

Treatment programs for batterers have existed since the late 1970's (Currie, 1988). Group work was identified as the most effective treatment approach (Sinclair, 1985; Currie, 1988; Adams, 1987; Pence, 1985). These groups have operated primarily within a psychoeducational framework that came out of the belief that violence was learned, so it could be unlearned (Currie, 1985). These groups have tended to be time-limited, with usually a minimum of 10 sessions. Using a psychoeducational approach, the therapist(s) role has been to facilitate a didactic process that often resembles 'teaching'. The group sessions focus on teaching participants about the way men are socialized in our culture, the cycle of violence, as well as strategies to implement non-abusive anger management.
behaviour. (For examples of curriculum guidelines, see Appendix E) A profeminist model has guided the psychoeducational approach.

When there has been a feminist stance and approach to treating men who batter, the approach was viewed as more effective and responsible (Adams, 1988). The feminist approach to working with men who batter has been to first and foremost ensure the safety of the victim and, secondly, to have affirmed the belief that men are responsible for their violent behaviour regardless of their own victimization. This has remained to be the focus of the therapy until it has been accomplished. (Sinclair, 1985; Adams, 1988).

Treatment programs that have been developed over the years, many of which were funded by the Ontario Ministry of Community and Social Services, have received tremendous criticism in regard to such issues as their effectiveness and accountability. This was factually and emotionally documented at the September/92 forum sponsored by the Ontario Women's Directorate (O.W.D.), the Ministry of Community and Social Services and the Ministry of Correctional Services entitled Towards Women's Safety (O.W.D., 1993). There were approximately 250 delegates from across Ontario invited to provide direction on the future of these treatment programs. The grass-roots movement, comprised largely of shelter workers, advocates and victims of wife assault lobbied the Government to close these provincially funded programs, as they were concerned about their effectiveness and accountability.

The effectiveness of these treatment programs and the processes used in their evaluation are in question. In the literature, for example, Gondolf (1987) documented the concern for evaluating the effectiveness of treatment programs for men who batter and the problems of reliability and validity attached to self-evaluation by batterers and by
therapists attached to these programs. Gondolf’s concern about addressing the validity of outcome measures to identify the effectiveness of these programs remains today (Edleson, 1995; Gondolf, 1998). Jaffe et al (1998) stated:

Wide variations in the operational definition of success is one reason that it is so difficult to compare the effectiveness of programs. Definitions of success have included no more violence, no injuries, no psychological abuse, increased marital satisfaction, less marital conflict, etc. At one extreme, some researchers feel that, to be counted as a success, a man must both change his own behaviour and become part of the larger efforts for social change (e.g. talking with high school students about the impact of abuse on women and children). (p.65)

Gondolf was the principle researcher of a multi-site evaluation for batterer intervention, funded by the Center for Disease Control (CDC) between 1997 and 2000. In the research, Gondolf (1998) documented the continuing concern about the validity of outcome measures in regard to the evaluation of batterers’ groups. In regard to one aspect of the evaluation process, that is, interviewing female partners, he stated:

The validity of the outcome measures for batterer program evaluation has been a long-standing issue. Some battered women’s advocates insist that researchers need to listen to women’s “voices” and treat the women as the experts. Other advocates talk of the inevitable “false consciousness” of many battered women who deny or minimize abuse to protect themselves, or because they feel the abuse is “normal “ or not “”domestic violence.” Women’s reports, from this point of view, need to be held suspect and adjusted with further documentation. Researchers need, of course, to address both these possibilities. (p.1)
Gondolf described ways of addressing the validity and the reliability of women's interviews as a part of the evaluation process. He described testing for reliability (the consistency with which a test measures its subject) (Gleitman, 1991) by conducting interviews every three months for two and a half years rather than one interview after the program had ended. In addition, he described testing for validity (the extent to which a test measures its subject) (Gleitman, 1991) by examining responses to each question within each interview and identifying the consistency in these responses. The concern about evaluating the effectiveness of these programs, the difficulty in identifying outcome measures and attempts to address reliability and validity, all suggest a need for future study.

Another area of study that has opened up in this field is the issue of violence in same-sex relationships which has, in the last decade, begun to be documented in the literature. Violence in gay and lesbian relationships has always existed, and like violence in heterosexual relationships, it is grounded in similar dynamics of power and control noted throughout this study, while challenging some of the beliefs existing in domestic violence research and literature.


We hope that our discussion of gay men's domestic violence will help to translate some of the theory, practice and politics of the earlier battered women's movement (and the more recent movement to stop lesbian battering) into workable strategies for gay men. The book draws on all domestic violence to date, finding validity in much of it. However, many theoretical, treatment-related, and political positions taken by the heterosexual domestic violence pioneers do not work for gay men, and
moreover, we think some are a hindrance to ending all domestic violence. Thus, we challenge several fundamental premises in the literature, and we depart from tradition frequently and unabashedly. (p.2)

Island and Letellier (1991) addressed many myths and misconceptions concerning violence in gay relationships, such as: that this violence is actually a fight between two men; that they are just 'boys being boys'; that violence is more common in straight relationships; and, that only straight women are battered. On the later myth, they commented:

This myth hits on one of the cornerstones of denial about gay men's domestic violence: that men are never victims. This idea is both sexist and dangerous. Just as lesbian battering forces us to admit that some women batter their partners, gay men's domestic violence forces us to look at some men as victims, which contradicts all the stereotypes we have in our society about men. Domestic violence is not a gender issue. It is a power issue, a legal issue and a mental health issue. The truth is that men can be victims of domestic violence. (p.16)

Principles guiding treatment approaches for gay batterers are similar to those for straight batterers. Island and Letellier (1991) focused on therapy and other support need for victims. They commented on treatment for the batterer:

Teach the batterer immediate alternative behaviours to battering. Teach the batterer that his behaviour is a crime and that he could be arrested. Help the batterer learn how to name what he is doing as criminal violence. Help the batterer broaden his social support network so that he has someone other than the victim to turn to for support. Teach the batterer how to identify new behaviour, reinforce it, and adopt it on his own. Teach the batterer that he and he alone is accountable and responsible for
every act he takes. Teach the batterer that he cannot blame one other person, or society, for his actions. Teach the batterer that he is choosing violence, deciding to harm, and premeditatively inflicting abuse. (p.260)

Although the focus of the present investigation is on heterosexual relationships, it is hoped that the content will be applicable to the gay community, with the understanding that this study does not address the particular issues of this community.

The present investigation included an in depth exploration of the two primary themes that emerged from a review of the treatment literature, and they were: the batterer taking responsibility for his violence, and the concern for the safety of the victim when treating men who batter who have experienced childhood trauma.

2.2 Treatment Approaches For Men Who Have Been Sexually Abused

In researching the prevalence of childhood sexual abuse against boys, Gonsiorek, (1994) identified that literature in the form of research and documented statistical information that specifically indicated the highest percentage of male victims dated to Freud's work over one hundred years ago. This source is important in noting how far back in history statistics have been gathered, and also in reporting the statistics themselves:

The studies that show the highest percentage of males as victims of sexual abuse are four of the earliest reports. Freud (1896), in the period when he believed client reports of sexual abuse, describes one third of sexual abuse victims as males. Hamilton (1929) found prevalence rates of 20% for females and 22% for males, whereas Landis (1956) found prevalence rates of 35% for females and 30% for males. A study of Bender and Blau
(1937) also suggests an equal male/female risk. The predominance of female victims is concentrated in the more recent studies, with the exception of the Tobias and Gordon study (1977) which suggests equal risk. Some (Kempe & Kempe, 1984; Plummer, 1981) have theorized that boys are more likely to underreport sexual abuse, and therefore the “real” prevalence is roughly equivalent. (p.39)

It appeared that although statistics were gathered as far back as Freud, many variables affected the reliability and validity of statistics gathered. A synthesis of these variables noted within the literature included: the lack of a standardized definition of abuse (Gonsiorek, 1994; Crowder, 1995), and cultural factors related to how men and women are socialized, such as myths attached to male self-reliance and female innocence (Crowder, 1995). Therefore, statistics varied according to the definition of sexual abuse used by the researcher and the resulting questions that formed the particular study, and, as a result of a culturally driven tendency for men to underreport their experience of sexual abuse. As well, although the statistics noted above were gathered many decades ago, it is only in recent history, that is, the last thirty years, that the sexual abuse of children has moved from being invisible and silenced. Crowder, (1995) stated:

In Freud’s time father-daughter incest could not be accepted. Child physical abuse was only recognized and acknowledged in the 1960’s and child sexual abuse in the 1970’s. Not until the 1980’s were male victims recognized and studied and their victimization found to be more frequent than previously recognized (Banning, 1989, p.569). (p.9)

References to child sexual abuse continued to appear in the treatment literature. For example, Bender and Blau (1937) published a paper in the American Journal of Orthopsychiatry entitled “The reaction of children to sexual relations with adults.”
Literature on childhood sexual abuse began to surface in greater volume in the late 1960's and early 1970's. This literature was primarily directed at female victims and survivors. However it was noted that during this time, some literature used the terminology of 'childhood sexual abuse', such as Gentry (1978), who referred to the incestuous abuse of children, implying the sexual abuse of both genders. Therapists in the field commented that although the literature was focused on female victims and survivors, that "we were just waiting for boys/men to disclose as we knew it must be going on" (Graham, personal interview, 1993). Glimpses of the issue were noted in the literature in the 1970's in a publication entitled *Father-Son Incest: A Case Report*, (Awad, 1976).

It is a recent phenomena that men are coming forth and disclosing their experience as survivors of childhood sexual abuse (Hunter, 1990). In the 1970's women began to disclose their victimization by childhood sexual abuse (Bass and Davis, 1988) and it was from this that much of the literature and basis for understanding the experience of the survivor and their needs in relationship to counselling emerged.

Men remained silent longer and are further victimized by the myths and stereotypes attached to sexual abuse of males (Hunter, 1990). He stated:

To add to the tragedy, those who seek professional help from mental health centers, treatment programs, and therapists will often be mis-diagnosed: the sexual abuse will be overlooked or not taken seriously. The symptoms of the abuse may be treated but not the underlying cause."

(p.ix)

The impact on men's lives of the experience of childhood sexual abuse was summarized by Lew (1990) when he referred to 'trust, isolation, shame and intimacy' as the 'central
issues of incest survivors' (p.6). He described the shame he has noticed that incest survivors experience:

It is impossible to understand the effects of incest without considering shame. Adult survivors of sexual abuse live their lives in the face of massive shame. As was previously stated, “men are not supposed to be victims” in our culture. If they have been victimized (even if it happened to them as infants), they conclude that they are failures as men. Survivors face shame that they “allowed themselves” to be demeaned, demasculinized, and weakened. If they enjoyed any part of the abuse, they see it as further confirmation of their shortcomings -- they have failed as human beings and as men. (p.57)

For gay men who have been abused, Lew (1990) noted additional shame that is experienced from the process of internalizing homophobia. He described this as the ultimate form of blaming the victim, in that the victim blames himself, that he brought the abuse on himself simply by being who he is. Lew stated that separating sexuality from shame is a major goal of recovery.

Developing close interpersonal and intimate relationships can be a struggle for abuse survivors. (Blanchard, 1986; Dimock, 1988; Lew, 1988; Crowder, 1995; Gonsiorek, 1994; Real, 1997). Breach of trust and betrayal significantly contributes to this struggle. Crowder, (1995) stated:

Victims of abuse can experience difficulty in initiating, developing, and maintaining close interpersonal intimate relationships (Urquiza & Capra, 1990). Often the betrayal of trust that is inherent in sexual abuse leads the victim to withdraw from interpersonal relationships. This social isolation exaggerates the victim’s stigmatization and leaves him less able to
successfully integrate the psychosocial crisis of abuse (Briere, 1989; Leehan & Wilson, 1985). (p.33)

The isolation that abuse survivors experience can also stem from the child feeling that the only place he is safe is in isolation (Lew, 1990).

Treatment approaches for men who have experienced childhood sexual abuse are relatively new. The treatment largely focuses on the aforementioned themes of shame, trust, intimacy and isolation. Similar to the treatment approaches for men who batter, models with a profeminist component are the predominant approach. Prior to the emergence of feminist models, there was a cultural denial that childhood sexual abuse existed. (Gonsiorek, 1994.)

Crowder (1995) provided a comprehensive synthesis of different therapeutic models for treating male sexual abuse survivors compiled by interviewing forty-one clinicians across Canada and the United States. She identified that an eclectic approach was the most effective and the most respectful to the client. She commented that while often therapists favour one particular approach, that all of the therapists she interviewed did not use one model exclusively. Rather, they drew upon their experience to use a model that matched the client’s needs and approach to life. For example, if a client presented as particularly cognitive, then the therapist would draw upon their cognitive restructuring skills to connect with the client.

Crowder (1995) described the key concepts that participants of her interviews identified as contributing to a successful outcome in therapy for male survivors and their eclectic nature is noted. These concepts were; empowerment, client-focused/client-paced therapy, linking the past to the present, growth and learning, integration, recognition of
grief, safety, recognition that grief is both personal and cultural, and
transference/countertransference. The therapists she interviewed listed their collective
approaches to therapy for male survivors as including “family systems models, feminist
therapy models, cognitive-behavioural restructuring processes, hypnosis, and
psychodynamic approaches”. (p.44)

Empowerment, safety, and recognizing that abuse is both personal and cultural
were concepts that emerged in volume out of the profeminist models. These concepts
were noted in both treatment approaches for wife assault, (Adams, 1988; Currie, 1988;
Sinclair, 1985; Jenkins, 1990;) and for men who have been sexually abused (Crowder,
power and control of your life, the loss of which is an outcome of being victimized.
Crowder (1995) commented on this in relationship to the survivor:

However great his need to transform his survival skills into more adaptive
processes, he needs to recognize that his present level of skill has insured
his survival thus far. (p.44)

A survivor of sexual abuse has experienced a violation of trust. At the vary onset
of therapy, this lack of trust will present itself within the therapy relationship. The
therapist must focus on this and ensure that the process is safe. This is done by
explicitly discussing safety as an issue with the client and asking the client to identify his

Locating sexual abuse as both a personal and cultural context can be an integral
part of treatment. As with the treatment approaches of batterers, understanding the way
culture participates in creating and condoning violence can be an integral part of abuse survivors healing:

One part of therapy with male survivors involves debunking various myths regarding sexual abuse. Many such myths relate to a survivor’s sense of his masculinity or questions about his sexual orientation; the necessary “debunking” cannot occur without examining cultural values and social expectations. (Crowder, 1995, p.48)

The remaining concepts listed by Crowder tended to be cross-approach in relevance. Client-focused/client-paced therapy, linking the past to the present, growth and learning, integration, recognition of grief, and transference/countertransference are an integral part of the healing work for sexual abuse survivors.

Client-focused and client-paced therapy, key concepts in psychodynamic and feminist approaches, are particularly important to work with abuse survivors. Their experience of losing power and control can be perpetuated in the therapy relationship if the therapist is directive and 'bossy', coming across as an authority figure and someone who knows best. The client needs to be supported in knowing that they are the ‘experts’ in what their experience has been and feels like. Likewise, they know best what approach to therapy is working for them and whether it is successful or not (Crowder, 1995).

Components to a successful healing process were identified as: assisting survivors to understand how their experience of abuse is contributing to their day to day struggles in life; developing strategies for self care that are functional, nurturing and come out of self understanding; finding a place for the abuse trauma to settle and ‘integrate’ into the life experience of the survivor so that he can understand that he is not an evil or awful person
rather awful events happened to him; understanding what has been lost in their life as a result of the abuse, such as, their right to explore sexuality when they are developmentally ready and choose to do so; and, being supported to grieve their losses. Therapist self reflection and the need for supervision by someone who understands the dynamics of abuse was vital to any therapy relationship, particularly when the client had experienced abuse traumas. For example, the therapist must be clear on their understanding of the dynamics of abuse, to ensure they were presenting themselves as a collaborator rather than an authority figure, and if they themselves were an abuse survivor to have done their own therapy to heal their trauma. (Crowder, 1995; Lew 1990; Hunter, 1990).

These integral parts of the healing process can be implemented in both individual and group counselling. Bruckner and Johnson (1987) described the benefits of group therapy. They stated that in group work the survivors could reduce their feelings of isolation and shame, and experience a supportive environment. Lew (1990), believed that group work should occur after a positive therapy relationship has been developed with an individual therapist. He described the different types of group structures. Therapist-led, non-therapist led, and peer support groups that focus specifically on sexual abuse or other traumas can all be a support to a survivor of sexual abuse. These groups can facilitate building self esteem, healing shame, and assist the survivor in creating and developing relationships. Like in individual counselling, the experience must be assessed by the client as being relevant, safe, and helpful.

Hunter (1990) discussed relevant issues to choosing a therapist. He emphasized the greater importance of the therapist's personality and accurate knowledge and
understanding of the experience of sexual abuse than their degrees. Lew (1990) discussed the issue of the gender of the therapist. There was a time in history when all survivors were seen as female and all perpetrators as male. At that time it was assumed that the therapist should be female. We know now that this is not true. He also drew attention to the possibility of their not being a choice of therapists in some communities. Choosing a therapist that reminded a client of the perpetrator may be problematic. It was not only gender that may remind a client of the perpetrator, their clothing, voice, age, and mannerisms can all be reminders. Overall on the issue of therapist gender and choosing a therapist, Lew recommended to clients:

If you feel comfortable with the individual, if he is intelligent, insightful, well-trained, responsive, and encouraging - gender doesn't matter. You have found yourself a valuable resource. (p.202)

There is also the 'self help' approach available to men who have experienced childhood sexual abuse. This is in the form of books that are written in case study format where men describe their experiences of abuse and their process of 'healing', such as in *Victims No Longer, Men Recovering From Incest and Other Sexual Child Abuse* (Lew, 1990). The self-help approach that was originally created for women survivors is very relevant to men survivors. For example, the *Courage to Heal, A Guide for Women Survivors of Childhood Sexual Abuse*, (Bass & Davis, 1988), and the accompanying workbook, *Courage to Heal Workbook*, (Davis, 1990) is very relevant to men's experience of abuse, and can be used by men in their healing work. To heal sexual abuse trauma, a blend of self help books combined with work with a therapist was often promoted by contemporary writers and therapists (Lew, 1989; Davis, 1990).
2.3 Treatment Approaches For Men Who Batter Who Experienced Childhood Sexual Abuse

A review of the literature of treatment approaches for men who batter (victimizer) who experienced childhood sexual abuse (victim) resulted in no specific literature being found. Some literature was located relevant to the cycle of violence. To date, the majority of literature reviewed identified the victim/victimizer co-existence in two ways. Firstly, boys from violent homes where they witnessed their mother being assaulted by their father were more likely to grow up to abuse women (Sinclair, 1985, Currie, 1988, Fagan, 1983). Sinclair, (1989 personal interview and workshop) stated that boys who witnessed their fathers abusing their mothers were seventeen times more likely than boys who didn’t to grow up as batterers. Secondly, boys who were sexually abused were more likely than boys who were not to grow up to sexually offend (Kivel, 1992, Ryan, 1989). Statistics varied as noted in the Treatment Approaches for Men who Experienced Childhood Sexual Abuse of the literature review.

Sometimes, the use of terminology was confusing and non-specific. In the literature, this at times resulted in an uncertainty of the type of violence the child experienced and the type of violence he is perpetrating as an adult in a particular study. The description, men who are violent grew up in violent homes, was often used in the literature. One study (Fagan, 1983) described the batterer’s childhood history and stated:
It posits that growing up in a violent home increases the likelihood that an individual will be violent as an adult, both to a spouse and children (violence includes sexual abuse). (p. 52)

The reference to sexual abuse was not clear in this study. It left the reader wondering if the adult violence included perpetrating sexual abuse or if the batterer's childhood history from a violent home included sexual abuse. If the latter were the case then this study would indicate the correlation between being a victim of childhood sexual abuse and being an adult batterer. However, the outcome of this study made reference only to physical abuse and stated:

Among background variables, exposure to violence during childhood was a strong and consistent predictor of both severity and prevalence. Exposure in this case is defined as witnessing spousal violence as a child or being physically abused as a child. (p. 63)

This confusing and non-specific terminology may be problematic if researching the correlation between type of childhood abuse predicting type of adult perpetrating behaviour, but for the purposes of the present investigation this was not a concern, nor as mentioned, a focus of this study. It was not a concern in a profeminist context as all types of violence and abuse are understood as being rooted in the power dynamics and imbalances supported by our culture and present in interpersonal relationships. (Adams, 1988; Currie, 1988; Lew, 1990; Crowder, 1995; Sinclair, 1985; Finkelhor, 1983). Carolyn Kott Washburne, (1983) stated:

Feminist analysis recognizes abuse as rooted in unequal power relationships in the family and speaks to how women and children are victims of those relationships.
feminists are also looking creatively at preventing violence in families, based on their analysis of how sex-role conditioning creates aggressive men and passive women who are locked into destructive patterns of interaction. (p 290-291)

Crowder (1995, p.29-30) identified three unconscious "typical" patterns in what she referred to as "abuse-reactive perpetration and aggression": the child identifies with the victim experience as "who he is" and continues to be revictimized; the child identifies with "protecting others from ever becoming victims"; and, the child identifies with the "aggressor and uses abusive strategies to meet his needs". The later pattern identified the victim/victimizer co-existence.

While this co-existence is identified in the literature, specific treatment approaches were not abundant in description. There were several assumptions to be made about this and some of these assumptions were the motivation behind this present investigation. For example, there was a concern that if the batterer's own victimization was addressed prior to his taking responsibility for his battering behaviour, that this may place wife assault victims' safety in jeopardy.

It was, again, Crowder (1995) who drew attention to the specific concerns the victim/victimizer co-existence brings to the treatment process:

Survivors who are both victims and victimizers present a challenge to many mental health professionals. Therapists are often confronted with the limitations of their fondly held theories about victims and offenders (Gerber, 1990). When the boundary between "victim" and "offender" is blurred, models of treatment that focus exclusively on victimization or on offending processes as discrete events are no longer as useful. Many agencies separate services to victims and offenders; clients who fit both categories create a service delivery dilemma. (p.31)
There was some reference to the victim/victimizer co-existence in the treatment literature. For example, in counselling boys who had been sexually abused, the victim/victimizer identity struggle is explicitly discussed in group therapy (Pescosolido, 1993). Crowder (1995) described this above in more detail. Bringing this unconscious identity struggle to a conscious place may result in a choice for the child to not identify with the “victim,” “perpetrator” or “helper” identities.

Nielsen, (1989) identified that boundary issues are acted out by the victim/victimizer in therapy. The therapist needs to provide a place where these boundaries can be worked through and healed. Victims' boundaries have been violated, and victimizers violate boundaries. Consequently, although boundaries are important to any therapy relationship, they are heightened in importance in counselling victim/victimizers. For example, the therapist needs to be clear about their attitudes toward violence, to be aware of the power dynamics in the therapy relationship, and to avoid colluding with the violent behaviour, such as ignoring it as a central issue on its own (Sinclair, 1985, Currie, 1988; Adams 1988).

A review of the literature that addressed treatment of adult and adolescent sexual assault offenders resulted in identifying recommended treatment approaches. The best practice approaches, and the guiding principles behind these approaches, were generally consistent with those for men who batter. The psychoeducational group work model was a preferred approach, and individual counselling with offenders would occur using psychoeducational principles. Similar to treating men who batter, counselling for sex offenders focused on the offender accepting responsibility for his actions. Self-disclosure by the client was reinforced with caution to ensure the deviant behaviour was not. The
approach facilitated the offender developing an empathic connection towards his victim(s). Social life skills training was also provided. The psychoeducational group or individual therapist used primarily behavioural (to change behaviour) and cognitive (to change thought process) techniques. The duration of treatment recommended was noted to vary according to the risk of reoffending. It appeared to be one to five years (Borzecki, 1984; Ross and Coleman quoted in Canadian Child Welfare Association, 1988).

Two noted differences in treatment approaches for sex offenders and batterers were; the duration of the treatment, and whether or not the recommended duration of treatment was assessed relevant to the risk of reoffending. These differences may relate in part to funding sources and to the fact that sex offender treatment was often occurring while the perpetrator was detained in a place of detention.

The focus of the treatment was on the offender taking responsibility for his behaviour. Coleman (quoted in Canadian Child Welfare Association, 1988) stated:

The other thing is their own victimization. I don't in any way say that this is not important, or doesn't need to be done, but that is long term work. I think that the main focus has to be helping them to try to control their immediate molesting problem. Their own victimization can certainly be dealt with simultaneously. (p.36)

The above quote drew attention to the possibility of maintaining a primary focus on the offender taking responsibility for his deviant behaviour, while at the same time addressing his own victimization. The present investigation asked participants to comment on their opinions as to the timing of a therapeutic shift to exploring batterers' childhood trauma.
In relationship to adolescent sex offenders, the psychoeducational model of treatment, and the offender who was also a victim, Ross (quoted in Canadian Child Welfare Association, 1988) stated:

When we talk about psycho-education, we are talking about the necessity to train the adolescent sex offender. We actually teach them why they do what they do. We know from our assessment work, and from dealing with them that they have very little idea that the fact that they were victimized has anything to do with why they are committing offenses. They have no idea about the offense cycle, about deviant arousal patterns and how they work. Their actual intellectual awareness of what is going on inside of them is very limited. (p.44)

Treatment approaches specific to men who batter who have experienced childhood sexual abuse according to the literature were similar, if not identical at this moment, to those recommended for men who batter. There was a lack of information or documentation as to whether specialized treatment may be required to treat men who have been both victims and victimizers. This present investigation was focused on this very issue.
CHAPTER THREE

METHODOLOGY

3.1 The Participants

Five participants took part in this study. Three participants were recruited from a community family service agency and two were in private practice. Of the two participants in private practice, both were women and had previous experience in a community family service agency. One of these women had been in private practice as a therapist, consultant, and educator for over ten years and was identified as a leading expert in the field of wife assault. The other had been in private practice as a consultant and therapist for over five years, and had continued working on contracts in agency and government settings that focus on wife assault. Of the three participants who were interviewed in agency settings, two were men and one was a woman. Both men in agency settings had a supervisory role with agency staff and student social workers. The woman interviewed in an agency setting was a supervisor of agency staff and students, had experience in private practice, and was considered an expert in the area of wife assault. The participants of this study were in the thirties to fifties age range. Three participants were white North American and two were of middle eastern cultures.

All participants had well over five years of experience working with men who batter. As agency employees, participants had met the qualifications required to work for their specific agency, which was a Masters degree in Social Work and related experience. As private practitioners, participants had a Masters degree in Social Work. This level of
education met the educational criteria required by community referral sources, such as the Women's Counselling Referral and Education Centre, Toronto, Ontario, and the Ontario Society of Psychotherapists.

3.2 The Interview

The research aimed to explore work experiences of therapists working with men who batter who had experienced childhood sexual abuse. For that purpose, a qualitative approach was chosen for the study. In particular, therapists' experiences, views, and strategies were explored in an open-ended interview format.

The interviews focused on three main issues:

a) the safety of the victim as the male batterer's counselling was in progress;

b) the relevance of addressing male client's experiences of childhood sexual abuse in counselling in order for the violent behaviour to stop; and

c) the way to address adverse childhood experiences so that therapeutic interventions would be effective and accountable.

Interviews were conducted drawing upon an 'ethnographic' framework (Spradley, 1979). As well, the philosophy of Kirby and McKenna (1989) influenced the interview process. They describe the interview as "an instrument of data collection - but also a sharing of ideas and philosophy and experience and symbolic expression - a sharing of self" (p.68). As well, they stated:

Intensive interviews seek to discover information about the experience of the interviewee in the language and gesture of that person. Use the
research participant's experience itself, as it is shared, as a guide through the interview. (p.68)

The interview began with the following question from the researcher:

"Please take a moment and begin to connect with your work within the context of the victim/victimizer coexistence, in being a therapist for men who batter who have experienced childhood sexual abuse. When you are ready, and beginning from anywhere you choose, please begin describing what this experience has been like for you."

As the researcher, I felt very connected to the topic of study and to the question I posed to each participant. As a therapist, I have encountered the victim/victimizer coexistence in my work. As each participant so vividly and personally described his or her experiences, I was easily connected to mine. It allowed me to develop an empathic connection to each participant as they unveiled their strategies, struggle and triumphs. It also resulted in my ‘active’ participation in each interview, rather than being present only to collect data.

3.3 The Procedure

Through the researcher’s contacts in the community of private practice and large community agency settings, therapists were informed about the study and the researcher invited experienced therapists to participate.

Therapists interested in participating were made aware of the purpose of this research and invited to read the information sheet and, if so inclined, sign the consent form.
The interviews were audiotaped. All participants agreed to this and were advised that only the researcher and a transcriber would listen to the tapes. As well, each participant was advised that the tapes would be kept in a locked filing cabinet and would be erased or returned to them following the thesis being completed and passed.

Each participant was interviewed once, for between one and a half and two hours. The interview was transcribed and a copy of the transcribed interview was mailed to each participant. At that time all participants were offered an opportunity to add to or adjust the content of their interview. In all cases, participants were comfortable with the content of the interview.

3.4 Analysis of the Interview Data

Data analysis was informed by three approaches to qualitative research. These approaches; Experimental Research, Social Change, Methods from the Margins, (Kirby & McKenna, 1989), The Ethnographic Interview, (Spradley, 1979), and Interviewing as Qualitative Research, (Seidman, 1991) provided a theoretical and philosophical grounding to the data analysis process. These three approaches are relevant to qualitative analysis, and present as extremely respectful of the participants and their experience. For example, Spradley, (1979) emphasizes the notion of participant as a teacher of their experience. Kirby and McKenna (1989) state that their approach to research focuses on researching from the perspective of those people who are often silenced in our society. They refer to this as researching from the ‘margins’. Since the study gathered information about experiences of wife assault and male childhood sexual abuse, two experiences that have
been 'silenced' (Sinclair, 1985; Hunter, 1990), it is important to have a reference to an approach such as Kirby and McKenna's.

Seidman's approach was particularly relevant to this study. In keeping with the notion that a qualitative study is a process that keeps building upon itself, it is important to let the data itself inform the researcher as to the relevant process of data analysis. He describes the following guidelines to thematic analysis and interpretation that were incorporated or modified into this study:

1. Highlight the parts of the content of each interview transcript that are of interest to the researcher.
2. Categorize these highlighted parts of each interview.
3. Let the categories and profiles 'speak for themselves'
4. The researcher asks himself the question he posed to each participant.
   (The researcher was not a participant of this study; rather, he used his experience as a therapist to enhance his skills as a researcher in an area that he is both informed and experienced.

The sample size remained at five participants, as after these five interviews were conducted, no new information was being collected. The content of each interview transcript was reviewed to identify themes. As new themes were identified, each transcript was scrutinized for the occurrence of each theme. Specific themes identified did not relate to the gender of the therapist.

Segments of this dissertation were shared with several participants who felt the results reflected their experience. (see Appendix E)
3.5 Presentation of the Results of this Study

The main topics that arose in response to the questions of this study fell under the following headings: participants’ description of clients and their understanding of batterers’ behaviours; participant’s preferred treatment approach; participant’s approach to the victim/victimizer coexistence; and, participants’ personal reactions to their work. In order to ground the content of this study in the voices and experiences of each participant, a substantial quantity of direct quotes from each participant have been included.
CHAPTER FOUR

PARTICIPANTS' DESCRIPTION OF THEIR CLIENTS AND THEIR UNDERSTANDING OF BATTERING BEHAVIOUR

4.1 Introduction

All participants of this study began their interview connecting with their clients who were batterers who experienced childhood sexual abuse or other childhood trauma. There was a consistency among participants in describing their clients. This consistency was expressed in relationship to the influence society and their family of origin played in shaping the behaviour of these men, and their tendency to project blame and responsibility for their violence on to others, often the victim of their battering behaviour. Each participant presented a similar description of these clients. For this reason, content from each participant’s interview follows, so that each participant contributed in introducing their clients who are relevant to in this study.

4.2 Participants Describe Their Understanding of The Social History and Behaviour of These Clients

Ron, in his account, spoke to the tension he has experienced as a therapist having to work in a more directive and challenging approach with batterers in general, rather than in the more client-centered approach in which he feels more connected and comfortable. He believed that it is hard for men to come forth with their abusive behaviour because of
their tendency to minimize it. Ron also identified that, in his experience, men do not come forth and reveal their own victimization:

What I would discover is a lot of men, if not necessarily sexually abused, had been horribly physically abused; horrifying stories of being beaten with a two by four by fathers, and this kind of thing. And they would schluff it off. They didn't think it was any big deal; didn't even want to talk about what it was like. Kind of minimizing the damage that was done to them and taking the blame for the abuse which is common. I think it's hard for men. They're supposed to be in control and strong, and they are supposed to be able to take it. A lot of these men are seriously damaged given the way they were treated and that they are carrying around a really wounded part that they cover up with this wounded façade.

In Ron's comments, he made a connection to the role that society plays in shaping men's behaviour, and he made reference to the abuse these men may experience in their families.

Saul built upon Ron's client reflections, particularly as he described society's power in shaping male behaviour. He strongly suggested that men are affected by their culture. In his work with batterers he stressed that they are responsible for their behaviour, that they have 'armour' that deflects responsibility and, like all the therapists interviewed, he stated his belief that these men have experienced their own victimization:

In order to be in a program (for male batterers) like this, in order to have assaulted your partner, you have to come in contact with things that you value that allow you to do that, and that in itself, I believe is the victimizing experience. In other words, the way men are socialized, particularly in North America, to have to deal with their feelings or not deal with their feelings, to what they should tolerate in terms of abuse and define as abuse, feeling a kind of social isolation and loneliness and male armour that all of us have, that that's a victimization right there, whether
or not they've ever been hit by a parent or sexually assaulted by someone, any of the grosser things that we think of, if that cultural experience in themselves, that you are men and part of a machine that's going to produce wealth for someone else. You are going to do it the way that other person wants you to do it. Not in a way that is organically your own. That's an oppression. That's the victimization. So I've got that attitude with men. I'm pretty up front about that.

Saul further emphasized the contribution of male socialization to battering behaviour in his interview. He described his opinion as to the way he believes society informs these men about how to experience their feelings and approach their interpersonal disputes:

These men are only allowed to know anger as the emotional state, that sadness, pain or hurt gets channelled into anger. They have learned that they can hit women, control them and make decisions for them in their lives. They have the right to be the final arbiter between a dispute and that you basically have the right to use whatever techniques that you've learned to get your way.

In their comments concerning a batterer's socialization in their culture and family of origin, Ron and Saul began to provide background information in regard to the motivation and guiding principles that inform the preferred treatment approach to working with men who batter, that being the psychoeducational group work model (described in detail in Participant's Preferred Treatment Approaches section). One belief that guided the development of this approach is that violence is learned and therefore can be unlearned, that we are students in our culture, learning how to behave. In response to this belief, Saul spoke about his clients:

And I believe this very strongly, that they are victims of this culture, or whatever culture they were raised in, that they do to their partners what
they learned to do, and that the social system in which they have lived, be it in this country or another country is always, as far as I'm concerned, always much more at fault for what it has done to people than the men themselves are. Even though the men are responsible for their behaviour, I always look to the social system as more of a culprit than the individual.

However, the tendency for men to project blame on someone or something other than on themselves requires highlighting here as all therapists spoke to this tendency as a serious concern and as perhaps the most important guiding principle in the treatment approaches (described in *Participant's Preferred Treatment Approach*) implemented by these five therapists. From her experience with clients, Thelma stated:

I'm saying that in a sense, that my experience with men is always that they externalize. I don't want to get technical, they have an external locus of control, 'she pissed me off', 'I had a bad day', and it's always something outside. I keep reminding them that you're here so you can stop hitting your wife. You're here because somewhere in your heart you realize that you can make different choices. You can change. Men will indirectly or directly refer to some kind of rationale that is outside of them, which is why they are violent or controlling or feel they need to be. Their alibi is always located outside.

From her experience, Fran does not believe the batterers she has worked with are at a place to be able to open up about their childhood experiences at the onset of treatment. However, she has noticed the tendency for these men to open up in correlation to the length of time they are in the psychoeducational group work program for batterers (described in *Participant's Preferred Treatment Approach*):

And most men who come into the program are not really at a point where they're wanting to explore a lot of what had happened to them as children.
It is a very tentative arrangement initially, but for the men who stay in the program longer and longer, and we used to have the capacity to treat men for longer periods of time, the more you can find out what happened to them and their own experience as children.

Sarah emphasized that most batterers she has worked with have had long histories of childhood trauma, 'not only sexual abuse but certainly on a continuum, fairly severe'. She described the effect family has on shaping the batterer's behaviour:

Batterers tend to come out of dysfunctional families. Often there was alcohol abuse, neglect and role confusion in their family of origin. They likely witnessed a fair amount of abuse.

In summary, there was a noted consistency in the way these therapists described their clients who were batterers and had experienced childhood victimization. The effects of male socialization and family of origin on the batterer were emphasized by all therapists in this study. Likewise, these therapists highlighted the batterer's tendency to project blame and to not take responsibility for their battering behaviour. In addition, Fran introduced the concept of the batterer's readiness to connect with his own childhood trauma.
CHAPTER FIVE

THE CURRENT PREFERRED TREATMENT FOR MEN WHO BATTER: THE PSYCHOEDUCATIONAL GROUP WORK MODEL

5.1 Introduction

All participants agreed that the current preferred treatment model for men who batter is the psychoeducationally-based group work model. The five therapists interviewed described three important guiding principles of the treatment described later in this chapter. These guiding principles are anchored in the understanding of the way these men have been socialized in society and in their family of origin, and in their observed tendency to project blame and responsibility for their violent and controlling behaviour outside of themselves.

In Ontario, psychoeducational groups are often conducted through local family service agencies, as represented by some of the participants of this study, and are conducted by both men and women who for the most part appear to have Master of Social Work degrees. All therapists interviewed had experience facilitating groups. Depending on the agency and the funding available, the groups could meet for ten sessions as a minimum to over thirty sessions. The more lengthy groups would have stages of development. Comments concerning the guiding principles, structure, duration, and curriculum of these groups, recommended therapist approach, and preference for group rather than individual work for these clients were described by the participants of this study throughout their interviews.
5.2 Guiding Principles

All five therapists alluded to three primary principles that guided their work: a) the primary importance of safety to the women and children; b) seeing violence as a learned behaviour that can be unlearned; and, c) understanding the tendency for batterers to externalize responsibility for their violent behaviour. These guiding principles are described below in regard to how they have affected the preferred treatment approach, however they are elaborated upon throughout this present investigation.

Safety

The first guiding principle was described as addressing the safety of the women and children connected to these men. As Ron stated:

The purpose of this work is to confront the men with the wrongs of their behaviour and give them some tools to handle their anger and to stop the abuse. The real effort is, if nothing else is accomplished, is to make women and children safe.

The safety issue is addressed in group work with men in different ways. It is explored as a theme in the psychoeducational group. In addition, the facilitators are constantly assessing the behaviour of each man in the group as far as the safety of his family is concerned. Saul described:

The safety of women and children is the highest priority. Anything in the group is looked at with one eye on him and one eye on her. Anything that may be quickcharged such as his disclosure of abuse or life events such as
job loss need to be assessed from the standpoint of: how is this man doing with this and what does this mean for his partner?

Group facilitators will contact partners of the men in the group if they believe the man is behaving in a way that may indicate her safety is in jeopardy (described in Participant's Approach to Victim/Victimizer Coexistence).

The curriculum in men's groups is designed to include exercises and discussions that focus on safety. Ron described:

Men are asked to review their worst incident. They are put through a step by step process that includes a detailed write up of their worst incident. They are required to look at this incident from the perspective of the effect on their partners, on their children and on what the aftermath was.

In this exercise the batterer examines the effect this incident had on his wife and children. The batterer is directed through a process of identifying the consequences of his behaviour, as well as non-violent strategies for managing his feelings. References to safety were made throughout each participant’s interview.

**Violence is Learned and Can Be Unlearned**

The second principle that guides the treatment of batterers is the notion that violent behaviour has been learned by the batterer and therefore can be unlearned. New strategies can be developed for men to behave in ways that are responsible and violence-free. About violence in the batterers’ family of origin, Fran stated:
What I've observed in many men is their comprehension of what happened is that they deserved it, and I'm thinking more of the physical abuse, most guys have a really hard time identifying that they have been physically abused as kids. They'll talk about being beat up and hit with a stick and everything else, but oh-no that wasn't, I wasn't physically abused. I was a bad kid. I deserved that. My father was just trying to keep me in line. So that there is a real strong sense that what the abuser did was okay. That they don't really have any appreciation for what that must have been like for them as kids who have experienced that. That's part of the role of being dad or the protector or being the man from the family means that you are the enforcer.

This guiding principle is elaborated upon later in this chapter in the section that describes the psychoeducational group work model curriculum.

**Batterers Externalize Responsibility for Their Behaviour**

The third principle that guides treatment is the batterers' tendency to project blame outside of themselves and often on to their partners for their violent and controlling behaviour. In the previous chapter, Thelma highlighted this principle when she described her clients. On this guiding principle, Saul commented: “They want to tell you they are victimized by the woman they just beat up, and they wouldn’t have beaten her up if they hadn’t been victimized by her.”

Thelma described that in her experience with these men, they ‘always externalize’ responsibility for their behaviour. All therapists expressed that this tendency to externalize is the main reason for not addressing the men’s childhood trauma until certain
criteria are met, namely, that they are taking responsibility for their violent behaviour and become accountable for their actions. This guiding principle is described in detail in *Participants Approach to the Victim/Victimizer Coexistence*.

These three guiding principles direct these therapists' approach to treatment, including the content of the group curriculum.

5.3 Structure, Content, Duration and Therapist Approach in the Group Treatment of Men Who Batter

Saul, Ron, and Fran described the group work model. Although there is some minor variance in the duration of the group, there is tremendous agreement in terms of structure, content and therapist approach.

In regard to structure and content, there are several phases in the group work model. The design of these phases may vary from agency to agency, however, overall they adhere very closely to psychoeducational principles as outlined by the participants of this study. Generally speaking, the man must first attend a one-session orientation to the group, with the group facilitator(s), where the structure, content, goals and expectations of the group are discussed. The next stage is a 12-16 week open group with an educational format with topics such as: defining abusive behaviour; male socialization; the learned concept of violence; the effect of violence on their partners and children; and, identifying alternatives to violence and controlling behaviour. There are weekly check-in's with the men to assess their understanding and application of the material and to assess their level of risk of being violent. The second phase of the group is a closed group that continues for approximately fifteen weeks and it was described by some of these
therapists as more therapeutic in approach. This stage of the group is for a smaller number of men. Saul, below, identified a problem that appeared to relate to the number of men coming out of phase one being larger than the phase two group can manage and, therefore, a client may not be able to move directly into a phase two group.

Saul commented on his experience of the orientation, phase one and phase two components:

We have basically a two phase program. The man comes into an orientation group, which is a one session group and then they are right into phase one. Phase one is very much more of an educational group experience. It’s an open group, men come into that one after they come into the program, and that leads to phase one basically a 16 week group, eight topics, two weeks on each topic. And a man stays in that group until he can go into a phase two group. Hopefully, that is around your sixteenth week, but for some men it’s not. If it were just a little bit larger, I would have two phase two groups, eight weeks apart and we would tally up or take most men in that have done their sixteen weeks. Phase two, on the other hand is a closed group. It meets for fifteen sessions and is more of a therapeutic intervention, and in that phase we address such issues as anger management and the journal that they have to do, it’s a log. And we’ve converted the log, more of a letter to themselves, from the deeper part of themselves that understands they’ve made a mistake. It’s a group experience in which it’s read aloud and people reflect on this. And then finally we do a unit on shame, small unit, not much on shame, and then they complete the program. It’s basically a thirty-two week program.

Ron provided a similar description of his experience in the group model:

Actually, we have probably a much more demanding program than most. They have to commit to at least a minimum of thirty-two weeks on an
ongoing basis. The first group is kind of like an open group so they can get quite large, like forty or fifty men in there. The focus primarily is psychoeducational and there's learning about the effects of abuse, and the effects of their relationship on children. There is this educational part and there will be a check-in thing, so just to kind of keep tabs on how they're doing. I give them pointers for helping them to manage situations, teaching them about time out from those kind of things, maybe a little anger management in that group and then they go out of that into a closed, fifteen week group, which allows more opportunity, I think, to explore some of the underlying issues. It still remains kind of a lesson, or homework around a lesson that they have to do that creates the focus of the group. So the guys will come in with whatever is hot for them or their issues. Issues emerge out of the focus. It's kind of more in between a therapy or a psychoeducational group. There's more opportunity to get into each of these guys' personal issues related to the theme of the night, and more in-depth work able to be done, but I wouldn't say it's a therapy group.

These five therapists often drew attention in their interviews to the need for a directive approach from the therapist when working with batterers. For example, Ron described training in a Rogerian, client-centred approach and that this type of work required that he become more directive and less client-centred. This is largely because of the tendency for men to project blame outside themselves and a more client-centred approach may collude with the batterer. In his interview Ron stated:

I come more from a client-centred approach. I was really influenced by the humanistic movement, and Carl Rogers, and work doing batterers' programs is really quite different. You have to be confrontational, challenging, and come from a whole different space. So I think from the therapist tension in me because my preference is to come from a client-
centred place and work with whatever the client brings forward and is willing to work on, and here I was being challenged to define what the terms of the work are for the client. And also through doing that, learning that that’s really necessary because batterers are not, or abusers are not, going to come forward with the issues with their tendency to minimization into that.

Fran added to the issue of the therapist’s approach to working with batterers in the context of describing a plan in her agency to begin a phase three component to the process. In this phase if it were to happen, Fran suggested that the more nurturing approach of the therapist might be possible:

One of the things we’re hoping to put in place out here is kind of a third group phase of our program. I’m anticipating that in that context, men can begin to talk about their own experiences of victimization more so than in our other two phases of the program. I’m sure that once we start doing that we’re going to be faced with more of these questions and looking at how we can move in a more softer way. I think we, those of us who do men’s programs, I think tend to take the hard line with these guys, and focus on the accountability side of things very strongly, and necessarily so, and there needs to be a point in which the other side can come into it. It reminds me of the structured parenting and nurturing, you need both and these guys haven’t had enough structure in their lives, they haven’t had enough people telling them no, you can’t do that. There’s a lot of focus with them on that and it’s kind of a challenge I think, the whole, the soft, loving side too, and finding ways that, to bring that in.

The importance that the group work model carries in the community of practitioners as represented by the participants of this study and substantiated in the literature is noted here. More information concerning the group work model emerged in
the interviews when several participants compared and contrasted group and individual treatment models.

5.4 Group Versus Individual Work

All therapists interviewed supported the group work model for working with all men who batter. One area that was discussed by these therapists was the fear of colluding with the violent behaviour in the context of individual therapy.

In encountering battering behaviour there is a need to challenge and confront the men’s behaviour and the group environment provides this opportunity. Fran described that the individual therapist is more likely to be with someone ‘in their pain’, and therefore not judge them or their behaviour toward others:

Now in a group, I think the whole flavour of the thing changes, maybe because of the shame element, so that in the group situation, there is a community there. Everybody knows that everybody else is sharing the same issue. That’s why 12-step programs work so well because you get up there and say, I’m an alcoholic and I’ve blown all my family’s money and I use to beat up my wife and my kids and they all left me, and everybody says ‘we love you’. ‘We’re the same as you’. So you can disclose the awful things that you’ve done in an atmosphere where you are going to be accepted and cared about. In an abusive men’s program, it’s not a 12-step program but the same atmosphere exists in that we are all in this together. We’re all the same. We have the same issues. It’s okay to say what you’ve done because I’ve done the same things or worse. So the shame around talking about the experiences and the challenging of the
experiences I think, to me, is profoundly different in a group situation. It enhances their connection to other people in a group.

Ron noticed that men are often terrified of being in a group with other men. He has known some men to 'beg for individual work.' He feels it is important for the group leader to pay attention to this dynamic, to raise it as a theme in the group, to make use of it as a tool to learn from, particularly as this relates to men's experience of vulnerability:

I think because they have been abused by their own fathers, for them to have to sit and talk to men and maybe show some vulnerability, I think for most men is a terrifying experience. They don’t want to do it. They’ll beg you to do individual work. My guess is it is around that they are going to be exposed that they are not these invincible, together guys, macho guys, and will be exposed as being vulnerable, being dependent, being scared, and they don’t want to be exposed. They are afraid of what other men are going to do with that.

As Ron described, his experience with clients ‘begging’ for individual therapy relates to their fear of being vulnerable. They worry about how other men in the group will respond to their vulnerability.

All therapists in this study described the psychoeducational group work model as the preferred treatment approach for all men who batter, and in so doing, provided a context for the next chapter. These five therapists expressed a concern about the degree to which batterers’ own experiences of victimization are acknowledged and incorporated into their treatment. They all have developed clinical opinions and approaches related to managing the victim/victimizer coexistence.
CHAPTER SIX

PARTICIPANTS’ APPROACH TO THE VICTIM/VICTIMIZER CO-EXISTENCE

6.1 Introduction

The participants of this study identified several themes specifically related to treating men who batter and who have experienced childhood trauma. These include: the need to address the batterer’s experience of childhood victimization in order to end victimizing behaviour; the need to shift the batterer’s tendency to externalize responsibility for his violence; the order of responding clinically to the victim/victimizer coexistence; indicators of the appropriate time to focus on the victim experience; responding to the disclosure of childhood trauma by batterers; other accountability issues; the importance of an accurate assessment for each individual client; and, trends in clinical work in this area.

6.2 The Need To Address Victimization In Order To End Victimizing

The therapists expressed divergent opinions about whether the batterers’ experiences of their own victimization needed to be addressed and healed clinically in order to successfully end their violent behaviour. In fact, this was the only area of discussion where different views were expressed.
While all therapists agreed on the notion that there is a connection between the battering behaviour and the batterer’s experience of childhood trauma, not all therapists believed that his childhood trauma had to be addressed to end the men’s victimizing behaviour. The two views were brought to life by the comments of Ron and Sarah. Ron believed quite strongly in the connection between being victimized and victimizing behaviour and felt that to successfully end the violent behaviour, the men’s childhood trauma that Ron named as “psychic scars” had to be addressed:

To me it’s ludicrous the idea that we could put men through a ten or twelve week program who have psychic scars. Basically, I think there might be the odd one that wasn’t abused but I don’t think that is the majority. I think the majority have been victimized in one sense or another and they carry psychic scars. To think that we could just give them some cognitive behaviour pointers and that they are just going to change their behaviour, or have satisfying relationships, I don’t think that’s going to happen. I think that they do maybe learn that they can’t get away with hitting and that it is against the law and they can’t do that. But I think the research that’s been done sees that the emotional abuse, the control continues and I think it’s driven by not just being taught about male privilege and learning male socialization. I think it’s driven also by this need to defend against these psychic scars they have. I think that for someone to really turn around their behaviour completely it’s a long-term process and therapy around other issues would be very important.

Sarah believed in the importance of long term psychotherapy for anyone who has experienced significant childhood trauma, but she did not believe that it was necessary for the men’s experience of childhood abuse to be dealt with for their battering behaviour to stop. In fact she referred to dealing with the men’s own victimization as a ‘luxury’. She
felt that if someone is really open to it then it is important to proceed, yet it was not necessary:

I think it's helpful to make a cognitive connection (victim/victimizer) at some stage of the groups that are being run. I think the present approach of many workers is that it doesn't matter what happened in childhood, one still has to focus on personal responsibility right now, and I think that is very esteem building for men to know that they are not puppets on a string, that despite what has happened to them in the past that they can make choices about how to deal with themselves in the present. It has a lot to do with impulse, you know, ways of learning impulse control, learning ways to deal with their hatred toward women, their acting out and all that rage stuff.

Thelma, in her reflection upon this issue stressed the importance of connecting with the man as a 'whole person'. She explained this to mean that the man’s experiences of victimizing behaviour and being a childhood victim are both a part of his life. While the understanding of this connection is important, the two experiences need to be separated in order to end the violent behaviour. In her work she approaches the man and his experience of victimizing and being victimized as:

... not separate pieces. However, in order to do the work, they have to be separated. They have to be. I think they have to be in order to give him something to launch some hope from, that this was how he was treated as a child but he can make different choices as an adult. He can. I believe there's hope. I believe he can. I believe it is worthwhile sitting with him in that session. I believe it is worthwhile seeing him again. He is not a prisoner of the past.

In her approach with clients, Thelma described presenting the client with the concept of making 'choices' in their lives. She does this by drawing attention to the
connection between the experience of being a victim and a victimizer, while concurrently treating them as 'separate pieces':

I always invite somebody to, ask him specifically not only invite, what is it they want to get out of the counselling or therapy, and if they are saying I want to, I don’t want to hit my partner any more, I want to learn ways of not doing that, I will repeat that to them. This is the purpose of you being here. The fact that we are also talking about your background (of childhood abuse) doesn’t keep us away from the purpose. I just want to have an understanding so that as we move along with that focus, I’ll have some ideas of how things work for you, so that I have a better context. But it’s a tapestry I would weave for ongoing sessions, that just because of what you’ve experienced doesn’t mean you are a prisoner in that. We can still make different choices.

In his reflections, Saul formulated an on-the-spot insight that he believes unifies the victimized and victimizer experiences:

And I think in some ways now that I’m sitting here thinking about (this) that my need to be right (the righteous bully) grows out of the kid that was judged wrong in some fashion, and my perpetuating that rightness or that desperate need to be right in the world, to have things my way as opposed to understanding there are multiple ways, that that has been gained in my childhood as the victim of my parents and other adults when I was small and is now carried into my adult world and is not only my way of victimizing others but my way of losing whatever happiness there is in life that I could have. So, I really have to make a choice of being right and insisting that this is the way it is going to happen, or being happy and giving up the need to be right.

All five therapists believed there is a connection between childhood victimization and later wife-battering behaviour but differed as to their opinion on whether the
batterer’s experience of childhood victimization requires addressing in order to end his victimizing behaviour. They all shared the concern about a batterer’s tendency to externalize responsibility for their behaviour and the substantial fear that if their own experience of being victimized was addressed prior to their taking responsibility for their victimizing behaviour, that this would perpetuate externalizing their responsibility.

6.3 Externalizing Responsibility: Victimizing As a Coping Strategy

Documented throughout this study, is the reference these five therapists made to the batterer’s tendency to externalize responsibility, and in so doing project accountability and blame to others. Saul commented that, from his own experience, it is hard for these men to connect with the pain of being victimized and the tendency is to run away from it by externalizing it:

One of the things that happens in the group session in which that emerges is that the men will bond with each other. So that there will be more closeness and they will process the group after the group when that session occurs in which fathers get discussed and their victimization gets discussed. But again it is a double-edged sword because they may use it as a justification for their own current behaviour. It’s very difficult to get into your own pain without running away from it by bringing some external thing in. So asking to stay with that pain I, what their fathers did to them, or what their mothers did to them for that matter, instead of jumping ahead to that’s why I do all the things that I do and it’s their fault in the first place, if they wouldn’t have done this then I would never have done that, you just leave the power or the insight of the realization that
there really was something that happened to me. I'm not just this awful person. Somebody trained me, that I am a student in how to be abusive.

**Blaming the Victim**

Fran also spoke of the process of externalizing as a way to cope. She described that in her work with batterers she helps them to understand how they are making use of this abusive behaviour: “The controlling of other people is one of the strategies around handling the terribly difficult things inside and projecting the self-hatred onto the other.”

Often 'the other' is in fact the victim of his behaviour, and externalizing the responsibility for his victimizing becomes an enactment of a ‘blame the victim’ experience. Several therapists in the study spoke of this. In his group work, Saul described frequently hearing from men in the group, that they are victimized by the woman they just beat up and they wouldn’t have beaten her up if they hadn’t been victimized by her.”

Thelma spoke of the batterers’ ‘external locus of control’ and made reference to the women in these men’s lives as being blamed for their violence:

I’m saying that in a sense, that my experience with men is always that they externalize. They have an external locus of control; she pissed me off, it was a bad day. It’s always something from the outside.

It is the batterers’ tendency to externalize responsibility for their violent behaviour that was one of the primary guiding principles to informing these five therapists as to their preferred approach of treating men who batter who have experienced childhood victimization. Additionally, it was identified by the participants of this study
that it is often the victim herself who is blamed by the batterer for his victimizing behaviour.

The participants of this study believed that there is a preferred order in the treatment of male batterers who had themselves experienced victimization. Readiness to take responsibility for the battering behaviour has to precede addressing childhood trauma.

6.4 Clinical Order to Responding: Address the Victimizing Behaviour First

All interviews conducted contained therapists’ opinions related to whether there needs to be a specific order to responding to their male clients’ experiences of victimizing and being victimized. There was unanimous agreement among the participants documented throughout this study that there was a need to respond in a particular order and that this order was to first address the men’s victimizing behaviour and that, when certain indicators were present, begin to address their experiences of childhood victimization.

A description of these indicators follows, with comments from the five therapists that identify and describe the indicators. The four main indicators are: a) the batterer stops externalizing responsibility for his violence; b) there is order in the batterer’s life; c) the batterer has developed empathy for himself and others; and, d) the partner has confirmed these changes in the batterer’s behaviour.
6.5 Indicators of the Appropriate Time To Focus On the Victim Experience in Treatment

The Batterer Stops Externalizing Responsibility For His Violence

The timing of the shift towards taking responsibility for victimizing behaviours is very individualized according to all participants of this study. As Ron stated:

It is important for the man to be at a place that he connects clearly with the experience that no matter what happened to him, no matter who pushes his buttons, that he is responsible for and in control of his behaviour.

Ron identified some ways to measure whether the batterer is at this place of taking responsibility for his behaviour. To Ron, there are a few indications that this is occurring. First, when a batterer begins talking about a controlling or violent incident in a different way, such as stopping and thinking about how he could have responded in a non-violent or controlling way. Secondly, the batterer stops externalizing blame and responsibility onto his partner. Thirdly, the batterer starts to show empathy for the other person and the impact of his behaviour on them. Ron described when he would feel comfortable focusing more on the batterer’s childhood victimization:

I think when he begins to talk about the incidents that have happened in a different way. Instead of saying abc happened and then I reacted, he might say, abc happened and then I thought, I had a passing thought I could have reacted differently and went and chose to respond this way. Some sense of no longer blaming, putting the blame on the environment or on the other
person’s reaction. So I think there is something about the way the man begins to show some feelings for the impact he’s having on other people. Then I think he’s showing one of the things that are missing for these guys, having empathy for the other person, empathy for themselves.

Fran summarized her opinions as to when the timing is right to move into dealing with the man’s childhood trauma. On the issue of the batterer taking responsibility for his violent behaviour, she adds to this the importance of the man being violence-free for a period of time, and that he is showing genuine remorse for his actions. She stated that childhood trauma can safely and effectively be addressed when the batterer has:

the ability to take full responsibility for his behaviour, the controlling and abusive behaviour; the ability to implement alternative strategies for triggers of distress or feeling the need to control somebody else; and, probably some period of time of being violence-free and abuse-free in terms of other forms of abuse, such as emotional abuse. When you can tell that he is really grappling with his behaviour and that there is a genuine remorse around incidents. So there is an internal focus instead of an external one. That they are no longer trying to look for what in the environment set him off.

To focus on the present and what the past was like comes instinctively to Thelma, as does her focus on awareness, accountability and choices. Thelma, like all therapists interviewed, stressed the importance of being alert to distractions by the batterer. As batterers tend to have an external locus of control, Thelma cautioned about being compassionate with his own victimization too early in the process and when clear measures of accountability and responsibility were not reliably evident in the batterer’s awareness:
I will not continue to delve into it (childhood trauma) equally in-depth each time. If it is now the fifteenth session, then I'm starting to become concerned that this is a distraction and that I am colluding with the distraction. I believe it is important to acknowledge the abuse in the batterer's past and, if and when he makes reference to it, to acknowledge it, to let him be with it. I want them to know that I am not dismissing their experience. I will ask them why they are bringing it up, what connections they are making about it and focus on the present. They can make different choices in the present about how they treat themselves and others. I keep the focus on the abusive behaviour.

Thelma attached the word 'hope' to accountability. In so doing, she emphasized that a focus on the man being accountable for his behaviour, allows for hope that the man will stop his violent behaviour. To men who have experienced their own childhood trauma Thelma would respond in the following way:

You are not alone here. Many men in your situation will remember the pain they had as kids. They may remember how awful it was to see their dad hit their mom and will sometimes wonder, wonder out loud, if I'm the same. You're not alone in wondering that and at some point you have to move beyond the wondering. That's your hope. Your sitting in this chair reminds me of that, and at some point you will be ready, hopefully ready, to do that.

Ron described a relevant clinical example that brought to life the importance of assessing the right time to address the man's own victimization. He was counselling a man who was referred to him for individual therapy. This man was emotionally abusive toward his partner:
In the first session this man gave me information about his strict behaviour with his son. I immediately asked him about his relationship with his own father. The client broke down, began crying, and said he did not like talking about this and left the office. He was not heard from for awhile. His wife, who was seeing another therapist in the office, mentioned that her husband was more controlling then he was before. The client resurfaced, said he had the worst two weeks in his life and did not want to talk about his father.

This example identifies the negative affect on both the client and his partner of not properly assessing the timing of addressing the man’s childhood trauma.

In group work with men who batter, the facilitators are ideally trained to be alert to the way a group member is connecting with his own victimization. Saul described what could happen in a group when the transition to a man’s childhood trauma occurs prematurely:

A group can be highjacked by a number of men who get into their victimized mindset if you will. They tell you they are victimized not by their fathers or their mothers, although they tell you that too if you press them, but by their partners.

This comment again identified the concern that before the man is clearly taking responsibility for his behaviour and has experienced a period of violence-free living, he can blame his victim for his violent behaviour. Saul’s counselling interns expressed concern about this occurring in their groups:

This concern arises with interns, about what to do if the man’s victimized persona comes out in a group. Interns are concerned that this will happen and the men will love it. It will take over the group. The men will begin to
rally around one man who begins to talk about his wife's behaviour, that she's been drinking or had an affair. This can create a mob scene resulting in men saying such things as they beat their wives to keep them from getting in the car when they've been drinking.

Saul suggested that a scale should be developed to measure the degree to which a man is taking responsibility for his violent behaviour. This scale, he believes, could help indicate a safe and effective time to move to the man's own experience of victimization. In the meantime, therapists, he highlights, must be alert to this issue of timing. He described that in group work, when even one man connects with the theme of taking responsibility for his behaviour, this can have a "rippling effect on the group." It means that other men cannot raise their experience of their own victimization in a way that fuels the 'blame the victim' mentality.

The participants of this study agreed unanimously that as therapists and practitioners, the man must have been taking responsibility for his violence before there is a focus on his childhood trauma. This theme is noted throughout this study. Sarah related the man's experience of taking responsibility and being accountable for his violence as an example of creating order in his life and that when this order is sustained, it is an indicator that his experience of childhood trauma can be addressed.

Creating and Sustaining Order

Sarah identified the importance of gaining a sense of order in the men's lives. She explained that taking responsibility for, and gaining control of their violent behaviour is an
example of ‘getting their lives in order’. There may be other aspects of these men’s lives that need to be in order prior to addressing their childhood trauma. To elaborate on this, Sarah brought to life the experience of women in shelters who have fled from violent relationships. She described how important it is for these women to get their housing, career and daycare in order and some form of self-care in place prior to focusing on their early life trauma. For these women she believed it is important to keep them in the present and offer them a sequence for their healing. She explains:

It’s the same thing with, the similar issue in shelters with battered women. Workers are asking women about histories of childhood trauma, childhood sexual abuse. I think it is inappropriate to ask that of a woman in crisis, in a shelter when their life is so disorganized and so chaotic. However, some of their thinking is that it is a safe place and women tend to talk and we want them to know that this is something that is okay to talk about, and I think that is a plus. However, my feeling is that the way you do the work is that it can be identified, you could help women make a connection, because often women will flash back (to their childhood trauma) you know, when they are in a present crisis, especially in a shelter because it can be a disorganized and chaotic environment, that they’ll start to flash. It’s crucial that you make a connection at that point that the flashback has to do with earlier stuff, and just identify it, so they won’t think they are going crazy. Keep them in the present. Help them find a way to stay grounded, and give them an overview of how to sequence their healing. I would say something like what happened to you when you were a kid was wrong and I might name a few things that happened, and that this is very important work for you to do, but right now you’ve got enough on your plate. I would name the things she is dealing with right now, and say that when we get this sorted out, which might be two months from now, six months from now, five years from now, getting you and your kids safe,
getting a job and housing, whatever you have to do, but you and I know that this is another piece of work that you do probably some day. In the interim when you get the flashbacks, just remember that this is from old stuff that’s being triggered because of now. And I’d give her a language to give her some control over it so she doesn’t think she’s going crazy.

Sarah believed the same is true for batterers who have experienced childhood trauma:

Likewise for batterers, getting control of their life in the moment, which means getting control of their violent behaviour and any other factors, is necessary prior to focusing on their own victimization.

Throughout this study, reference is made to the batterers’ chaos in their life, whether it is the actual battering behaviour and the chaos it creates, or other ‘life events’ that Saul made references to, job loss described by Ron, or a bad day as described by Thelma.

To conclude, for men who batter who have experienced childhood trauma, an important indicator to use before moving to experiences of childhood trauma is the degree of order in their lives. The first priority in obtaining this order is getting control of their violent behaviour. Controlling violent behaviour and addressing other chaotic areas in these men’s lives come first before addressing childhood trauma.
Empathy

For the purpose of this study, empathy is described as “understanding someone’s experience from their perspective as fully as you possibly can without losing yourself in the process” (Piran, 1986). All therapists interviewed for this study spoke about the batterer’s need to develop empathy for the victim of his behaviour and that this empathy is often associated with a reduction in the abusive behaviour.

Empathy emerged in the interviews as a way to gauge when it is safe to begin to connect in a more in-depth way with the man’s own experience of victimization. Sarah described that in her clinical practice she emphasizes the development of empathy by the batterer for the victim he has harmed. When this occurs, she will then explore with the man the empathy he has for himself as a childhood victim:

And I think that it’s an important part of the work because it really allows them for the first time I think to get at a stage of experiencing empathy for the victim that they’ve harmed, and that when they’re there, that’s when they begin to explore the empathy for themselves as a child.

Fran suggested that therapists who work in the area of violence against women and children emphasize identifying the impact of the victimizing behaviour on their victims, with a goal of creating an empathic understanding by the batterer. Simultaneously, it is important to convey a feeling to the client that he is valued:

Those of us who do this work, I guess we feel we are responsible for drawing attention to the impact of what people are doing. The advice at that point is to do it in such a way that the client maintains a sense of knowledge that you value him and value the relationship and at the same
time feel it is important for him to take a look at how this behaviour is affecting other people.

Thelma agreed with the importance of the batterer’s empathy for the victim and saw a role for it in diminishing abusive behaviour.

Thelma described how she would respond to a batterer who is connecting with his own experience of victimization, using the concept of empathy and keeping the focus on the present:

That must have been really terrible for you and you must have felt so helpless being abused and also having this grown-up telling you to keep this secret and being afraid that no one would believe you. Have you ever considered that maybe your partner has had those feelings with you.

In connecting with his observations concerning the concept of empathy in the process of working with men who batter who have experienced childhood victimization, Ron believed that the batterer needs to have empathy toward himself to fully be able to have empathy for others:

So that’s when the therapeutic work can happen. When they empathize with the victimized kids they were and rather than saying, hey I was a shit disturber and I needed those beatings because I would have been in jail by now. At some point they need to say, God that was awful what happened to that kid, what happened to me. I think they need to have some empathy for their own kid before they’re really going to have in-depth empathy for other people that they’ve victimized. I don’t think that piece is going to happen without some therapeutic work.

All therapists agreed that considering the safety of the women and children in these men’s lives, focusing on the present, and batterers taking responsibility for their
actions take first priority in treatment. There were some differences in the discussion of empathy between therapists. All therapists believed that empathy for the victims was important. However, some believed that empathy for others can be developed without batterers connecting with their own experiences of victimization and others stated that compassion for one's own experiences of victimization is essential for empathy to develop.

**Partner Contact**

Several therapists interviewed mentioned that in addition to the batterer's partner being contacted about any concerns regarding their safety, these contacts were essential in helping to assess progress in counselling. Several therapists mentioned that self-assessment by these men is not viewed as reliable without the confirmation of their partners. These contacts are an effective way to identify if the batterers are taking responsibility for their behaviour and whether it is clinically responsible to make the therapeutic shift into exploring childhood victimization. Ron stated:

That's why I think the timing of when you move into that (childhood trauma) would be, again, how much responsibility he is taking. I guess we always measure, earlier I was saying how the guy was reporting, how he was talking about the incident, by the change in his behaviour. The other thing we do when we contact the partners, is the partners report how he's changing his behaviour, so that we can't, we can't expect the self report of the man, that because there are men who come into the group and they talk as if they are taking responsibility now, they're no longer minimizing. It
appears that’s happening, but then you talk to their partner and they’re still being very abusive and they are not reporting all this.

Fran similarly spoke about the importance of the assessment from partners:

Always. Always. Yes always, contact with the partner because safety is always the first issue in working with an abuser. When the abuse is addressed effectively and either they’re not having any contact with their partner at all because the relationship has ended and they’re not harming anyone else, or they have contact with the partner and the partner is comfortable then, it’s like you’re starting fresh and you re-negotiate and you can do any kind of work, that’s when marital work can happen, when you can go back into childhood trauma.

According to these five therapists, when batterers are taking responsibility for their violence and are accountable for their actions, have this behaviour and other aspects of their life in order, have developed a sense of empathy for the victims of their violence, and that these changes are confirmed with their partners, shifting the therapeutic focus to childhood trauma is appropriate and responsible.

6.6  Response To The Disclosure Of Childhood Trauma By Batterers

Some therapists interviewed focused specifically on the moment in individual or group treatment in which they received the disclosure by a man, who is in counselling because of his battering behaviour, of his childhood victimization.

Ron described that, when this occurred in his clinical work, he has tended to explore what happened to the man as a child. Ron would acknowledge the childhood
victimization because he does not want to collude with the societal silencing of sexual abuse. He would suggest to his client that it is important to get his behaviour under control and improve his relationship first before addressing these experiences. Ron described that he would respond in this way:

I think you need to explore the nature of what happened and some of the impacts on the guy. I don’t think you can just gloss over it and say, well that is not a focus here, we’re dealing with battering, so I’m not going to talk to you about that. I think then you are doing what society has done all along, you don’t talk about sexual abuse. I think it’s still not that open with men to admitting it, and it may be stigmatizing saying you know, that’s something we’re not going to go into or talk about. So I think you need to, if that would come up, I would want to explore it in some length and I wouldn’t want to, even if it wasn’t the right time to go into working on the issue, I’d want to plant the seed that maybe somewhere down the line this guy may want to work on that issue. You need to do this batterer’s group to help you get control of this, the overt part of your behaviour if you want to improve your relationship, but then to say, part of what may be getting in the way is the fact that you’ve had this abuse experience. So after, at some point, you’re going to need to work on that. I would want to plant a seed.

From her experience, Thelma emphasized the need to be compassionate while remaining focused on the goal of counselling. Thelma’s clinical response reflects a stance of being both compassionate while remaining clear about the priority for counselling. She would say to her client:

You are not alone here. Many men in your situation will remember the pain they had as kids. They’ll remember how awful it was to be harmed
or to see their dad hit their mom, and will sometimes wonder, wonder out loud if I’m the same. You’re not alone in wondering that and at some point you have to move beyond the wondering. That’s your hope. Your sitting in this chair reminds me that at some point you will be ready, hopefully ready to do that, but not to minimize the pain you had as a kid.

Fran also commented on the need to keep the focus on the goal of addressing his violent behaviour if a batterer disclosed childhood victimization. She mentioned that in her agency, during the initial assessment, men are asked if they have a history of abuse and referred to the response the man would receive:

I don’t think, it’s not really much of a response at all. I think what we’re trying to do is get a fuller picture of the man and what he’s bringing to the experience. I think the person doing the assessment would probably have a conversation about the importance of dealing with this issues at a later stage. He might be told about the services that are available, which are few and far between.

Saul shared some of the same concerns. He spoke of the notion of protocols in responding to the disclosure and to referral sources or, lack thereof, to support the man with healing from childhood trauma. In regard to responding to the disclosure Saul mentioned that:

That’s a potentially dangerous time for a person. That disclosure can mean the unravelling of a lot of stuff that’s been put together, not very well. That he may become lethal either to himself or to his partner. We need to check on that and offer him the little help we can give him around that.

We actually have not got a formal protocol. First we would acknowledge it (childhood victimization). It should not be something that falls on deaf
ears. Many times at least in our group, it is accompanied by tears or shaking or some other very emotive qualities, and to acknowledge it around the bravery that it is to share that, that to disclose it is a good thing, and wish that all of us could share your courage to talk about the pain and suffering that you have gone through, particularly as children.

Beyond this response, Saul would offer the man individual counselling which he described would be a 'short-term crisis type'. There is a core of volunteers that meet before and after the group that may become involved in supporting this man. A referral to another agency may also form part of the response.

The victim/victimizer coexistence was largely identified by these therapists during their work with men who batter. However, at times this order is reversed. Fran wondered about treating a man in individual therapy for his history of being a victim of sexual abuse and finding out about his violent behaviour during therapy:

When it comes up the other way, when somebody comes because they’ve been victimized as a child and then you start to have concerns because of the way they are treating the people around them, I think that’s hard. I think that is a hard spot to be in as an individual therapist. Depending on the person, you can lose a client if you start not staying with him and going to what they are doing to other people. Those of us who do this work feel that we are responsible for drawing attention to the impact of what people are doing. The advice at this point is to try to undo it (refocusing) in such a way that the client maintains a sense of knowledge that you value him and value the relationship and at the same time you feel it is important for him to take a look at how this behaviour is affecting other people.
However the victim/victimizer coexistence is identified in the therapeutic context, the experience of childhood victimization requires acknowledgment, while maintaining the victimizing behaviour in focus.

6.7 Accountability Issues Beyond The Batterer

Ron referred to several issues of accountability in working in the area of violence against women and children. Beyond the batterer taking responsibility for his violent behaviour and becoming accountable for his actions, Ron identified that programs for men who batter need to be accountable to battered women/partners and to the community at large. He said that his agency has an advisory group to address the issue of accountability. There are representatives on this group from organizations concerned with diversity, women's shelters, current and former clients. This group reviews the curriculum of the program. Ron described how the advisory group helps maintain accountability to the community:

Well I think there's many other levels of accountability. There's the accountability of the program and the agency to the community at large, that what we're doing is ethical, that it is in the best interest of women and children at large. We go so far as to say we need to be accountable to battered women, and the way we go about this is we have as advisory group which includes representatives from the women's shelters and former abused women, clients, and some women from various ethnic organizations that sit in an advisory group and peruse, they look at the curriculum, they look at the kind of program and give feedback. I think in particular they give us feedback that we weren't doing enough stuff around
sexual abusing. That was something we put more emphasis into the program because we got feedback.

There is also the concern, Ron stated, of men working with other men and the concern that some of the clinicians may have some of the same attitudes as the clients. This level of accountability relates to the clinician and their own beliefs and values concerning men’s violent behaviour:

How can we guarantee that the men running the program don’t have some of the same attitudes as the men they’re working with. What are they actually doing in these groups. Is there a little bit of an old boys network. Do we let sexist jokes past. That kind of thing.

Saul began his interview by describing his experience of being a man who has grown up in Western culture. He encourages workers, men and women to be accountable in being aware of the values and beliefs they bring to their clinical work.

I wanted you to understand where I come from because I see this as very personal work. Therapists are never supposed to be on a mission. I don’t think I’m doing that. I think we run a good program here and do good work.

Issues of accountability go beyond changing the batterer’s behaviour. They involve accountability to women, children, and the community at large. Male and female therapists themselves have to examine the way in which values and beliefs affect their clinical work.
6.8 The Need For Accurate Assessments

One of the skills in treating batterers with a history of childhood victimization is that of accurate assessment. Sarah named this as being a ‘skilled assessor.’ She described, for example, one client situation where the man had one physically violent episode with his female partner who had been emotionally abusive toward him. In this man’s history, a woman had sexually abused him as a child. After this incident of physical abuse, he was charged and placed in jail. Sarah described this man as being re-victimized by the system:

... [they] threw the book at him. He was on probation for two years. The only time that he had ever acted violently in his whole life. However he was violent. He was enraged and lost it.

Sarah would not respond to this man as she would to a chronic abuser. He, for example, did not have any contact with his partner after the incident and he did not stalk her. She continued to harass him. He did not try to deny what he did and it was an isolated incident. Sarah commented:

All the things that we know for the most part usually are not true and are always (used) as a defense (by batterers), in this case were true. You need a skilled assessor who can understand that. I wish the police would act in this way with guys who do this all the time, but for whatever the reason, he was the one who got treated like this. It was awful for him. He was thrown into solitary. He was terrified of enclosed places and he was flashing back. He was scared of being raped by other men.

As his therapist, Sarah was able to provide him with a support. She told him that he should not have been treated in this way and that he had police officers who behaved
according to the letter of the law. Sarah, through her client example, identified the importance of assessing each client situation individually and accurately to ensure the most effective therapeutic response.

6.9 Trends In Clinical Approach

There were some specific references made by a few of the therapists interviewed concerning recent trends in the clinical approach to the treatment of male batterers who have experienced childhood trauma. For the most part, these references either documented or supported the notion that there appears to be a need to develop more holistic models of work with batterers. This is of particular concern in regard to men who have been abused as children. There is a need to address the man's own victimization in a more holistic treatment while addressing the priorities of safety and accountability.

Sarah described her clinical approach that supports the notion that the man's own experience of victimization does not need to be addressed in order to stop his abusive behaviour. Nonetheless, she commented that clinicians who have more of an affinity for doing longer-term work recognize that the abuser's own victimization is an important piece of work. Clinicians are struggling with ways to provide the same treatment opportunities to batterers who experienced victimization as to others with a history of abuse. Nonetheless, the question remains about ways to address the victimization experience without returning to the historical approach of dealing with abusers as victims.

Ron referred to the development of a 'softer approach' to working with violent men, approaching the man as a whole person:
The way Jenkins (1990) feels about it is more challenging. What do you really want out of life? What kind of relationships do you like? What's going on in your relationship right now? Do you think that the way you are approaching your relationship is giving you what you want or providing you with more trouble in your life? Kind of softer approach. To say we are on your side to help you get something more out of life then what you're getting because we think there's problems there. We're not here to just kind of label you and beat you over the head and reform you from the outside as the bad guy. I think that just creates blockages in a lot of men.

Ron was also concerned about the trend toward government cutbacks in funding programs for batterers. He feared that there is a trend toward marginalizing these programs.

The trends in clinical approach identified by several participants of this study focus on the need to clinically treat male batterers who have experienced childhood trauma as whole people. Developing treatment approaches to address his childhood trauma requires focusing on the man's battering behaviour until it is controlled, as documented throughout this study, and resisting the historical context of treating batterers as victims.
CHAPTER SEVEN

PARTICIPANTS’ PERSONAL REACTIONS

7.1 Introduction

Each participant of this study identified themes relevant to his or her personal experiences while working with men who batter and who have experienced childhood trauma. The following chapter provides a synthesis of the themes that emerged in their interviews that highlighted these therapists’ experience of the tension within themselves and with each other concerning their work in this area. Collectively, they spoke of their recommendations to therapists to get supervision and to participate in a process of self-reflection. Several of the therapists used imagery to describe their experience.

7.2 Therapist Tension, Ambivalence, and Polarization

In his interview, Ron referred to a ‘tension’ that exists among workers in this area. In describing this tension, Ron identified that therapists who work in this area are regularly hearing about the pain that occurs from men’s violent behaviour, and connecting with these men and their experience of childhood trauma creates tension, ambivalence and polarization:

There can be a rigid split between identifying with the women and children as the victims and the men as the bad guys. Some workers may be more
rigid than others. The women who are working with victims of wife assault and their children are continually hearing horrible stories and about horrible pain that men have inflicted and then to hear that these men are in pain creates too much tension.

As Ron’s work began to lessen with men and increase with the women who were victims of wife assault, he described the effect on him of hearing these women’s experiences of abuse:

I now see many more women. I don’t see men that often. Doing the work with the women, you could even start feeling... I don’t feel very good about being a man. The horrendous things that men can do. I think it is not always easy to step back and say, yes, it’s so much easier to paint all men who are abusive with the worst case scenarios. The danger is you could be minimizing lesser abuse right. I don’t want to do that. I don’t think it is an issue that has been discussed very much in this agency, the victim/victimizer experience and that men are also victims.

Ron felt that there are many approaches that need to be applied to the overall goal of ending men’s violence. This would include responding to the battering behaviour itself as well as ending child abuse of any kind. In making this reference to the victim/victimizer coexistence, he notably proceeded with caution as he began to refer to the notion that women can be the perpetrators of child abuse:

Probably even a touchier area in this field, victim/victimizer with men, is talking about how men might have been abused by women, and that, I think, is even a more difficult thing to discuss working in this field. Because it’s easy to kind of minimize what women have done and the abusiveness that women can do against children. It’s like somewhat difficult to raise this without being jumped on as kind of trying to take the
focus away from them. Or, what men do, well women do it too. Women can be just as abusive as men. If you think about that, men when they're kids probably have a lot more chance being raised by women and affected by women, that some of the misogyny may come out of some of the victimizing experiences. Certainly, some men are sexually abused by women, and some boys are beaten by their mothers. So, it's not just dad, so I think that is an area, I'm not saying that the majority of men have had this experience or that it is a big part of the problem, but I think it is one aspect of it.

Ron believed that men are more violent, that they perpetuate the worst violence and that you cannot compare men's and women's violence, but that women are also abusive to children. He believed this needs to be said without the association that it is being seen as equal to men's violence:

There's many approaches that need to be applied to this problem. It is not one thing that's going to do it. Any child abuse of any sort whoever is the perpetrator, whether it's male, female, big brother, big sister, whoever it is, we need to put an end to child abuse of any kind. And we need to say, yes men are more violent. They perpetrate the worst violence. There's no way that you can compare men's and women's violence. But women are also abusive to kids, and we need to say that without saying it's equal with men.

Yet the concern about addressing men as victims, and in so doing identifying women as perpetrators of abuse emerges from the very issues that Ron believed needed to be overcome. Ron stated:

I guess if we start talking to the media as did an ex-social worker/politician I think in Vancouver, men will take it and say, hey, stop the male bashing. At the same token, if you totally deny that it happens, that can lead to
men saying, hey, what is this, we’re taking the rap for everything and our experience tells us this is not true.

Fran spoke of a lack of information on the victim/victimizer coexistence and also a lack of attention to the issue:

Well I think there’s been a kind of a hard line about not seeing these guys as victims, see them as offenders and that it has been one of those areas that’s been hard to talk about. I think that’s why not a lot of people talk about it. So, we’re all ready for your thesis or your book.

Sarah built upon Fran’s opinion and spoke to the ambivalence among workers in the community toward the victim/victimizer coexistence from an historical framework. She described that historically abusers have been dealt with in society as victims and that therapists and shelter workers are well aware of this history. They act out their victimization on women and children. It was not dealt with as the primary issue. She stated that the feminist movement shifted this completely to just deal with men as abusers, to make the primary issue relative to the safety of women and children:

I would say that the last couple of decades of men’s programming, it’s been a dangerous area to explore, the effects of childhood trauma on abusers. Partly because of the mainstream, that’s always how abusers were dealt with, as victims, and this was just one of the ways they manifest their childhood abuse, is that they act it out on women, or children. But is was never dealt with as the primary issue in the mainstream to start with before the feminist movement came along and people associated with that. So, I think the feminist movement shifted it completely so that we just deal with men as abusers. It makes sense, the primary issue of safety of women and kids. Now the people who are leading the programs who have more of an affinity with doing longer term
work are the ones that are recognizing that, okay, that’s a piece of the work, that’s an important piece of work.

Fran and Saul drew attention to the way men themselves may view their experiences of victimization and how these views may contributing to the ambivalence and tension in the community when considering treatment for batterers’ who experienced victimization. Saul commented on how the way men are socialized may result in mens’ reluctance to connect with their experiences of trauma and vulnerability:

You’re a man. Don’t be a wuss. Don’t take care of yourself the way you should take care of the other people in your life who are weaker than you. And that’s part of the culture. And I think that type of role is what the (batterer’s) programs do as well. You can’t help men to speak from their weaknesses because we don’t speak from ours very well.

Later in his interview, he added:

We live in a culture that says men need to be stoic. They need to take it. There is no men’s movement that speaks to the trauma of men other than what has become a right wing movement. It lost credibility.

All therapists interviewed identified one major factor that they believe contributed to their tension and ambivalence towards focusing on the violent man’s own experience of being abused. This factor remains to be the concern that the man will use his own victimization to minimize his victimizing behaviour and will avoid taking responsibility for his abusive behaviour. This concern is documented throughout this study. Saul could speak for all therapists interviewed in the way he described this concern:

...the propensity of men to use their victimized status as an excuse and as a way to not deal with their own victimizing behaviour, so (batterers)
programs at this point in their development see any discussion as a victim as a diversion from the issue at hand.

Several therapists interviewed for this study identified that the tension and ambivalence experienced by therapists in this work includes a polarization among some of the workers. Ron described his experience of this polarization in his experience of supervising another worker:

I got really polarized with the other worker. I was the supervisor. This was a custody case. There was abusive behaviour toward his wife, none identified toward the kids. I was really polarized and she got angry because she was really identified with the woman. And with the polarization, maybe I was holding too firmly the other view saying hey, you got to look at this also, this guy has been really involved with his kids, and wants this to continue, and she was, the more I did that the more she would hold on the other view, no it's this way. This guy is a controlling, dangerous guy.

When asked how he reacted to this experience, Ron added:

I had to sit back and say (to the worker), you may be right. A big part of this is just his need to control. You may be right. I’m not inside this guy’s skin. But can you step back and also consider that maybe this is also possible, maybe there is a combination of the two (an abusive husband and involved father). Maybe if I was working with the woman, it wouldn’t be so easy for me to see it this way.

At the time of his interview, Ron described that he and this worker had remained polarized in this particular case.

Some agencies, according to several therapists interviewed, have become quite polarized in their approach, categorizing the men as ‘bad guys’. This creates tension with
therapists who may be ready to take other factors in the batterers' lives into consideration. It was suggested that there should be the freedom to discuss different views and approaches through a process of clinical supervision, support networks, and through formal and informal discussions with other clinicians to allow this work to evolve in more effective ways. Ron elaborated upon this:

I think you need consultation. I think you need a support group of the workers who do the work. But those groups can get polarized too. Each group may believe they have the right way of doing things, are more feminist or more political. There needs to be a freedom to say what's up. Let's be open about that there are different views. Can we discuss everything without being jumped on.

The tension, ambivalence and polarization experienced by therapists is perhaps contributing to maintaining the practice of the current, preferred treatment approach with batterers who have experienced childhood trauma. Safe and effective approaches to address the man's experience of childhood trauma still have to be developed. Sarah described a need to provide the same opportunities for these clients (victim/victimizers) as we would for anyone else who's doing longer term work around childhood trauma.

7.3 Dealing With Therapists' Reactions To The Therapy

All participants of this study commented on how difficult working in this area of counselling can be. Words like "draining," "taxing," "triggering," "complex" and "stressful" were used by these participants in connection to their work. Collectively, these five therapists identified the importance of support, supervision and self-reflection.
**Therapist Support and Supervision**

The therapists interviewed for this study spoke of the personal stress they experience in their work. Some made reference to the need for effective supervision to assist the therapist in their clinical work with clients, while others spoke more generally to the need for therapists to have support mechanisms in place, such as peer support and supervision. Thelma strongly recommended that therapists working in this area get supervision:

Get supervision. Don’t do this alone. This is the first and the beginning of many encounters where the batterer and the kid who has been victimized are one person. There is more than one example in that continuum. There are mothers who come into therapy who have experienced abuse when they were little and they become enraged with their kids. You are researching one experience, but this is very common. Get supervision. Get some support. This is the beginning of a long journey, not just for men.

Implicit in her imagery of a therapist ‘walking a tightrope’ when involved in counselling men who batter, Thelma highlighted the complexity and the stress associated with this type of work. In reference to peer support, she stated that it is needed to:

...provide an extra ear because it is so complex. You can’t listen to everything at the same time, and it is really helpful to have somebody to walk with us, especially in the early part of this work; to help us listen to the parts that we can’t listen to. It’s because it is so complex. Someone to
ask the questions that you wouldn’t think to ask, or to hear the responses that we gave. Peer support is so important to us as a profession, but also as a person because this work is so draining. I find it so draining.

Ron spoke of the concern that in his experience some workers can feel responsible for ending the violence and this can take its toll on the worker:

The accountability can get so strained with some workers because they almost feel that they are responsible for stopping the violence and they can overtake on that accountability to the extent that they can get agitated and burnt out.

He emphasized the importance of support for workers in regard to this. Therapists working in this area are at risk of vicarious trauma, where the worker absorbs the pain. Therapists need to be able to process this in supervision and through a support network. Ron stated:

I think there’s the danger of secondary traumatization. You can easily absorb the pain if you’re doing a lot of this work, and if you don’t have a place to be able to process that, and talk about that, and let it go, in terms of supervision, peer support, I think it just feels, it usually leads to serious burnout with therapists.

Fran referred to the importance of different types of collaboration. Within the context of agency work, there is the possibility for collaboration with the other members of the team, as well as with outside clinicians involved with the client. Another form of collaboration involves educating other professionals about the dynamics of wife assault. Collaboration can also address the concern of therapist isolation and provide for a more comprehensive response to clients. Fran described her experience with collaboration:
I think that collaboration is exceedingly important in dealing with these types of situations. In an agency, there is the advantage of having a team and always being able to collaborate about everything. I mean the team makes decisions all the time. We are often told to bring a matter back to the team. So this is a part of the way we work. If there is someone involved outside of the agency we make the effort to collaborate with him or her too.

Fran described that in her agency they conduct individual and peer supervision as well as having regular team meetings. She made an interesting reference to supervision as a form of accountability. In this type of work that is so focused on accountability, Fran believed it is important to model it:

It's exceedingly important, I think, when we're dealing with issues that involve other people's safety, that you do have a format to be able to responsibly talk about what it is that's happening. I think unfortunately there's a tendency for people, when things start to get a little dicey, there's sometimes a tendency to not bring that forward, to actually hide that, because therapists are worried about their ability, 'I don't want to be judged etc.', and probably are in over their heads and don't want to acknowledge that. So, I think it's essential that when you're working with abuse cases, that there is a way of regular supervision, because you're trying to work with a person around accountability and you've got to model that. You've got to be accountable yourself.

Therapists who participated in this study believed in the importance of support and supervision for those who work with men who batter and who had experienced childhood trauma. They believed it to be necessary in helping therapists address burnout and stress, in understanding the complexity of the work, and in maintaining perspective on the purpose and limitations of their role in addressing men's violence.
Therapist Self Reflection

Several therapists emphasized the importance of assisting therapists to process their own feelings and reactions to their therapy work. This process of self-reflection and examining countertransference reactions can help the therapist be more effective in their work. By understanding what issues from his or her own experience the therapist bring to the therapy, the therapist can identify how his or her issues may affect the therapeutic process and the identified goals of the therapy. Thelma believed in the importance of self-reflection:

I think sometimes we’re terrified more of our own reaction and our own compassion and will that mean that we will lose sight. I want to be able to be compassionate and still be focused. I believe that I can have a human response from one person to another and still be effective, and I can’t just do it blindly. I have to pay attention to everything I’m saying, how I’m saying it, whether I’m responding to him, or bringing something in separately. I have to watch all the time.

Saul felt that all therapists must “understand their own stake in this work.” He believed in sharing his own history and stake in his work with his interns and he stated:

I think the people who do this work are people who are basically working on their own issues and that’s fine. I don’t have a problem with that. But they need to know that and they need to be upfront about that with the rest of us.
Saul referred to two traps that therapists can fall into; the 'righteous bully' and 'us versus them'. Self-reflection can lessen the possibility of the therapist falling into these two traps:

And as long as we know we're doing that (therapist’s working on own issues). Because if we don’t, then we’re going to dump it on the client. At least that is my experience. And we’re going to make it us versus them and become righteous bullies. I flirt with that one a lot, you get pissed off at bullies. It is easy to become a righteous bully who is going to teach that bully right from wrong. So that’s one fatal step in this work. And the other is the one I’ve just said, the us versus them. That somehow there are these guys out there and they’re awful terrible people and then there’s us good social workers who, and we don’t have problems, we don’t do this to our partners, and we’re here to teach them the right way, and these two things are the worst of what could happen.

One therapist interviewed offered a personal example of the feelings and reactions that can become triggered in us. She stated:

I think it is very difficult work and it kind of pulls all that stuff up in us. I remember one time myself after working for awhile in men’s groups. I came home and I was mad. I tipped over a coffee table and I smashed a few pictures, and it felt great. I felt powerful to be able to smash things. It had touched me in my own potential to be abusive and to be the victimizer. And I think it is very hard to get touched in these ways. I think that’s part of what makes it hard to manage this kind of dichotomy because we may be more comfortable in one position then in the other. And so it’s being able to work with one side because it is easier for us to be with that one side in ourselves. I think it calls on us to acknowledge that potential we all have and even people who have been victimized and who have never hurt a fly. Part of the reason that seems to be is that there
are so many internal prohibitions against wanting to be like the abuser, just like their anger and their rage is so tightly held onto because they can’t possibly tolerate the idea that they could be a victimizer too. That we are all; it’s potential is in all of us. It’s just a matter of degrees.

Several participants of this study identified that there are benefits to therapist’s self-reflection. The process of self-reflection can assist the therapist in identifying how their own personal attitudes, values and issues may be triggered within the therapy with the client and may affect the process and goals of therapy.

7.4 Participants Use Of Imagery To Describe Their Work

Some participants interviewed used images and metaphor to bring to life their feelings and experiences in working within the victim/victimizer coexistence. Metaphors and images are another way of communicating information. The imagery used described the challenges in integrating the victimizer and victim aspects of their clients. Therapists described their work in terms such as, ‘tight rope’, ‘looking through only one lens’, and ‘double edge sword’.

While amplifying the risk of seeing men who batter through ‘one lens’ only, Ron suggested to the workers he supervises that they attempt to see the man through another ‘lens’. The lens metaphor appeared to encourage the notion of seeing the whole person:

Basically, I think the hardest thing to do when approaching the issue, working with abusive men, is seeing them as whole people. Not just
through the lens of, that there's this lens of abuse. I think if you just see
them through the lens of abuse, you are objectifying these guys. That's all
there is to them. I think for most men, unless they are complete
psychopaths, that the structure that drives the abuse; it's partly learned
behaviour, socialization and all that, but it is also I think partly that the
defense structure is developed to protect them against the vulnerability
they've experienced.

In batterers' groups, Saul asks clients to connect with the modelling they received
from their fathers. It is not uncommon for men in the group to describe how they were
abused by their fathers and on occasion by their mothers. In so doing, these men will
often blame their abusive behaviour on the fact that they have been victimized, and not
take responsibility for their behaviour in the present. These men have a strong tendency
to externalize the pain of being victimized and to 'run away from it'. Saul refers to this as
a 'double edged sword':

So there will be more closeness, and they will process the group, after the
group when that session occurs, the session in which fathers get discussed
and their victimization gets discussed. But again, it's a double edge sword
because they may use it as a justification for their own current behaviour.

Saul's 'double edge sword', like Ron's 'lens' metaphor, highlighted difficulties for
therapists with the coexistence of the victim and victimizer experiences. While Ron's
metaphor connected with the importance of seeing the man as a whole person, Saul's
metaphor illustrated the risk that the victim experience will be used to justify victimizing
behaviour. The 'double edge sword' metaphor alerts clinicians to be aware of the
tendency in men who batter to project the responsibility for their behaviour externally. It
also reflects the stress that therapists who work with batterers who had experienced their own victimization may experience. They are working with a 'double edged sword'.

Thelma drew attention to the experience of working within the victim/victimizer coexistence and the resulting stress on therapists by using her 'walking a tight rope' metaphor. She stated that her goal was to be compassionate with the batterer's whole experience, while remaining focused on the goal of addressing the battering behaviour. She believed that to address the battering behaviour, compassion for and understanding the connection between the victim and victimizer experience is required. She underscored the importance of not colluding with the batterer's tendency toward an external locus of control and rationalizing his behaviour:

I feel very compassionate and that's the tight rope. That's the tight rope because I feel compassionate, and yet I don't want it to be mistaken for letting him off the hook. I am who I am today because of the experiences I had when I was little, and how can he be any different, so I always want to be compassionate and the tight rope is how to be compassionate and help him to maintain a sense of hope within himself which is the accountability.

Thelma blended the 'dance' metaphor into the 'tight rope' image. The dance implied a movement along the tight rope and the need to focus and to balance. One wrong move could prove disastrous. A safety net of supervision then may come to mind:

It's a dance. The only way I can describe the approach is like a dance. I'm always negotiating this tight rope, which is always to acknowledge that his feelings are valid. But they don't, but at some point we have to, you can't use them to make excuses for his behaviour in the present, but his feelings are absolutely valid, feeling cheated, feeling enraged not feeling allowed to express his rage or hurt or helplessness.
The 'tapestry' metaphor emerged in the interview in conjunction with the 'tight rope' and the 'dance'. It is one way Thelma described how to incorporate the batterer's experience of being a childhood victim into the work at hand. She described that the victim experience is woven throughout the work while keeping the focus on the battering behaviour. She stated:

Yes, to weave it in. That's the tapestry part of it. I don't think dealing with him as a victim comes afterward when he is 'cured' so to speak. I think it is part of the caring for and understanding him; caring that he wasn't always this man, he was a little boy once who maybe felt really helpless, felt he had no one to turn to.

The tapestry image appears to allow for the concept of empathy to be incorporated in this work. The tapestry is a weave of empathy, focus, and accountability.
CHAPTER EIGHT

DISCUSSION

8.1 Introduction

The intent of this study was to examine the practice of therapy with men who batter and who had experienced childhood sexual abuse. For that purpose, five therapists who specialize in work in this area were interviewed. The interviews revealed information in several domains: therapists’ perceptions of clients who have experienced abuse and have victimized others; preferred treatment approaches; personal approaches to the victim/victimizer co-existence; and, personal reactions to one’s work. The richness of the data was enhanced by the participants’ willingness to share very personal experiences related to their own struggles, history, and emotional connection to their work. Some participants drew upon imagery and metaphor to convey their experiences.

In discussing the results of the study it is of relevance to note that the participants were well experienced in the area of violence against women and children, had conducted training sessions for community stakeholders concerning violence against women and children, and some had published leading manuscripts on the treatment issues of wife assault and male batterers. Every participant interviewed welcomed the opportunity to participate in this study. Participants believed in the importance of this study in documenting therapists’ experiences and treatment approaches to the coexistence of victimizing and victim experiences in clients.
All therapists spoke generally of childhood trauma in referring to the batterer's own experience of being victimized. The original statement posed to each participant at the beginning of his or her interview referred to childhood sexual abuse as the childhood trauma. However, in the responses, participants did not seem to differentiate between different experiences of childhood victimization. Rather, they focused on the co-existence of victimizing behaviour in the context of varied experiences of childhood victimization.

8.2 Overview of The Results

Overall, there was considerable overlap between the responses of the five participants. Among these five therapists, there was undoubtedly a preferred treatment approach to the clinical work done with men who batter. A psychoeducationally-based group approach was recommended as a starting point, and the exploration of victimization experiences seen as indicated only with proven shifts in responsibility, accountability and behaviour. Disagreement surfaced, however, about the role of addressing childhood victimization in order to arrest the victimization behaviour.

Four major content areas identified by the therapists interviewed for this study were: participants' descriptions of their clients; therapists' preferred treatment approach; participants' therapy approach to the victim/victimizer co-existence; and, personal reactions to therapy practice with victimizers who had experienced victimization.
8.3 Participants’ Descriptions of Their Clients and Their Understanding of Batterers’ Behaviour

All therapists interviewed for this study started their discussion of treatment challenges with male batterers who had experienced childhood victimization by describing their understanding of battering behaviour by their clients. They all believed that the socialization of men in North American society and their treatment within their family of origin and as children were the largest contributors to boys becoming male batterers.

The ‘typical’ batterer client who had experienced childhood victimization was described by these therapists as a man who: a) had a tendency to minimize his own violent behaviour as well as the violence perpetrated on him as a child; b) was raised in a society and in a family that modelled the belief that men need to be controlling, non-nurturing and hide their pain; c) channeled sadness, pain and hurt into anger; d) had a low self esteem; e) often had a drug or alcohol problem; f) experienced social isolation or loneliness; and, g) tended to project blame.

While some researchers and clinicians employed different terminology from the therapists interviewed for this study, examples from the literature follow that widely support these seven factors identified by the therapists as contributing to the development of battering behaviour in men. Predergast’s (1983) profile of abusers included references to the men’s struggle with insecurity, trust, intimacy and developing close friendships. Gondolf (1988) and Dutton (1995) discussed the significance of the modelling that occurs within the men’s family or origin and society at large. Gondolf (1988) stated:
Whatever our status or social habits...the family home has a tradition of its own. Part of this tradition has the husband and father as absolute ruler. Out of generosity he may give some of the power away. He may help with the dishes or help with the kids, but it is understood he doesn’t have to do it: it is “helping”; it is a gift. His work is to maintain his version of a proper family. His wife and children must be trained to his standards of decorum. If he feels the need to use physical force to maintain the version, he has considerable social support. (p.36)

Jenkins (1990) referred to ‘developmental overloads’ that exist in families where “caregivers appear to be insensitive or under-responsive to children’s social or emotional requirements.” In his description of batterers, he referred to childhood trauma that included lack of attention to these boys’ personal boundaries:

These boys may experience little nurturance, trust or confirmation and respect of personal boundaries, and witness few of these qualities in their caregiver’s relationship. (p.46)

Ron Thorne-Finch (1992) referred to the way in which a lack of expressing a range of emotions contributes to male violence:

What happens over time for many men in our culture is that they eventually come to believe that the only acceptable male emotion is anger. What, in fact has occurred is that they have ignored or denied the full range of their emotional experience - which includes feeling vulnerable, scared, or intimidated, emotions that are not generally acceptable within a hegemonic, masculine framework. (p.82)

David Currie (1988) in his treatment approach manual made reference to the majority of the seven factors these five therapist have identified as contributing to the
development of battering behaviour. For example, on the issues of low self esteem and isolation, Currie stated:

Although abusive husbands may appear to be confident and angry individuals who blame their partners for their violent behaviour, in fact, they suffer from low self esteem. The continuation of violent episodes serves to further erode a negative self image. (p.10)

An abusive husband may well work full-time, have a number of business and personal acquaintances, and yet be quite emotionally isolated from the world around him. (p.10)

On the issue of the batterer projecting blame for his violent behaviour, Currie identified:

This is one of the most frequently observed characteristics of the abusive husband. It describes how he will hold someone else (usually his partner) responsible for his abuse. (p.9)

The tendency for batterers to minimize their victimizing behaviour, as well as their own victimization, has been seen as related to different factors. First, men have experienced modelling in society and in their families that violence is a way to be powerful and controlling. In addition, external forces such as a failing marriage or addiction, are seen as responsible for their violent behaviour. Second, minimization acts as a strategy to manage the painful feelings attached to victimizing and being victimized. Lew (1990) referred to the experience of minimizing as a coping strategy for childhood sexual abuse survivors in a way that drew attention to both victim and victimizing experiences:
Related to the strategies of forgetting and rewriting history are rationalizing and minimizing. Like rewriting history, these techniques contain aspects of denial and pretense. The survivor may excuse the perpetrator, explaining why he couldn’t help it - she was driven to it, he didn’t know what he was doing, and that she “really loved me”. Justifications include alcohol, drugs, mental illness, a bad marriage, and so forth. In fact all the rationalizations given by perpetrators to justify their abuse may also be employed by the victims to excuse it. This, too, must be recognized as a way of breaking down the enormity of abuse so that it can be handled. As such, it must be respected as a survival strategy, but not accepted as reality. p. (101)

As noted, similar descriptions of clients were shared among these five therapists, and this collective description was consistent with the literature.

8.4 Therapists' Preferred Treatment Approach: The Psychoeducational Group

It was the opinion of these therapists and the professionals who contributed to the literature reviewed, that a psychoeducationally-based group work model was the preferred and most effective treatment model for men who batter, including batterers who experienced victimization. Likewise, these five therapists agreed completely with the literature in regard to the description of the group model, its curriculum, and guiding principles.

The preferred psychoeducational group-work model addresses the history of violence against women and its roots in society. This approach asks men to look at how
their behaviour is condoned by their culture (Currie, 1988), and to examine how their behaviour is affecting the women they are battering. It is through this critical examination, and the development of an empathic understanding of the experience of their victims, that these men begin to take ownership and accountability for their violence. Men in the group also examine the ‘costs’ of wife assault to themselves, to the victims, and to others in society. David Currie, in his manual The Abusive Husband: An Approach to Intervention, stated:

The roots of violence against women are embedded in a society in which women are devalued and treated as inferior to men. Women experience this oppression not only in the larger society in the form of gender discrimination, pornography, and rape, but also in their own homes from their own partners. Further, this violence has been condoned and seen as legitimate. (p. 4)

Batterers’ treatment programs at their onset ‘teach’ this historical overview, define ‘wife assault’, and work toward fostering an environment where batterers can begin to understand the experience of their partners and women at large. Pioneers, counsellors, educators, and advocates (Adams, 1988; Sinclair, 1985; Currie, 1988; Gondolf, 1988; Jenkins, 1990) have developed, implemented and supported the psychoeducational group work model as the preferred treatment model for well over a decade. These experts emphasized the importance of grounding this model in feminist theory and values. This approach meant an exploration of patriarchy and power imbalance, a belief that violence is a learned behaviour, a concern for the safety of the victim of wife assault and his children, a focus on issues of accountability, and, an insistence on the batterer taking responsibility for his violent behaviour. These are key guiding and non-negotiable
components to working with batterers, victims of wife assault and their children. Adams (1988) stated:

Though the profeminist model, like the psychoeducational model, recognizes the need to provide basic education to batterers about caretaking and communication skills, the profeminist model sees it as just as essential to challenge the sexist expectations and controlling behaviours that often inhibit men’s motivation to learn and to apply such skills consistently in a non-controlling manner. (pp.112-113)

In addition, as noted throughout the experts’ literature, batterers' programs address the primary issue of safety of women and children. Men are required to make safety plans, such as: identifying ways to control their violence or leaving a situation when they feel they may become violent; respecting restraining and other court orders; and, addressing any drug or alcohol concerns. The partners of batterers are contacted directly by the group facilitators concerning any safety concerns of the victims and to participate in the evaluation of the men’s progress in treatment. These partners are also offered their own counselling sessions which provide validation that they are not responsible for their partner’s violence, and information concerning legal and shelter services.

These five therapists who participated in the study stated that the psychoeducational group was their preferred treatment approach, even within the context of past experiences of victimization. While the literature did mention that batterers may have been victimized as children and that this experience may contribute to adult victimizing behaviour, it did not identify treatment approaches that may provide batterers with the same opportunities as others who require longer term therapy to heal from childhood trauma. The participants in this study tried to address this issue.
8.5 Participants’ Therapy Approach To The Victim/Victimizer Co-existence

All participants of this study described their belief that many of the male batterers that they see have experienced childhood trauma. No statistical data was available to them regarding the prevalence rates. There is a paucity of information in the literature as well. The lack of reliable and valid statistical information concerning the prevalence of the victim/victimizer co-existence may reflect a continuing lack of attention to the issue of wife assault. In addition, the tendency in our society to fragment abuse into type, may also weaken the accumulated knowledge and impact. Finkelhor (1983) edited a book that synthesized family violence research, and began this work entitled, *The Dark Side of Families*, with a paragraph that stated:

> There are actually very few professionals and researchers whose work reflects an interest in family violence and abuse as a whole. For the most part, one finds in this field people who concern themselves with either spouse abuse or child abuse or sexual abuse as individual problems, not all of them together. (p.17)

The therapists interviewed identified two primary concerns that are consistent with the literature in regard to addressing batterers’ childhood trauma. Firstly, they were concerned that seeing men as victims will result in the minimizing of their violence. Secondly, they were concerned that batterers will use their own experience of being victimized in childhood to avoid taking responsibility for their adult violent behaviour, continuing to project responsibility externally, often on to the victims themselves. David
Adams (1988) spoke to these two concerns. He described that if the treatment focus on the batterer's violent behaviour is related to such factors as poor communication in the relationship or childhood trauma, he will be given the message that non-abusive behaviour is negotiable and changing his behaviour would depend on developing insight or that he and his partner need to develop better communication skills within the relationship, placing responsibility on his partner for his behaviour.

Considerable agreement occurred among the therapists interviewed for this study as to how to clinically respond to men who are abusing their partner and who themselves have been childhood victims of abuse. They recommended, first, implementing the preferred treatment approach for batterers, the psychoeducational group. Further, they recommended addressing batterers' own victimization only when certain indicators were present. These five therapists differed in their opinion about whether batterers' childhood trauma required direct intervention in order to end the violent behaviour.

The majority of therapists interviewed in this study believed in the need to address childhood trauma to successfully achieve sustainable cessation of violent behaviour. However, the strength of this belief varied. One therapist considered such issue a 'luxury' and suggested focusing solely on the need for batterers to take responsibility for their violent behaviour. Others suggested great caution in addressing the victimization experiences. Their discussion focused on four indicators that may suggest the safety of addressing this issue in therapy. These included: 1) the batterer has stopped externalizing responsibility for his violence; 2) he has created and sustained order in his life; 3) he has developed empathy for the victim of his violence; and, 4) his partner has confirmed the first three indicators.
To date, these indicators have been addressed in the literature as a way to identify response to treatment. However, the literature has not addressed the possibility of applying these indicators towards the development of treatment approaches for male batterers who have experienced childhood trauma. Applying these indicators to the development of treatment for these men would: a) continue to ensure that the safety of the victim is the first priority in the treatment of male batterers who have experienced childhood victimization; b) provide the same opportunity for batterers to participate in healing work to address childhood trauma, and c) address the role that childhood victimization may play in adult battering behaviour.

One important indicator suggested by all therapists interviewed is that of a shift in the tendency to externalize responsibility. The tendency to externalize responsibility was repeatedly referred to by participants. This issue is referred to in the literature as well. Crowder (1995), for example, discussed externalizing responsibility as a coping strategy:

The child knows what it feels like to be a victim and unconsciously decides, “I’ll never be a victim again.” His way of regaining power is to identify with the aggressor and use abusive strategies to meet his needs.

Crowder's reference to the child knowing the feelings of victimization, implied the connection that victimizing behaviour becomes a dysfunctional coping strategy to manage the pain of the childhood trauma in a way to regain power in his life that he lost as a victim.

The second indicator which may signal the possibility of incorporating trauma work into the therapy involves restoring order in the batterers' life. Restoring order was
identified by these five therapists as including: the batterer controlling his violent behaviour; addressing drug and alcohol concerns; and, safety and self care needs, such as employment, financial and housing concerns. In her book, *Trauma and Recovery: The Aftermath of violence from domestic abuse to political terror* (1992), Herman addressed the concern that therapists may move into early life trauma too soon (with victims of trauma), inducing a negative outcome for the client and in the case of batterers for their partners as well. She stated:

Because the tasks of the first stage of recovery are arduous and demanding, patient and therapist alike frequently try to bypass them. It is often tempting to overlook the requirements of safety and to rush headlong into the later stages of therapeutic work. Though the single most common therapeutic error is avoidance of the traumatic material, probably the second most common error is premature or precipitate engagement in exploratory work, without sufficient attention to the tasks of establishing safety and securing a therapeutic alliance. (p. 172)

The third indicator involves empathy. The role that ‘empathy’ plays in the healing process of childhood victims of abuse, and in the treatment of men who batter was identified by all participants of this study. It was believed that by developing an empathic connection to their victims first, and then to themselves, batterers will begin to take responsibility for their violent and controlling behaviours. Some participants identified the connection required between empathy for oneself and empathy for others. Specifically, several participants questioned whether batterers could develop an empathic connection with those they victimize without having an empathic connection with themselves and their childhood trauma.
The need to respond empathetically to male survivors of abuse is of paramount importance in their healing work (Lew, 1990; Crowder, 1995; Real, 1997). Crowder (1995) stated:

Therapists who have been trained to respond to clients like a “blank screen” need to adjust this style when working with male survivors (of sexual abuse). A neutral stance can be perceived by a client as a lack of responsiveness to his pain or as a judgment about his experience; it may leave him feeling confused, frightened, and isolated. Survivors require a responsive, psychoeducational therapeutic alliance that validates their experience and helps them to move beyond its negative effects. Therapists who work with male survivors need to be overly empathic, accepting and supportive. (p.49)

These therapists believed that when working within this co-existence of victimizing and victimization, the therapist must respond empathetically to the batterer’s experience of childhood trauma at the point of disclosure. Nonetheless, it could not become a focus in therapy until the man takes responsibility for his violent and controlling behaviour, and his partner and children are safe. At that point, most participants noted that the men could benefit from healing of this trauma. Such work may also enhance the possibility that his violent behaviour will not return, as part of his violent behaviour could be fueled by his own childhood trauma.

Verification with the batterers’ partners was seen as an essential fourth indicator by several participants. Batterers’ partners need to be contacted for an assessment of changes in the men’s behaviour. Self reporting from batterers and opinions from the therapists were not seen as reliable assessments of the batterers’ changing behaviour.
Gondolf (1987), an expert on batterers' programs and the evaluation of these programs, stated:

Furthermore, most of the evaluations use psychological instruments to measure anger, depression, and marital satisfaction or self reports on physical abuse without assessing the most immediate and observable behaviour - the men's interaction in the group. Yet, this group "performance" is often assumed to have some bearing on the batterer's relationship to his spouse. In sum, the evaluations do not decisively address the debate over modality, as well as effectiveness.

Hart et al (1992) identified a range of reasons that partners are contacted, such as, for verification of violence. However, they identified that partner contact may, at times, place the woman's safety in jeopardy. For example, the batterer may retaliate against his partner when aware that she is providing information concerning his violent behaviour. Thus, one recommended procedure described by Hart et al (1992) is in regard to "scope and duration of consent":

Since information shared by a battered woman can be used against her by her battering partner, willingness to share previously should not be considered an indication of continuing consent. Each time she is contacted, the battered woman must be encouraged to evaluate whether communication with the intervention program is in her best interests.

Contact with partners as an indicator of identifying whether the batterer is taking responsibility for his violence is recommended to be an explicit and negotiated part of the treatment with the batterer and his partner. While ensuring that each contact with the partner is assessed in terms of her safety as noted above, focusing this contact on the safety and protection of the victim are the guidelines for contact with partners in
psychoeducational programs. In reference to confidentiality and partner contact as an issue in these programs, Currie (1988) stated:

Confidentiality in this program is subject to exceptions in certain circumstances. The man agrees to these in the consent form. The members are told that whatever they talk about in the group is confidential, unless there is considered to be any risk to the safety and protection of a man’s partner or children. For example, if a member leaves the group in anger, saying that he has had it with his wife, the group leader should call his wife to warn her of her potential danger. She can then decide how best to handle her situation, based on what she has learned during our earlier contact about the use of resources and a safety plan. (p.31)

For the most part, the participants of this study approached the victim/victimizer co-existence from the experience of treating batterers who disclose childhood trauma. They all agreed that they would validate clients’ disclosures of victimization; continue to focus on their battering behaviour; and, when addressed, encourage these batterers to explore treatment for their victimization experiences. However, if therapists were working with survivors of childhood trauma, and in the course of treatment it was identified that clients are batterers, their therapeutic focus would shift to the clients’ violent behaviour. These therapists would suggest the client attend a psychoeducational group for men who batter. The therapeutic focus would shift back to the childhood trauma when the violent behaviour was addressed.

These five therapists emphasized the importance of accountability in their work, ensuring that the violent behaviour is addressed and that the safety of women and children comprises a priority. The participants discussed the accountability of batterers’
programs to women/partners and to the community at large. This need for accountability is documented throughout the literature (Tift, 1983; Sinclair, 1985; Currie, 1988; Ontario Medical Association, 1988; Hart et al, 1992; Jaffe et al, 1996; Violence Prevention Council of Durham Region, 1999). Currie (1988) described in his psychoeducational group work manual steps to achieve this level of accountability:

Finally, in a comprehensive counselling program for abusive men, the following components should be present: a close liaison with the local women’s shelter; referral networks with the police and court system; membership on a coordinating committee which is dealing with an integrated response to wife assault in the community; provision of leadership in offering professional training, public education and political action; a clear stand opposing violence against women. Men working in this area need to act as role models for non-violence in order to influence men, women, and children. (p. 11)

Thorne-Finch (1992) made direct pleas for people to take action in various locations in society that addresses several levels of accountability. He referred to the ‘offender’ as his work addresses all male violence. He identified accountability issues for: a) the offender, in taking responsibility for his violence and getting treatment; b) suspecting someone is offending and what steps to take; c) knowing your systems, such as school/university, workplace, friends, family; d) men in general, in confronting (e.g.) misogyny, racism, homophobia; e) political arenas, such as lobbying for an expansion of social and justice services; f) the education system, such as developing courses that address violence; g) private and state sectors, such as lobbying for change in the media portrayal of masculine and feminine; and, h) in clinical and social service areas, to which he advised:
Critique the work of academics and writers who ignore or minimize male violence against women. Confront social service workers who ignore or minimize male violence against women. Insist that men be held responsible for their violence. Counteract the all too prevalent victim-blaming. Establish sexual harassment prevention codes for the workplace.

Finally, these five therapists suggested that while the psychoeducational group currently remains the preferred treatment approach for men who batter, including for those with childhood victimization experiences, there is a need to ensure that the therapist conducts an accurate assessment of the clients' situation and ensure the provision of a responsible treatment program.

8.6 Participants' Personal Reactions To Their Therapy Work

The participants of this study described their personal reactions to working with men who batter and who had experienced childhood victimization. They alluded to the ambivalence in the community to address the victim/victimizer co-existence and to the need for therapists in this area of work to obtain supervision and participate in a process of self reflection. There was a paucity of references in the literature to therapists' personal experiences of their work.

The participants of this study described personal tension and ambivalence that emerged when discussing treatment approaches for men who batter and who have experienced childhood trauma. This ambivalence has led to a polarization among therapists and agencies in the community, and these five therapists identified several
reasons for this occurrence. Throughout this study, the participants identified a concern that addressing the victimization experiences of batterers may result to a return to the time in history when batterers were seen as victims. In a personal interview with Deborah Sinclair (1989) at a workshop concerning battered women living in social housing communities, she spoke about how batterers have been treated as victims in society, oftentimes, their victims being blamed for provoking the violent behaviour. The batterer’s tendency to project blame for his violent behaviour was documented throughout this study. These five therapists mentioned it again as a source of the polarization in the community.

Conversely, some participants were concerned about how they see men in this culture being overly identified as angry and violent, and how this identification could affect a reluctance to consider men’s experiences of victimization. Additionally, these five therapists were concerned that if women are identified as the perpetrators of the child victimization experiences of batterers, and with the batterers’ tendency to project blame for his violent behaviour, that this could place the safety of his partner in jeopardy, and that women’s violence would emerge as a backlash against women, rather than being understood in a true context.

Crowder (1995) spoke to what she refers to as ‘the myth of female innocence’. She stated:

Boys who were abused by women or girls also face social myths that can prevent their abuse from being identified. Cultural gender biases perpetuate the belief that women in general, and mothers in particular, are nurturing. Mothers have cultural permission to touch their children. When this touch is sexualized sometimes under the guise of medical or
casetaking rituals, a boy may have difficulty recognizing these behaviours as abusive. (p. 13)

While it is true from the experiences described by male survivors of sexual abuse that some of the perpetrators are women and that men need to be able to talk about this, the fear documented by these therapist interviews and substantiated in the literature (Finkelhor, 1983; Sinclair, 1985; Kuypers, 1992) is that identifying women as abusive will not be seen in its true context. Firstly, the percentage of women who perpetuate abuse in the family is low. In regard to sexual abuse, Finkelhor (1983) stated:

The most widespread form of reported sexual abuse consists of abusers who are both male, and in authority positions within the family victimizing girls in subordinate positions. (Finkelhor, 1979, 1982c) ... Abuse of boys by males appears to be much less common, and abuse of either boys or girls by female family members is extremely rare in comparison. (p. 18)

In regard to physical abuse, Finkelhor continued:

Although raw statistics tend to show roughly equivalent numbers of pure incidents of physical abuse committed by men and women (American Humane Association, 1978; Maden and Wrench, 1977), these figures are deceptive because they do not take into account the fact that women spend a great deal more time with children than do men. If we were to calculate vulnerability as a function of time spent in contact with a potential abuser, I think we would see that men and fathers are more likely to abuse. (p. 18)

The therapists interviewed for this study who referred to women as abusers noted the tendency for batterers to quickly move into a 'blame the victim' mentality in their quest to externalize responsibility for their behaviour and for society to feed a backlash
mentality toward women. These therapists believed that when women are identified as being abusive, a full understanding of the dynamics of power relationships and accurate statistical references must be understood otherwise there will be a strong possibility of re-victimizing women, and a return to seeing batterers as victims.

The participants of this study identified that working in the area of wife assault and in the experience of the victim/victimizer is both specialized and stressful, and perhaps triggering for the therapist. The need for supervision and support was emphasized by these five therapists particularly in regard to: a) supporting the therapist to be clinically responsible and effective in their response to men who batter with a history of childhood trauma, debriefing stressful situations; b) encouraging therapist self reflection; and, c) providing a 'reality check' when the therapist appears to be overaccountable in feeling a responsibility to end this violence.

A synthesis of descriptive words used by these clinicians to describe their work (draining, taxing, triggering, complex, stressful) and the tendency to burn out and experience secondary traumatization would indicate the urgency of this support. From their experience, these five therapists identified several necessary components to providing effective and relevant support. They state that peer supporters and clinical supervisors need to have a clear understanding of: a) the dynamics of wife assault and childhood trauma; b) transference and countertransference; c) the stress and complexity of this work; and, d) an ability to use this understanding to empathize with, support and guide a therapist through a process of self reflection. Crowder (1995) spoke to the support necessary for therapists working with male sexual abuse survivors. Her
comments appeared relevant to therapists, in general, in their daily encounter of their client's experience of pain and trauma:

The phenomena of vicarious trauma, or traumatization by proxy, is one that all therapists who work extensively with clients who have experienced childhood trauma must learn to manage. Finding the balance between being able to absorb and respond therapeutically to the events that clients disclose and distancing themselves from this information as a means of self-protection is an ongoing issue for therapists. (p137-138)

According to the participants of this study, supportive supervision, therapist self-reflection, and an open dialogue among the community of therapists involved in treatment programs for batterers, would address the effectiveness of these programs and reduce the level of stress experienced by therapists.
9.1 Study Limitations

This study included a small sample size. Only five therapists were interviewed. The overlap in the interview content between the five therapists was significant and saturation occurred quickly. These five therapists have been involved in the area of violence against women and children for many years; some are noted for their pioneering work in the field. The expert status of these participants in the study regarding treatment with batterers may have restricted the range and diversity of their views. The visibility involved with such a status may disallow the expression of alternative views.

In addition, these participants all worked in a large metropolitan area. Therapists working in smaller and/or rural communities may relate alternative views. While therapists did represent some diversity in relation to race/culture, gender and socio-economic history, this study did not focus on diversity. Had it done so, the results may have been quite different.
9.2 Study Implications

1. The majority of the therapists interviewed for this study believed that treating batterers' childhood trauma was important to achieve sustainable cessation of their violent behaviour. Provision of such treatment requires further dialogue in regard to the particular challenges posed by the co-existence of victimization and victimizing behaviour.

2. In this study the therapists identified four indicators that could suggest whether it might be safe to begin addressing batterers' experience of childhood trauma. These indicators could be systematically used in clinical work.

3. Therapists require a constructive context to their challenging clinical work. These therapists suggested the potential benefit of an open and collaborative dialogue about the challenges and conflicts encountered within the therapeutic community.

4. The participants of this study described the need to recognize the importance of providing supportive supervision and encouraging self reflection for therapists.

5. These therapists believed that these men should have the same opportunity as others to heal childhood trauma.
9.5 **Recommendations For Further Research**

Five areas for future research are recommended.

1. To explore challenges involved in the treatment of men who batter and who have experienced childhood trauma in diverse communities to include issues of diversity related to religion, race, culture, socio-economics, urban, rural, and rural remote communities, and within the gay and lesbian communities.

2. To assess qualitatively and quantitatively the outcome of both the group work model for batterers and the impact of a follow up treatment which addresses the experience of victimization.

3. To examine the clinical utility of the four indicators of when it could be safe to address the batterers experience of childhood trauma.

4. To develop effective outcome measures for the evaluation of treatment approaches for men who batter and who have experienced childhood trauma.

5. To explore ways in which the victim/victimizer co-existence is addressed within the community of professionals who are less involved and experienced in the issue of wife assault.
REFERENCES


Graham, J. (1993). Personal Interview


APPENDIX A

LETTER TO PARTICIPANTS

Dear Research Participant:

I am a Doctoral student at the Ontario Institute for Studies in Education, University of Toronto. My research topic for my dissertation is *Bringing the Victim/Victimizer Co-existence to Life: Therapists’ Reflections Upon Their Work With Men Who Batter and Who Have Experienced Childhood Sexual Abuse*.

This qualitative study proposes to explore the implications for counselling men who batter who have experienced childhood sexual abuse. The research will involve exploring therapists' experience of the therapeutic dilemma that emerges when counselling men within the context of this perpetrator/victim dichotomy.

I was a participant at a national conference on ending men's violence toward women in Ottawa during the fall of 1991. I was there as a man, as a therapist and as a consultant. In a workshop about treatment approaches for men who batter, I raised the issue that is the topic of this thesis. The response I heard from the workshop facilitator silenced me. His response was that the 'experts' say if you are a therapist and you are working with a man who batters and his own victimization as a child is identified, then you should refer one of these experiences to another therapist. I consider this approach as another example of compartmentalizing men who batter. It is from this experience at this conference that I decided to research this therapeutic dilemma further.

My masters Qualifying Research Paper was on the issue of individual counselling for men who batter given that all I ever read about was group work for these men. The outcome of this research was largely that group work was favoured however individual counselling could be effective as long as women's safety was ensured and that men take responsibility
for their violent behavior. In this work, the perpetrator-victim, dichotomy was already beginning to emerge under the question of whether a psychotherapeutic approach along with psychoeducational approach would be effective in working with batterers.

Examining this therapeutic dilemma will occur with several question as a basis for exploration. This research will be an exploration of therapists' views on whether effective counselling with these men requires their own experience of victimization be addressed to end their violent behavior. This research will include an exploration of whether there are safety concerns for the victims of men's violence, if men's own experience of victimization becomes part of the counselling process.

I welcome the opportunity to do this research and I hope it will be of benefit to the community.

Sincerely,

Gordon Bricker (Ed. D. Candidate)
APPENDIX B

PARTICIPANT CONSENT FORM AND SECURITY OF CONFIDENTIALITY

I, ____________________________, hereby give permission to Gordon Bricker, a doctoral student at the Ontario Institute for Studies in Education, University of Toronto, to use information obtained from me in the tape recorded interviews in his research. The research topic, *Bringing the Victim/Victimizer Co-existence to Life: Therapists' Reflections upon Their Work With Men Who Batter and Who Have Experienced Childhood Sexual Abuse* is under the supervision of Dr. Niva Piran, Department of Applied Psychology, O.I.S.E.

To assure anonymity and confidentiality, I will be given a pseudonym and all material referring to me will be secured in a locked private file to which only the researcher will have access. At the termination of the study, all data and recordings of the interviews with me will be destroyed. If at any time during the course of the research I would like to withdraw, I am free to do so. If I choose to withdraw, all material relating to my experience will be omitted from the final product and will be destroyed.

I have read the letter of introduction to this study provided to all research participants and I am aware of the objectives of this research project. I understand that as a research participant in this study I will be making a time commitment of approximately 4 hours which will involve one interview, a review of the transcript, and any additions and revisions as required.

I voluntarily agree to participate in this study.

_________________________________
Signature of Participant

Dear Research Participant,

It has been over a year since I conducted the interviews for my dissertation. This year I chose to let my candidacy lapse because my private practice is very busy and I simply have not been able to find the necessary time to dedicate to this project. This in no way means that I do not plan to finish my dissertation. In fact, whenever I could find a moment, I was able to transcribe the interviews. This process was extremely important as it gave me an opportunity to reconnect with the data obtained in the interviews. I believe it is very rich in content and once again I appreciate your willingness to be interviewed.

I remain in contact with my thesis supervisor and I plan to reactivate my candidacy in the next year.

I am enclosing a copy of your transcript so that you can review it. If there are any errors to be corrected, or if you would like to add any content please call me at the number listed above, or return the transcripts to me with any changes in the envelope provided. I would like to work at analyzing the data during the fall and would appreciate receiving your feedback by August 31, 1997. As you review your transcript, please keep in mind that the content reflects a discussion and reads as such.

Once again, thank you for your valuable participation in this project.

Yours truly,

Gordon Bricker
APPENDIX D

METHODOLOGY: THEME ANALYSIS AND VALIDITY

Seidman's (1991) approach to data analysis in qualitative research was applied. I understood his approach as being respectful and accessible.

Following each participant's review and approval of their transcript, the verbatim transcripts became the data used to conduct a systematic coding process. I reviewed each transcript to identify and code themes. I scrutinized each participant's transcript for the existence of each theme identified. As themes were identified, it was then possible to conduct a further analysis of these themes to identify clusters of related themes. An example of this clustering process was the identification of the four indicators that may identify when it is clinically relevant and safe to begin addressing the batterer's experience of childhood trauma. During the first level coding process, the following four themes were identified and coded: the batterer's need to stop externalizing responsibility for his violent behaviour; the need for the batterer to sustain a period of order rather than chaos in his life; the need for the batterer to develop empathy for the victim of his violent behavior; and, the need for his partner to be contacted to verify that he has changed in these ways. These four themes were clustered to become the four indicators described in detail in the Discussion.

Seidman (1991) described a preference for the terms credibility, trustworthiness, transferability or dependability to validity in qualitative analysis. Following Seidman's approach, I checked one participant's comments against another in relationship to every
theme identified. I conducted the interviews quite close together and after a planned period of time had passed, I mailed out verbatim transcripts to each participant for their approval, requesting they contact me with any omissions, deletions, and additions they noted. I was not contacted to make changes to any of the transcripts. In addition, the results of this study have been shared with several participants, as well as several therapists who were not interviewed for this study. The results have been positively received and acknowledged as important findings.
APPENDIX E

SAMPLE TREATMENT GROUP CURRICULUM AND INTERIM ACCOUNTABILITY AND ACCESSIBILITY REQUIREMENTS

Structure and Content of the Treatment Group:


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Accountability and Accessibility Requirements for Batterer Programs:


1

2
Footnotes


2. This is a public document provided by Mark Holmes, Victim Services, Ontario Ministry of the Solicitor General.
inequality; he must facilitate the conditions for change in
the men, and encourage the men to make their own changes.

Structure and Content of the Treatment Group

Session One

1. Introductions - The Process of Joining.
The group leader provides a brief overview of how the group
program came to be. Members are then asked to introduce
themselves and talk about their reasons for being at the
group. The group leader helps to create an atmosphere
whereby the members can begin to identify with each other
and the group purpose.

2. Learning About Abusive Behaviour.
a) What is Abusive Behaviour?

Definition of Wife Assault (D.Sinclair, 1985):

Wife assault involves the intent by the husband to
intimidate, either by threat or by use of physical
force on the wife's person or property. The purpose
of the assault is to control her behaviour by the
inducement of fear. Underlying all abuse is a power
imbalance between the victim and the offender.

Forms of Wife Assault (A.Ganley, 1982, D.Sinclair,
1985): Physical assault is the most obvious form
to identify. It includes slapping, punching, kicking,
shoving, choking and pinching. Other types of physical
assault include throwing things (such as acid) into
the victim's face, inflicting cigarette burns on the
body, using objects such as a vacuum cleaner hose,
a coat hanger or a belt with a buckle to beat the
victim. The use of weapons such as guns, knives or
axes may result in the ultimate act of violence -
murder. The abuse is directed toward the body, some+imes
to parts of the body that do not bruise easily, such
as pubic bone, skull or the bottoms of the feet.

Counsellors and clients sometimes view the assault
on a continuum from mild (slap or push) to severe
(use of weapons) assault. This can be misleading
and dangerous if the intent is to minimize certain
kinds of assaults and to view them as less worthy
of attention and intervention. However it is a logical
framework to use if the intent is to assess the severity

see Footnote 1, p. 142
by examining the consequences. A "small shove" may be a push down the stairs resulting in a damaged spine. A slap with an open hand may result in a broken nose. To accurately assess the immediate danger would mean not only an examination of the actual violence but also the consequences of the assault. Even when the assault does not result in visible damage, it still should be taken seriously, as it may be the beginning of a pattern that will increase in frequency and severity over time. It can end in murder.

**Sexual** assault often starts with demeaning women through jokes, name-calling and unwanted touching. It includes any forced sexual activities, as well as excessive jealousy and sexual accusations. Some victims describe being forced to engage in sexual acts that they find distasteful or painful, such as group sex, anal penetration or penetrating objects in sex. The victim's sexual needs are seldom attended to. Sex is sometimes used as a punishment by rejection of her as a sexual partner. The husband often flaunts stories of his extramarital affairs and subjects his wife to unfavourable comparisons with other women. Women describe the humiliation of being forced to tolerate, and engage in, sexual practices portrayed in violent pornographic magazines bought by their husbands and openly displayed in their family home. Sometimes, the victim will not even think that she has been sexually abused. One common situation involves the woman who submits to her husband's sexual demands because she does not feel she has the freedom to refuse without serious repercussions. She feels she cannot say "no" because submission is viewed as part of her wifely duty. Sexual assault is often accompanied by threats of violence or actual violence. It can end in murder.

**Psychological** abuse differs from emotional or verbal abuse. It has greater power to induce fear in the victim because the threats of violence have been accompanied by at least one incident of physical abuse. The offender has demonstrated his ability to carry out his threats. Psychological abuse can take various forms:

1. Making threats such as suicidal threats, violent threats against the victim and her loved ones, threats to harm her property and pets, threats to kidnap the children, threats of deportation if she is under his sponsorship, threats to use
information he may have about her past life against her if she leaves him.

2. Forcing her to do degrading things such as cutting up her favourite dress, washing her mouth out with soap, licking the dishes clean.

3. Doing things that will terrorize her, such as driving through red lights, speeding on slippery streets, tying a noose around her neck, playing with a gun or knife in her presence.

4. Verbally attacking her personality, attitudes or beliefs or belittling any efforts she makes to better herself.

5. Controlling her activities, disrupting her routines, depriving her of necessary needs (such as sleep, food, sex, money) isolating her from family and friends.

These kinds of psychological tortures are designed to wear the victim down. She is in constant fear for her safety. Her situation is extremely unpredictable as she seldom knows if he will physically harm her. Its insidious nature cripples her capacity to think clearly, thereby creating a life-threatening atmosphere. It can end in murder.

**Destruction of Property** is less likely to be taken seriously by everyone involved. Because he appears to direct his rage at objects, he is perceived as less threatening by outsiders. "At least he didn't harm her..." This is not the case. On closer examination, you will find that he is very deliberate in choosing his targets. He destroys her property; her photo albums, her cherished mementos, her favourite dress. His message is clear: "Stay in line, because the next time it could be you..." When women share with you their worry about not wanting to leave the home out of fear their valuables will be destroyed - believe them. Unless they are in immediate danger, it is more effective to help them develop a plan of action that will protect not only them but also their personal property. Pets are not immune to his destruction, nor are children. Both can be used as a means to intimidate and control her. It can end in murder.
b) Questions for each member to consider about violence:
- in what ways am I violent?
- what are the costs, to me, of my violent behaviour?

c) What do we know about violence?
- it doesn't end without intervention.
- it destroys and harms others.
- it destroys trust and relationships.
- it destroys self-image.

3. Film - Up The Creek (15 minutes). A film about the repercussions of wife assault from the husband's point of view. It is available from the National Film Board distribution centre, Family Violence Film Collection.

Discussion:
- Member reactions to the film.
- What they learned from the film.
- Relating the film to other material already discussed.

4. OPPORTUNITY Program:
- Goals and Purpose
- Individual Member Goals - developed by each member.
- Contracting - See Appendix D.

5. Explanation of Check-In/Check-Out.

This is a brief exercise which occurs at the start and end of each group session. In the Check-In, each member states how he is feeling at the time, whether there were any violent incidents during the week or any other significant events. In the Check-Out, each member states how he is feeling at the end of the session and what he thought of the session.

The purpose of this exercise is to provide a sense of the emotional state of each member as he begins and
ends each session. It also assists in screening for any suicidal or homicidal ideation.

Sample comments during the session:
- "I haven't really been that violent toward my wife. I just shoved her a couple of times."
- "It's provocation that made me hit my wife, she provoked me."
- "I was drinking, I don't even remember hitting her, but she says she won't come back unless I get help."

Session Two
1. Check-In
2. Review of previous session. Reviews are used to reinforce what was covered in the previous session, as well as deal with any left over responses or questions.
3. Film - Shifting Gears (13 minutes). This film, put together from a man's perspective, suggests how men can help one another come to terms with their aggression. It is available from the National Film Board distribution centre, Family Violence Film Collection.
   Discussion:
   - member reactions to the film.
   - what they learned from the film
   - relating the film to earlier discussions
4. Questions for each member to consider about violence:
   - How do I decide to be abusive?
   - How did I learn to behave abusively?
   - What is the intention of my abusive behaviour?
   - How has violence been a problem for me?
   - Who is responsible for my violent behaviour?
   - What are the benefits for me of being non-violent?
What will the costs be to me if I continue to be abusive?
What are the excuses I use to continue being violent?

The purpose of these questions is to increase self-awareness and to begin the process of internalization of responsibility for behaviour.

5. The Abuse Log: Description and Use.

The Abuse Log

Name: ___________________________ Date: ____________________________

There is a variety of abusive behaviours which are used by men to control women. The Abuse Log provides a method of identifying and monitoring the use of these behaviours in order to work toward eliminating them.

Complete the Abuse Log on a weekly basis, using the abusive behaviours covered in Session One. The completed log should be brought to each session for review.

<table>
<thead>
<tr>
<th>Abusive Behaviour</th>
<th>My Thoughts</th>
<th>My Feelings</th>
<th>The Outcome</th>
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<td>1.</td>
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<td>8.</td>
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</table>
6. Check-Out.

Sample Comments during the session:
- "If this doesn't change, I'm going to lose my whole family."
- "I was only trying to make her listen."
- "My dad used to hit me all the time." "My wife was abused in her family as well as her first marriage."

Session Three
1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members.
4. Pre-Violence Cues Exercise:

Members are asked to close their eyes and recall a violent episode towards their partner. They are asked to recall all the signs and signals which were present just prior to the physical violence. For example, what do you remember seeing? Who was present? Where was the location? What do you remember hearing? Was it noisy? Was it quiet? What do you remember feeling inside? Were you relaxed and comfortable or tense and uptight?

Members are asked these questions with a pause between each one, allowing them enough time to reflect on their answers. Then, similar questions are asked in relation to the time period during which the physical violence was occurring. Finally, they are asked similar questions for the time period after the physical violence has stopped.

The examination and discussion of each time period provides information about the experiential state of each member, and about how much he is aware of his own thoughts and feelings. The awareness of pre-violence cues provides an indication of how much a member is aware of his own thoughts and feelings.

This exercise provides an awareness to each member of the different signs or signals available to him which indicate that he may be building up to become violent. His awareness of these cues early on in this process provides him with a good opportunity to choose other alternatives to being violent.
5. Alternatives.

Looking at alternatives to violent behaviour provides a forum for members to discuss ways in which they have steered clear of being violent, and to develop alternative plans whenever they feel like they are on the verge of violence. The members are encouraged to develop their own set of alternatives so that they become responsible for making these changes.

6. Discussion.

If time permits, a discussion can be held to cover the different topics of the evening as well as addressing other related questions or ideas which emerge.

7. Check-Out.

Sample Comments during the session:
- "I don't remember much build-up beforehand; all of a sudden we were arguing and I hit her."
- "I felt horrible afterwards; I just wanted to kill myself."
- "I felt so messed up afterwards; I didn't know what to do."

Session Four

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members

4. Film - To Have and To Hold (20 minutes). This is a film describing Emerge, a men's counselling program in Cambridge, Massachusetts. It is available from The National Film Board distribution centre, Family Violence Film Collection.

Discussion:
- member reactions to the film
- what they learned from the film
- relating the film to earlier discussions
5. Check-Out

Sample Comments during the session:

- "I always thought I had to control her, like I was the boss."
- "I've never had an experience like this, where guys sit around and talk about things that bother them."
- "It's not so easy being a man you know. I know I didn't have the right to hit her, but I was under a lot of pressure."

Session Five

1. Check-In
2. Review of previous session
3. The Abuse Log - Review entries by members
4. Discussion - The Images of Men and Women.

   a) Male/Female Characteristics and Roles - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of male and female on a blackboard.

   b) Husband/Wife Characteristics and Roles - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of husband and wife on a blackboard.

   c) Healthy and Unhealthy Relationships - What are members' ideas about these? It is useful for discussion to list all the descriptions under the headings of healthy and unhealthy on a blackboard.

   d) The Dependency Chart - this chart is used for discussion purposes and describes the characteristics of three types of relationships.

     In the first example the circles represent 2 people who perhaps live together but who have little or no emotional involvement with each other. They would be like boarders living under the same roof.

     In the second example the circles are very close together and describe 2 people who are so close together, or spend so much time together, that they have little separateness in their own lives. They desperately need each other and may become preoccupied with each
other's life. They need each other in order to survive. There is little or no tolerance of differences or separateness. Emotionally the relationship can feel overwhelming and suffocating.

In the third example, the circles are sometimes close together and at other times separate. There is tolerance for either to move close or apart. The 2 circles represent people who want to be together but don't desperately need each other in order to function. Differences in thoughts, feelings and behaviour are seen as interesting rather than threatening. Each one pursues some interests separate from the other one.

1. Independent. Characterized by distance, no intimacy, no support, loneliness.

2. Dependent. Characterized by tension, instability, loss of self-control, immobilization, insecurity, need, anxiety, fatigue, little tolerance for differences or separateness.

3. Interdependent. Awareness, closeness, variety, respect for differences, movement, want, self-control, friendship.

The men are asked to select which style they think they fit into. Most of them Select #2. A discussion then takes place on how to move from #2 to #3.

The purpose of this exercise is to increase self-awareness of how the men's frequent preoccupation with their partners' thoughts, feelings and actions leads to further difficulties for both themselves and for their partners. It also serves to help reduce the degree of dependency that the men have on their partners. This begins to happen as they view themselves as separate individuals from their partners. At the same time, they base more of their self-image and self-esteem on themselves rather than on specific role behaviours in relation to their partners.

As the men begin to view their partners more as separate individuals and less as extensions of themselves, the quality of their relationships improve and their self-esteem rises.
5. Check-Out.

Sample Comments during the session:
- "Those close circles describe the kind of relationship I'm in with my wife. There's not much freedom at all."
- "I grew up thinking men were supposed to be number one in relationships."
- "I always thought women were all the same. Now I realize I've never gotten to know a woman very well."

Session Six

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members.

4. Discussion - The Images of Men and Women.

a) Film - Killing Us Softly: Advertising's Image of Women. (28 minutes). This film demonstrates how advertising helps perpetuate a negative image of women and how this, in turn, effects our attitudes and behaviour towards women. It is available from The National Film Board distribution centre, Family Violence Film Collection.

   Discussion: Member reactions to the film.

b) How do images or perceptions of men and women lead to abusive behaviour?

c) What aspects of our society contribute to violence against women?

d) What are some negative images of men and women?

e) What are some positive images of men and women?

5. Check-Out.

Sample Comments during the session:
- "That film makes me feel angry. I don't think I'm like the men in that film and I sure don't want to be."
"I've always felt empty my whole life and so I think I tried to cover that emptiness up by drinking and going through lots of women."

"I notice you keep blaming your wife for what you did to her. I used to do that too and I can tell you that until you change yourself, nothing different is ever going to happen."

Session Seven
1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members.
4. Discussion: The future for men
   a) What is in it for men?
   b) The development of a healthy identity for men.
   c) The image of a 'real' man is changing; where do I want to go and how do I get there?
   d) How can I best help myself to change?
5. Check-Out.

Sample Comments during the session:
- "How am I supposed to behave like a man if I change the things I've been doing for so long?"
- "I'd like my wife to be my friend, but I'm not sure how to do that."
- "I realize I never had any right to hit her. I hope it never happens again."

Session Eight
1. Check-In.
2. Review of previous session.
3. The Abuse Log - Review entries by members.
4. Discussion: How am I working to make changes in my life?

5. Check-Out.

Sample Comments during the session:

- "I'm really trying to look at myself and not play all the superficial games I used to."
- "It's hard to make changes like we talk about in here, when I don't know many people who talk like this."
- "It doesn't bother me any more that she does separate things, she has a right to."

Session Nine

1. Check-In.

2. Review of previous session.

3. The Abuse Log - Review entries by members.

   a) What have I learned so far?
   b) From what experience have I learned the most so far?
   c) From what experience have I learned the least so far?
   d) How have I changed so far?

5. Evaluation material handouts (see Appendix E).

6. Check-Out.

Sample Comments during the session:

- "Well, I've stopped hitting her but I still swear at her and lose my temper. I want to keep working on that."
- "Even though she said she's not coming back, I still think the changes I've made are good for me for the future."
- "I always wanted to control her all the time; I'm glad I don't do that so much now."
Session Ten

1. Check-In.

2. Review of previous session.

3. Discussion:
   a) Ongoing evaluation of change.
   b) Future planning:
      - where do I go from here?
      - what plans do I have if I ever feel that violence might recur?
   c) Summary of the group experience.

Sample Comments during the session:

- I wish other men would get involved in something like this too. My life has really changed."

- If I ever thought I was going to be violent again, I'd call you back."

- I've got lots to change yet so I'm coming to the next series of sessions as well."
INTERIM ACCOUNTABILITY &
ACCESSIBILITY REQUIREMENTS FOR
MALE BATTERER (PARTNER ASSAULT RESPONSE {PAR})
PROGRAMS

Ontario Women's Directorate

March 1994

June 3, 1999
P: MaleBatterers

see Footnote 2, p. 142
INTRODUCTION

Over the years providers of services to abused women, and women's advocates, have expressed concern as to whether male batterer (PAR) programs are effective, and about the need for accountability to abused women and the broader community. To address this concern the government committed itself to evaluate male batterer (PAR) programs, and to develop a program model that would ensure effectiveness and provide program accountability to abused women and the broader community.

Recognizing that some concerns could be addressed in advance of the program evaluation, and in fact would contribute to the evaluation, the government decided to implement some objectives as a first step toward the program evaluation. Thus, the use of the word "Interim " in the document title. It is to acknowledge that not all the identified concerns have been brought forward into these Requirements, and that others will need to be addressed in the ongoing policy development and evaluation processes.

The principles and objectives reflected in these Requirements were selected based on concerns expressed over the years, but more recently from the contributions made at the Towards Women's Safety Forum of September 1992.

The government organized this Forum in concert with a Community Advisory Committee for the purpose of getting input to assist with the evaluation of male batterer (PAR) programs. Approximately 250 people, representing 'survivors of assault', women's advocates, leaders of men's programs and other service providers from across Ontario, participated in the Forum.

The following key objectives raised at this Forum were identified as ones that could be addressed right away, with the corresponding measures to achieve them, and therefore, are emphasized in these Requirements:

- the abused partner's immediate safety will be the first priority of the program
- the program will be accountable to abused partners and the broader community
- efforts shall be made to increase accessibility to the programs for all community members, including those from different races, cultures, abilities, countries of origin, and socioeconomic status, and those living in rural or isolated areas.
The Interim Accountability and Accessibility Requirements are based on input from a number of sources, with the responses and ideas of participants at the Towards Women's Safety Forum being the most influential. These Requirements are intended to:

- recognize that male batterer (PAR) programs are only one approach to addressing the elimination of violence against women
- take the first step in a longer term program development and evaluation process, in which community and program provider feedback will be welcomed on an ongoing basis, to ensure appropriate and flexible programs
- ensure that male batterer (PAR) programs contribute to the empowerment and safety of abused women, and strive to make male abusers accountable for their violent behaviour
- fulfil a two fold purpose:
  - to establish measurable program objectives as a first step toward fulfilling the government's commitment to evaluate these programs, and
  - to take action on the three pressing concerns, identified at the Forum, that were listed above as key objectives
- inform and provide direction to government staff and community program providers

These Requirements mean that Male Batterer (PAR) program providers are ACCOUNTABLE FOR administering a program designed to achieve the stated goals and objectives, including carrying out the specific measures that support the objectives as provided in the Accountability & Accessibility Requirements.

In doing so, Program Sponsors will become ACCOUNTABLE TO abused women, and the broader community (which includes local VAW services and women in general); as well as to program funders and program participants.

CONTINUED GOVERNMENT FUNDING OF MALE BATTERER (PAR) PROGRAMS IS CONTINGENT ON COMPLIANCE WITH THESE INTERIM ACCOUNTABILITY AND ACCESSIBILITY REQUIREMENTS

The following sections form part of the Interim Accountability and Accessibility Requirements Document:

- Statement on Program Rationale and Principles
- Program Goal and Objectives and Indicators
- Accessibility Requirements and Indicators
- Confidentiality Policy
- Participation Agreement
- Implementation Schedule, including provisions for compliance monitoring

P:\Kathy\Correct\Intermediate Accountability & Accessibility Requirements for Male Batters programs

Updated: August 13, 1999
MALE BATTERER PROGRAM RATIONALE AND PRINCIPLES

Rationale

Male Batterer (PAR) programs, an essential part of the criminalization strategy, are one approach to addressing violence against women. They are also part of a broader strategy to eliminate violence against women.

Together with other programs and activities funded through the VAW Prevention Initiative, which is led by the Ontario Women’s Directorate, the male batterer (PAR) programs are intended to eliminate violence against women by male partners.

Within this context, the following Principles will guide the operations of the programs:

Principles

1. Women’s safety is the highest priority.

2. Assault is a crime. Anyone, including a male partner, who assaults or abuses a woman, is liable to legal sanction.

3. Abusive men are responsible for their violent behaviour. In this context, it must be understood that violent behaviour against women includes physical assault, sexual assault, psychological abuse, and threats of physical assault, directed by a man toward his female partner. It includes any form of coercive control, including financial and legal. It includes violence against property in which the woman has a vested interest whether financial or emotional, and includes violence against pets. And it includes assault in or outside the home, whether or not the relationship is a legal marriage and whether or not the partners are living together at the time of the assault.

4. Violence against women is a community problem. Community involvement is essential to the elimination of violence against women.

5. Community members involved in dealing with the problem must reflect the local diversity (race, culture, age, abilities, country of origin and socio-economic status).

6. Programs must be accessible. ACCESSIBLE means that programs are responsive to the needs of all male batterers and their abused partners, including those of different age, race, ethnicity, religious beliefs, physical or mental disability, and socio-economic status and those living in the rural and remote areas of a geographic community. Programs that serve one specific minority group, e.g. cultural or linguistic group, are considered to contribute to this principle of accessibility.
MALE BATTERER (PAR) PROGRAM GOAL AND OBJECTIVES

Program Goal

The primary goal of Male Batterer (PAR) programs is to increase women's safety by enabling men to eliminate their violent behaviour against women.

Program Objectives:

1. To contribute to the safety of women, including partners of program participants during the men's involvement in the program;

2. To enable men to eliminate their violent behaviour toward women;

3. To encourage program participants to accept responsibility for their violent behaviour;

4. To improve the accessibility to male batterer services for members of the local community by ensuring that the community diversity, as described in Principle No. 6, is represented in the planning, implementation, and monitoring of programs;

5. To be able to respond to the diverse needs of the abused partners and other women who may contact the program, particularly those who face multiple disadvantages including immigrant women, francophone women, racial minority women, women with disabilities, and women from rural and remote areas.

6. To effect accountability to abused women and the VAW community by involving them in all aspects of the male batterer program, from development to evaluation. VAW Community means local VAW services and women in general.

NOTE: These objectives will be operationalized in a manner consistent with the confidentiality policy.
ACCOUNTABILITY REQUIREMENTS AND ACCOUNTABILITY INDICATORS

Accountability Requirements are the means that the Agency will employ to achieve the program objectives. The Minimum Accountability Indicators are the minimum methods for the agency to demonstrate compliance with the Requirements. Agencies are encouraged to develop additional methods of implementing the Accountability Requirements. Government funded male batterer (PAR) programs will be monitored for compliance with both, with continued government funding contingent upon compliance.

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<th>ACCOUNTABILITY REQUIREMENTS</th>
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<tr>
<td>A SAFETY MEASURES</td>
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<td>1. Establish contact with the partner of the program participant in order to provide her with information on appropriate community resources, and her rights. (Partner is meant to include women the male batterer is in contact with; the abused partner, and/or the current partner). (Partner means the woman who was the victim of the offence that resulted in the referral to the PAR program and the current partner, if not the victim of the offence)</td>
<td>a) The Agency has policies and procedures on offering information and/or referrals to the partners of program participants.</td>
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<td>b) The Agency has available information on local VAW services and other related community resources.</td>
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<td>c) An ongoing record is kept of the partners contacted, by whom, and the information provided. Where the agency has been unsuccessful in making contact, a record should be made of what attempts were made to do so.</td>
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<th>ACCOUNTABILITY REQUIREMENTS</th>
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<td>2. Offer the program participant’s partner, as part of the initial contact or immediately thereafter, the following information about the male batterer's (PAR) program:</td>
<td>a) <em>A trained volunteer or program staff person</em> has been assigned to maintain contact with the abused partner (unless the abused partner objects).</td>
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<td>• Curriculum content</td>
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<td>• Confidentiality of communications of battered women</td>
<td>b) A record is kept of continued contact with the partner. (See indicator under No. 1 above).</td>
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<td>• Limitations on confidentiality of batterers</td>
<td>c) Policies and procedures are developed on responding to disclosures from partners or victims, particularly disclosures about further occurrences of violent behaviour. The policies should reflect that priority is given to the safety of the partner or victim.</td>
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<td>• The mechanisms by which partners are advised of any risk posed by their partner (the program participant) (i.e. male batterer) that has come to the attention of the program.</td>
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<td>• The limitations of male batterer (PAR) programs; program participation does not by itself guarantee the woman’s safety</td>
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<td>3. Alert the abused partner of any threats made by her partner in the presence of program staff, volunteers or participants (of which program staff becomes aware) that suggests she will be subjected to further abuse, or that her safety is at risk. Help her develop an effective safety plan including calling the police. (The Agency should offer to alert the police if the woman wants that done but is reluctant to do so herself).</td>
<td>a) Policy and protocol is developed on when to alert the partner to possible abuse and harm, what to communicate, and how to assist the partner.</td>
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<td>b) A ‘contact log’ is maintained, listing when the Agency contacted or attempted to contact the abused partner for such purposes, and what was communicated. Primarily for the use of the agency, it could be used in a compliance audit with the appropriate confidentiality and freedom of information procedures followed.</td>
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<td>c) Protocol is developed for involving local VAW services (this protocol would have been developed with input from the local VAW services).</td>
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<td>d) Training is provided to assist staff to follow the policy and protocol.</td>
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P:\Kathy\Corrected\Interim Accountability & Accessibility Requirements for Male Batterers programs

Updated: August 13, 1999
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<td>4. Collaborate with local VAW services to ensure that battered partners (partners of PAR program participants) are offered and, if agreeable, provided outreach, advocacy, safety planning and other assistance while batterers (men) are participating in batterers (PAR) programs.</td>
<td>a) Appropriate protocol is developed.</td>
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<td>5. Establish procedures to notify appropriate authorities of any heightened concerns for violence by the male batterer. This would include notifying the police if the batterer threatens to physically harm his partner, the children, or any other person</td>
<td>a) The Agency's Confidentiality Policy reflects that the safety of the partner and her children, and other potential victims, is the first priority.</td>
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**ACCOUNTABILITY REQUIREMENTS**

**MINIMUM ACCOUNTABILITY INDICATORS**

| B. ACCOUNTABILITY STRATEGIES |  
|-------------------------------|---|
| **1. Develop a strategy to have the program account to the abused women and the community in its diversity for carrying out the program objectives, and measures to achieve the objectives.** | A prepared accountability strategy, including implementation schedule. |
| **2. Involve abused women and the community in program planning, implementation and evaluation for program effectiveness.** | A network/system has been established to provide for community involvement at all stages of the programs. |
| **3. Cooperate with local VAW services, and other related agencies such as law enforcement, the judicial system, and probation/parole services, to create a coordinated, comprehensive response to male batterers (men who abuse their partners).** | A list of the activities the agency is involved in with the local VAW services and other related agencies or judicial personnel/institutions. |
| **4. To insure the male batterer (PAR program client) is aware of the conditions of his participation in the program, have the male batterer (him) review and sign a Participation Agreement containing the information under that Section of these Interim A & A Requirements; and review and provide the male batterer (him) with a copy of the Agency's Confidentiality Policy reflecting the provisions identified in that section of these A & A Requirements.** | A signed Participation Agreement from each program participant covering the specifics listed. b) A comprehensive Confidentiality Policy including provisions listed. |
ACCESSIBILITY REQUIREMENTS AND INDICATORS

Accessibility Requirements are the means that the agency will employ to achieve the program objectives. The Minimum Accessibility Indicators are the minimum methods for the agency to demonstrate compliance with the Requirements. Agencies are encouraged to develop additional methods of implementing the Accessibility Requirements. Government funded male batterer programs will be monitored for compliance with both, with continued government funding contingent upon compliance.

<table>
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| 1. Collaborate with existing agencies serving people of different language, culture, ability, etc. to continue to improve accessibility of male batterers and their partners to services responsive to their diverse needs. This could be done through sharing information/material, increased referrals, or using specialized services to supplement the Program's ability (e.g. translation services, reading assistance, etc.) | a) A network is established of the different cultural, linguistic, and disability targeted services, to achieve this requirement.  
b) A record is kept of these referrals and sharing of specialized services/resources, including how well the client(s) could be served. |
| 2. Develop a comprehensive strategy to have the agency reflect the diversity of the community it serves, in terms of composition of the board, board committees, volunteers and staff. For agencies that serve one specific minority group, their community would be that specific minority community. | a) Developed strategy and implementation schedule.  
Information gathered on community profile. |
| 3. Develop a strategy to reach the rural and isolated people within the agency's geographic community. | a) Developed strategy and implementation schedule. |

P:/Kathy/Correct/Interim Accountability & Accessibility Requirements for Male Batterers programs

Updated: August 13, 1999
CONFIDENTIALITY

Participants in male batterer (PAR) programs are accorded only limited confidentiality. Each participant shall be provided with a written copy of the program's confidentiality policy, and a review of the limits of confidentiality.

A copy of this policy, and a review of it, shall also be provided to the participant's partner.

The following limits, waivers, and provisions for confidentiality must be incorporated in the Male Batterer (PAR) Program's Confidentiality Policy.

Limitations of Confidentiality

The written and verbal statements of program participants will be treated confidentially, with the following exceptions:

1. In cases of suspected child abuse. This will be reported in accordance with the Child and Family Services Act and any other governing legislation, to the appropriate authorities, including the Children's Aid Society.

2. In cases where the male batterer threatens to harm or kill his partner, her children, or any other person. The potential victims will be warned; as well as the appropriate authorities notified in accordance with the Agency's policies and protocols.

3. If the male batterer is in the program by court mandate, in accordance with established procedures, the court, or probation and parole services will be informed about a program participant's attendance and participation or any act of violent behavior which constitutes a violation of the conditions of any court order.

Waivers of Confidentiality

Programs must require participants to sign a waiver of confidentiality, acknowledging that they are aware of the "Limitations of Confidentiality".

Where the participant is court mandated to the program, the waiver specifies that program staff will reveal to probation and parole services and the court, information on the participant's enrollment, attendance, dismissal, program completion and any threats of violence.
The waiver will permit program staff to take safety initiatives to notify any person at risk including but not limited to the victim, any children, significant others, local VAW services or the police, of any concerns they have about the participant’s potential to cause further harm or death to the intended victim.

Court Disclosure and Testimony

The program should develop policies about providing testimony in administrative and judicial proceedings, addressing matters such as the scope of participation of program staff in judicial or administrative proceedings and the parameters of confidentiality in cases involving batterers mandated by the court.

Victims/Partners and Confidentiality

Victims of VAW and partners of participants are entitled to information about the male batterer (PAR) program’s curriculum, policies and procedures.

The current partner and any adult victim of a participant are entitled to information about enrollment, attendance, dismissal, and program completion by the participant.

Male batterer (PAR) programs shall maintain the confidentiality of victims unless there is reasonable cause to believe that the victim or another party may be in imminent danger.

Programs shall not persuade nor coerce victims to waive confidentiality and shall inform victims of the limits to confidentiality. Victims who wish to give information to the batterer (PAR) program must be informed when it is in their interest to report elsewhere due to the limitations on what the male batterer (PAR) program can do to help them, and be encouraged to seek further assistance from local VAW services.
PROGRAM PARTICIPATION AGREEMENT

To ensure informed consent from the participant when agreeing to participate in the program, the following issues must be addressed in a male batterer's (client's) signed program participation agreement:

1. Statement of program philosophy, principles and objectives;
2. Length of program;
3. Attendance policies, including requirements for cancellation and consequences for violating the attendance policies;
4. Dismissal criteria, or criteria on when a participant will be asked to repeat the program.
5. Other information deemed appropriate by the agency.

PAR Consultation – 11/17/97 & 3/12/98
Suggestions for Standards/Amendments/Additions to IAAR

1. Information provided to partner at the first contact re: limits of confidentiality and circumstances when her disclosures might be reported, e.g., child abuse/neglect; reports of man's violence or breach of probation.
2. Who is a partner? Minimum standard is that victim of offence for which client is on probation and the current partner, if different, should be contacted.
3. Initial contact with partner should be within 3 weeks of man's admittance to group.
4. Minimum of one contact (if woman refuses contact). No suggestions for frequency with women who wanted contact.
5. 80% attendance as minimum for completion.
6. Length of program – 16-20 weeks
7. Volunteers – accountability guidelines/job descriptions
8. Information to probation
   - Notification of admission to group and start date
   - Notification if not admitted to group
   - Notification if expelled or drop-out
   - Report upon completion
9. Admission criteria
   - Alcohol/drug problems
   - Mental health issues
- "Abject" denial
- Refusal to sign contract
- Refusal to provide partner information

10. Requirements from Probation/Parole
   - Copy of Probation Order
   - Copy of Occurrence Report
   - Copy of PSR, if one prepared.

11. Fees