Depo. Kayagers

SPOUSE ABUSE Treatment: An Overview

by Aphrodite Matsakis

The spouse abuser, the major perpetrator of domestic violence, commits grave crimes, yet can not be dismissed as an inhumane monster. He probably has a generational history of familial violence. As a child, the batterer may have been the secondary victim of spouse abuse, directly as a recipient of violence or indirectly by witnessing violence and learning it as a way of life and then repeating it as an adult.

According to Lenore Walker's study of over 300 battering couples (1979, p. 23):

> In my sample, approximately one third of the batterers beat their children. In another third of the cases, battered women beat their children. Although the children of the final third were not physically abused, they suffered a more insidious form of child abuse because of living in a home where the fathers battered the mothers. . . .

A survey of over two thousand families found

> . . . the rate of child abuse is 129% higher in families where there is also spousal abuse. As a result of the study, Gelles projects that between 1.4 to 1.9 million children were subjected to physical injury in 1975, the year covered by the survey.
>
> (Steinmetz, Strauss, Gelles 1975)

In the violent home, the children may fear and hate the batterer, but also come to identify with him and learn to imitate him. In identifying with the aggressor, they learn violence as a method of coping with conflict and internal frustrations. Commonly, the wife is a buffer, protecting the children from the father's violence and often leaves at the point when the father begins to extend his cruelty to the children.

The multigenerational cycle of learned violence is illustrated in the case of Norma, presently an "ex-battered women," who describes how her husband, Ray, encouraged their son, Don, to batter her and simultaneously molested the son as well. As the above facts show, this child is no rarity.

> My husband began to beat me after a few years of marriage. I took it for a year for the sake of our son, Don. . . . What made me leave Ray was his bringing Don into it. Ray forced Don to watch the beatings and would say, "Look, isn't Mommy funny. Look at Mommy, she's all red and blue." He forced Ron to hit me and made both of us engage in unusual sex acts.
>
> Since I left, Ray has beaten me on several occasions when he comes to pick up our son for visits. A while ago he beat and raped me so savagely that I wound up in the hospital. Our son saw everything.
>
> The worst thing is that Don comes home with burns, smashed fingers, as well as bruises and welts. His father has sexually molested him too. I have proof of all this, verified by two psychiatrists and our pediatrician.
>
> I went into hiding to escape him and protect Don. I know every raunchy motel in the area. I only came out of hiding when I got a court order prohibiting visitation due to child abuse.
>
> The awful thing is that the judge

> I am afraid my son will hate men all his life. After his father abused him sexually, Don used to scream when I changed his diaper saying "Please don't stick me, don't stick me." But then he'd say, "Is it time to play?, Mommy?" I thought he meant play, but he didn't. He'd say, "Stick it up Mommy. Stick it up." He used to scream when he saw men and refused to go to the bathroom and take down his pants. Now he's better. In fact, sometimes he acts like my husband. Don threatens to hit me when I don't do what he wants and he wants a toy gun so he can kill animals. I found out that his father bought a gun and likes to kill cats and is teaching our son how to do it. . .

Children like Don are thus prime candidates for becoming abusive husbands and fathers. They have been taught explicitly that this is how a man asserts his position as head of the family. Unless re-educated through some form of treatment program, males like Don will continue to be responsible for countless incidents of inter-familial violence.

The Lack of Spouse Abuser Programs

Programs to treat spouse abusers are crucial to the prevention of domestic violence, yet very few exist. Although varied and substantive services are becoming increasingly available to the battered woman, relatively few programs are aimed specifically at helping the batterer.

In an overview of spouse abuser programs, Klingbeil (1978, p. 1) notes that

> The handful of programs in the country have largely been volunteer efforts and have been discontinued after a few months for a variety of reasons including lack of commitment to goals, lack of referral, and lack of money. That social agencies have either refused to initiate services for batterers or have been apathetic to this program-need

reversed his decision to deny Ray visiting rights. So now my husband can visit Don every other weekend . . .

speaks to the complexity of the issues surrounding such programs. The lack of both formal and informal education among health care professionals today in realizing the pervasive nature of violence in our society and developing both crisis and preventative programs to meet needs is commonplace.

Most mental health professionals are inadequately trained in understanding or treating violent family relations. Only in the last few years has the mental health profession even addressed itself to the issues of violence in the family and of providing mental health services for the battered woman. Much more is known about battered women and how to help them, than about batterers and how to rehabilitate them. In a parallel manner, more is known about rape victims than about rapists, and more about how to assist the former, than the latter.

One problem underlying the failure to establish programs for batterers is that as mental health workers, our information about batterers is limited. Almost exclusively, we know these men through second hand descriptions by their mates and the reports of police officers. Spouse abusers usually do not present themselves for treatment or for research observations and are prosecuted infrequently. Some direct observations come from research on battering couples by Walker, 1979; Null, 1978 and other from the preliminary reports of the few and limited treatment programs specifically for batterers (Boyd, 1978; Klingbeil, 1978 and Gangley, 1979).

When batterers are available, they usually are either reluctant or unable to "self-disclose," finding it difficult to discuss anything other than what the battered woman did to deserve her beatings. Typically they feel justified in beating their mates and blame their violence on their victims.

Walker (1979) observed that battering couples hold traditional views of masculine and feminine roles, especially male supremacy, and that the battered woman tends to assume responsibility for family life and even the batterer's actions. Boyd (1978, p. 8) asserts that the batterer "believes his forcible behavior is aimed at securing the family nucleus, for the good of the family," "has no sense of violating other's personal boundaries," and "accepts no blame for failures, marital, familial, or occupation, or for violence."

While Walker (1979, p. 22) asserts that "unlike the psychopath, the batterer feels a sense of guilt and shame at his uncontrollable actions; if he were able to cease his violence he would." Boyd (1978) disagrees, noting that the batterer often "reports not feeling guilty on a emotional level even after intellectual recognition."

In any case, rarely do batterers seek professional help because they acknowledge that *they* have a problem. Mental health workers who operate therapy programs for battering couples note that the prime motivation of the batterers in coming to treatment is to maintain or reestablish a relationship with a departed mate. Initially the man may want to keep the relationship going at all costs, even if the "cost" is being in therapy. Once it becomes obvious that the woman will not return, the batterer usually terminates treatment (Boyd, 1978; Klingbeil, 1978).

Boyd (1978, p. 4) notes that

> Batterers typically report feeling little or no responsibility for their dys-

functional relationship and often insist upon directing their partner's treatment. Better treatment results may be expected when the batterers believe that reconciliation with their mates is no longer possible. At this point, the batterer becomes interested in focussing on his individual problems apart from his former mate.

The majority of spouse abusers receive no treatment at all. Most do not seek it voluntarily unless motivated to maintain or regain their mate. Men convicted of spouse abuse are not required by law to undergo rehabilitation. By contrast, in some jurisdictions, convicted child abusers are encouraged or required to complete a counseling program. Furthermore, it is practically impossible for the wife to force a mental illness commitment on the batterer or require him to undergo treatment against his will. Under any circumstance, mental illness commitment against an individual's will is difficult to obtain, but especially so in the case of the battered woman. Given the paternalistic attitudes and general ignorance of our courts regarding spouse abuse, it would be rare to convince a judge that a man needed psychiatric help or commital because he beat his wife (Null, 1978).

The Traditional Mental Health Response

I have worked with batterers on an in and outpatient basis in a large urban hospital. They came seeking help and even psychiatric hospitalization for emotional collapse, psychotic symptoms, suicide attempts, suicidal thoughts, or severe depression following an acute battering episode or, more often, following the departure of their mate.

Before this year, I had no professional training in the area of spouse abuse and hence my uninformed impressions of these men was that their violence was not a problem in itself, but a symptom of a "deep psychological disturbance" that needed intensive insight psychotherapy. I thought that they and their bruised women were isolated cases of "perversion" and that family violence was limited to economically desparate, emotionally unbalanced men of the lower socioeconomic classes. In other words, I believed all the myths about spouse abuse.

Unfortunately, my past ignorance regarding the nature of domestic violence in our society and the needs of the batterer left me unprepared to identify or to help the abuser. My ignorance, alas, was not and is not unique. Most of my colleagues remain uninformed. Batterers are rarely diagnosed as such and receive little help specifically for their violent behavior other than medication or hospitalization, if warrented.

The clinic practice is to label violent men as either "paranoid schizophrenics," "explosive," "inadequate" "antisocial" personalities, or "character-disordered." If alcohol and drug addiction is evident, as is in *some* but not all cases, then the man is referred to an addiction treatment program and might be labeled "alcohol or drug addict . . . with explosive tendencies."

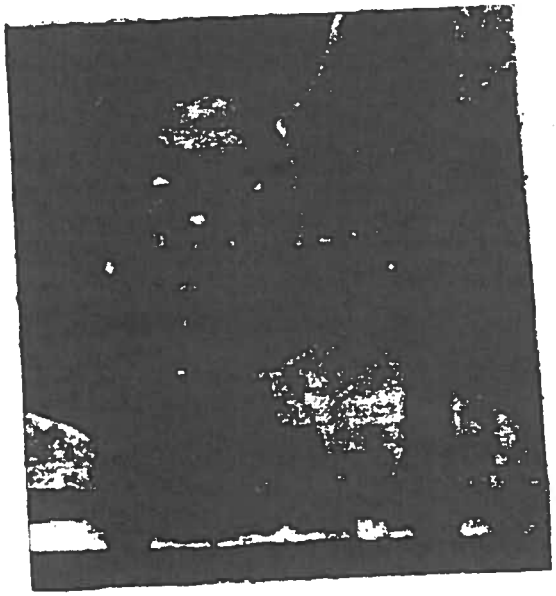
In fact, some are out of touch with reality and display psychotic symptoms or otherwise deserve the above labels. For those batterers who do display psychotic symptoms, wife assault seemed to be triggered by the wife's idiosyncratic role in his fantasy life. Others are sadistic individuals who not only tortured their wives, but children, animals, and others as well. Still others are the cold stern disciplinarian type who beat their women out of a sense of duty to make them conform to some standard.

Most batterers, however, "exhibit a wide range of personality disturbances and usually have no visible signs distinguishing them from the normal person. . . . They are a mixed group, representing all ages, races, religions, including no religion, educational level and socioeconomic groups." (Walker, 1979, p. 30).

If there is a "typical" batterer, based on the literature and on my own experience, he is not the psychot.. psychopath. Rather he would fall into a large diffuse category called "inadequate personality" characterized by low self-esteem and poor impulse control.

The "typical" batterer tends to present a "dual personality, has severe stress reactions during which he uses wife-battering and sometimes drinking to cope, and tends to be pathologically jealous" (Walker, 1979, p. 30). He is often someone who uses sex as an act of aggression to enhance his self esteem in view of a sense of waning virility or sexual ambivalence (Walker, 1979, p. 30.)

Boyd (1978) found batterers to be demanding and often times assaultive in sexual activities, some



times controlling with abstinence and at times impotent. The batterers in her sample exhibited a limited "capacity for delayed reinforcement (very "now" oriented), insatiable ego needs, a childlike narcissicism not generally detectable to people outside the family group." They "perceived unachieved ideals and goals for themselves" and evidenced "disappointment in career even if successful by other's standards." (Boyd, 1978, p. 8).

Years ago I was puzzled by patients who battered their wives but were quite congenial, reality oriented, and hostility-free towards me and other female staff. Walker (1979, p. 20) notes that batterers are often "charmers with many friends and models of respectability outside the home." Only about 20% in her sample were violent to others. Many were affluent, competent, and charitable.

> . . . the women interviewed all described their batterers as having a dual personality, much like Dr. Jekyll and Mr. Hyde. The batterer can be either very very good or very very horrid. Furthermore, he can swing back and forth between the two characters with the smoothness of a con artist . . . (Walker, 1979, p. 22)

The batterers I tried to help often successfully manipulated and charmed me away from a clear focus on their personal insecurities and their major behavioral problem, violence, onto other subjects and issues. But that at that point I was so unaware of spouse abuse that I had not identified them as spouse abusers and hence could offer them no help with their violent behavior.

Unfortunately, the majority of my colleagues still know little about spouse abuse. They wonder why the violent men under their care sometimes give "normal" results on mental status exams and do not harbor aggression towards persons other than their wives (and/or mothers). How could it be that this man is obssessed with just one woman? How could it be that his wife claims he has assaulted her and she hasn't prosecuted? Confused by the Dr. Jekyll-Mr. Hyde aspect of the batterer's personality, I have heard staff either do all or some of the following:

a) blame the wife for the beatings (She's a maso-

chist; She doesn't give him enough attention; She's sexually ungiving; She's too aggressive and too demanding; She's the woman's lib type;)
b) deny the violence (The wife is overreacting; She must not have been seriously hurt if she didn't prosecute him;)
c) dismiss the batterer as some kind of monster; or
d) expend a lot of energy on intellectual speculation about the man's psychodynamics and early childhood.

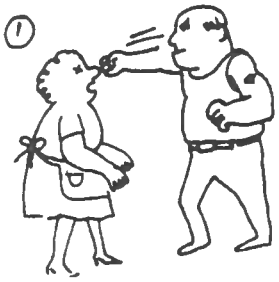
Treatment procedures are severely handicapped by such unawareness. On an outpatient basis, batterers are offered individual or group therapy, but attendance tends to be poor and sporadic. The violence is rarely discussed *as an issue in itself*. Psychiatric drugs are often given to control the violent outburst or "psychotic episodes." See p. 13. Batterers referred to drug or alcohol treatment programs probably do not receive direct attention to their battering.

In sum, the violent man who seeks help in the traditional mental health system, may be improperly diagnosed and misunderstood, and may receive limited help with his major problem, his violent behavior. Treatment not specific to his personality needs fails to help him with his deep seated internal problems and personality deficits, which erupt in violence. Treatment programs not aimed specifically at stopping the battering fail to stop the violence on a long term basis. The alternative, treatment *specifically* for batterers, must become more readily available.

Treatment for Batterers

Treatment programs specifically for batterers consist of couples therapy and some batterer-only programs. They have proven successful in curtailing, if not eliminating, battering and the probability of success is increased if alcohol and drug addiction are not factors. Abuser treatment programs vary in format and mode of treatment, but concur on the following points:
a. a clear recognition of the fact that the man is the batterer and the woman is a battered woman. ("These labels help overcome the denial of the serious nature of the violence," Walker, 1979, p. 217)
b. the goal of stopping the violent behavior;
c. the goal of strengthening the individual abuser (and his wife, if couples therapy) to be able to build a new, healthier relationship rather than the goal of strengthening the relationship. ("Success is achieved if the individuals are strengthened, even if the relationship itself is not able to survive." Walker, 1979, p. 216)

Boyd (1978), and others note that the batterer is as emotionally dependent on his wife as she is on him, if not more so. Boyd asserts that "he may attempt to control by threatening homicide or suicide and he often attempts one or both when the partner separates and has been known to complete either or both." (Boyd, 1978, p. 8). Counselors of batterers have also observed that batterers had no friend or confidant as close to them as their mate (Boyd, 1978, Klingbeil, 1978, Walker, 1979). As Walker (1978) notes, the batterer's worst fear is that the woman will leave him. On one level, both he and his wife tend to be traditionalists who fear the religious, social, and economic ramifications of divorce. On the psychological level, "A bond seems



to exist between the couple that says, we may not make it together, but alone we will surely perish." (Walker, 1979, p. 207). Hence any therapy programs for battering couples or batterers must be aimed at helping the individuals develop and grow independently of each other rather than support a symbiotic relationship.

Couples Therapy

The wish that couples therapy will make "everything okay" is fallacious in the case of battering couples. Traditional couples therapy is oriented towards improving the relationship. With battering couples, the prime goal is stopping the battering and building each individual's sense of self so that a new relationship, free of coercion or symbiotic dependency, may be established (Walker, 1979).

Walker (1979, p. 216) concludes that

> Couples therapy is the therapeutic technique that most psychotherapists, helpers, battered women, and batterers count on to make everything all better. Battered women, in particular, feel that if they can get their men to participate in therapy, then they will stop their abusive behavior. This assumption is not necessarily true. Very few traditional techniques of couples therapy apply to battering couples. Many of these methods include teaching couples how to fight fairer and better. I am in total disagreement with such techniques.
>
> . . . Battering couples do not need to learn new fighting behavior. Rather, they need to learn to control their anger. Nonfighting techniques need to be stressed instead. Another difficulty with traditional couples therapy is that it includes the goal of helping the relationship become better. . . . With battering couples, the survival of the relationship is secondary.

Existing Programs

Procedures used in therapy conducted by Walker and Flax have successfully limited incidents of battering. The basic assumption is that if the battering couples could be more assertive about expressing their needs and learn to signal each other when they experience tension rising, the tension leading to battering could be prevented. Upon receiving an agreed upon signal, the signaled partner stops whatever s/he is doing to cause tension in the other.

A wide variety of behavioral techniques are used. Initially the battering couple live separately and work separately with the therapists. The couple is allowed to move back together and begin joint therapy sessions on the advice of the therapists. Couples do benefit, but the couple is in frequent contact with the therapists and becomes very dependent on them to prevent further violence. Each mate learns to express his or her needs and anger more constructively. The therapy, however, is "time consuming, expensive, and exhausting for both the couple and the therapist" (Walker, 1979, p. 219).

> It has been impossible for us as therapists to have more than two such couples in treatment at any one time. We have been unable to intro-

> duce this kind of couples thereapy into mental health centers and clinic programs because of the cost factor involved. Thus it has limited potential. (Walker, 1979, p. 219).

A pioneer project has been initiated in Seattle under the auspices of the YMCA Metro Center. In a twelve-week counseling session, batterers and their mates each meet with separate therapy groups, and then work together in couples meetings. While the results of this effort are too premature to report, the outcome for the couples who have attended the groups so far seems quite positive. Battering was stopped or reduced, at least temporarily. The counselors have concluded that such programs are helpful. High expectations should not be based on initial success, however, since batterers are exceptionally difficult patients who require more and longer-term sessions than were originally planned.

At the Harborview Medical Center of Seattle, Washington, batterers come for counseling on a voluntary basis, usually to seek reconciliation with their departed mates. After intake, the batterer can be seen on an individual, couples, family, or group basis. If alcoholic, he is first referred to the alcohol counseling unit. Individual and family treatment is oriented toward crisis intervention and then reality assessment. Counselors stress to the batterer the harm of battering the abused woman and children.

The batterer who attends adult and men's groups typically has offended both the therapists and other group members by his insistence on the "right to batter." Batterers have found more acceptance in open-ended "any persons" groups but very little is achieved therapeutically in these groups. Researchers at the Center report that most batterers terminate after one or two visits, especially if it seems that their mates will not return home. This experience suggests the need for groups specifically for batterers, organized around the goal of abstinence from battering to provide the peer support and controls unavailable from other groups. Nearly everyone of the 300 batterers seen at the Center report having no friend as close as the battered mate.

Drs. A. Gangley and L. Harris have designed and implemented the only residential program for batterers in the country at the American Lakes Veteran's Administration Hospital in Tacoma, Washington.* Their program requires patients to stay in the hospital for four weeks and includes various innovative techniques, such as anger management, assertiveness training, relaxation training, physical exercise, vocational training, and group discussion.

Their theoretical basis is that violent behavior is learned and hence, can be unlearned. The goal of the program is ending the batterer's violence, rather than salvaging the marriage. Marital counseling is offered only after the abuser has learned to control his violent behavior.

> . . . Therapists focus on the motivating forces for that behavior rather than on the psychodynamics of spousal relationship. . . . At the onset of the treatment, abusers usually do not accept very readily the idea of separating from their wives. . . . Dr. Harris states that if the batterer continues to live with his wife while in therapy, he tends to focus on problems in his marital relationship rather than on changing his violent behavior. Dr. Gangley adds that 'as long as we stay focused on the violence, it stops.'
> (*Response*, Vol. 2, No. 8, 1979, p. 1.)

Abusers are educated as to the facts regarding the prevalence of spousal abuse and its cyclical nature in our society. The therapists emphasize the men's responsibility for their behavior and for changing it." (*Response*, Vol. 2, No. 8, 1979, p. 1)

Unfortunately, this excellent program was discontinued in August, 1978 due to insufficient numbers. The program has been continued on an outpatient basis, but Gangley and Harris believe that

> . . . residential treatment for abusers is the most effective since separation

*Gangley and Harris have written a report on their program which includes their results and recommendations regarding abuser treatment programs. Write them at the Psychology Service American Lakes Veterans Hospital, Tacoma, Washington 98493 for a copy.

and structured relearning are so essential. Because the abuser is still dealing with the reality of stressful relations during outpatient treatment, progress is slower.
(*Response*, Vol. 2, No. 8, 1979, p. 2).

Summary

The goals of stopping violence and strengthening the individual, rather than saving the marital relationship, are crucial elements to abuser treatment programs. Traditional mental health approaches do not identify batterers as such and do not deal with violence as an important issue, thus they offer limited hope in rehabilitating batterers, whereas couples or individual therapy programs focused on abstinence from violence (and cognizant of the specific needs and personality traits of batterers) offer considerable promise of recovery.

In addition, Boyd (1979, p. 5) observes that

> . . . Regardless of the treatment modality selected for batterers . . . some of the most elementary social interaction skills must be addressed. To solve interpersonal problems without violence or force requires education as well as peer support. Ways of handling assertion, aggression, and dependency, for instance, need to be addressed in a forthright manner with the therapists providing considerable skill direction and modeling.

Given a proper program, a batterer can learn to be different. Walker (1979) notes that it is a myth that "once a batterer always a batterer."

> If the psychosocial learning theory of violent behavior is accurate, then batterers can be taught to relearn their responses. Assertion rather than aggression, negotiation rather than coercion, is the goal. My theoretical perspective then indicates that this myth of once a batterer, always a batterer is just that. The data have not yet been analyzed to prove it false. (Walker, 1979, p. 23)

The same optimism does not necessarily hold for maintaining the marital relationship. Walker, Gangley, and other counselors of abusers consider physical separation of the battering mates an essential element of treatment. More importantly, if the ultimate goal is to promote "interdependence so that the psychological and physical battering ceases, then the most effective means to reach this goal is the separation of the couple." (Walker, 1979, p. 219). The short term separation for therapy may herald the end of the marriage.

Little data exists on the effects of treatment on the marriage. Walker, however, contends that the idea that long standing battering relationships can change for the better is a myth. (Walker, 1979, p. 24).

> Although everyone who believes in the positive nature of behavior wants to believe this myth, my research has not shown it to be true. Relationships that have been maintained by the man having power over the woman are stubbornly resistant to an equal power sharing arrangement. Thus even with the best help, these relationships do not become battering free. At best, the violent assaults are reduced in frequency and severity. Unassisted, they simply

escalate to homicidal and suicidal proportions. The best hope for such couples is to terminate the relationship.

(Walker, 1979, p. 24)

What possibilities there are for restructuring shorter-term battering relationship is not yet known. It seems obvious that any form of treatment, whether it be the nonspecific chemotherapy or counseling available in the traditional mental health system, or the more refined couples and a spouse abuser treatment programs, is better than none. Unfortunately, most batterers remain unaware that they have a serious problem and get no help at all. The abuser treatment programs aimed at abstinence from violence are to be applauded for the degree to which their goal has been achieved. Certainly no other therapeutic goal can be achieved in a family if violence continues.

BIBLIOGRAPHY

1. Boyd, Vickie, "Domestic Violence Treatment Alternatives for the Male Batterer,: Group Health Cooperative Medical ter, Seattle, Washington, 1978
2. Klingbeil, Karil, A., "A Treatment Program for Male Batterers," Social Service Department, Harborview Medical Center Seattle, Washington, 1978
3. Null, Elizabeth and Lubowick, Renne, "Training Manual for Battered Woman Program," 1978, Manual available from Open Door Crisis Intervention Center, Lansing, Michigan
4. Psychologists Treat Batterers in residential Program, *Response*, Vol. 2:8, July, 1979
5. Walker, L., "Battered Women," Harper and Row, New York, 1969

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A Men's Counseling Service on Domestic Violence

EMERGE

Emerge is an all male organization working on domestic violence, and, particularly, on woman abuse and male violence. It has been organized to provide counseling services to men who batter, community education to the public, and in-service training to agencies, institutions, and other organizations involved with the problem. We have developed a training program, educational materials, and a consistent therapeutic approach for helping men to stop their violent behavior against their mates. The work of *Emerge* has addressed the problem in a way that is different from any other counseling agency. We have dealt with the immediate prevention of further abuse of the woman and with long range change in the man, as well as with the social causes of woman abuse.

Analysis of the Problem and Program Philosophy

Emerge views violence against women as a socially condoned method of male dominance. It is one way that men maintain a privileged position in this society. It sustains and is firmly rooted in a patriarchal system. It is sanctioned because men are the people who control society — economically, legally, politically, and culturally.

Violence is a societal problem. It is inherent in a system which deprives many and sets people against one another in competition for limited resources.

Men, in particular, are socialized to be violent. We learn that violence is a legitimate expression of anger. More insidiously, in order to fulfill the male stereotype, we are taught to deny and repress many