

Domestic Violence: New Visions, New Solutions

Cathy Young, Philip Cook, Sheila Smith, LCSW, Jack Turteltaub, Ph.D.,
and Lonnie Hazelwood, L.C.D.C.

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INTRODUCTION

Our intent in this article is to focus on public policy recommendations for domestic violence, with implications for those involved in implementing public policy, as well as clinicians providing intervention services.

Domestic violence remains a serious and tragic problem, and more can and should be done to help women who are abused by their partners. However, a major criticism of current policy is that legal and public policy response to domestic violence has focused almost exclusively on the male batterer and female victim to the detriment of male victims and victims in same-sex relationships, at the same time overlooking needed treatment for female abusers. This does not preclude “conventional” legal interventions, but any one-size-fits-all policy in an area as complex and fraught with unintended consequences as family violence is bound to fail some of its intended beneficiaries. There is no single factor that accounts for domestic violence:

Family violence and socioeconomic status. While it is true that domestic abuse occurs in every social class, it is not equally prevalent in all social groups. Low income and low educational levels are major risk factors for domestic abuse (Straus & Gelles, 1990).

Domestic violence and substance abuse. Numerous studies demonstrate a strong correlation between domestic violence and alcohol or drug abuse (Anderson, 2002; Magdol, Moffitt, Caspi, Fagan & Silva, 1997; Potter-Efron, this volume).

Female violence. A growing body of research documents the role of female aggression in intimate violence (Archer, 2000; Hamel & Nicholls, this volume; Dutton, this volume; Medeiros & Straus, this volume). All available evidence suggests that women are in greater danger of injury and death from domestic violence, but a large minority of those injured or killed are men.

Mutual Abuse. Maybe one reason for the lack of greater progress is that mainstream discourse on domestic violence does not recognize another major aspect of the problem—the possibility of mutual abuse when violence is not in self-defense.

Without consideration of these factors in program design, intervention and treatment, policies dealing with domestic violence are bound to remain woefully inadequate.

ARREST AND PROSECUTION

At present, mandatory or presumptive arrest, when there is probable cause to believe that domestic violence has occurred, is the law in more than half of all states (Mills, 2003). This policy remains the subject of some controversy. Although further research is needed, men who were the subject of a domestic violence complaint were somewhat less likely to re-offend if they were arrested; however, chronically aggressive batterers did not seem to be deterred by arrest. Some studies indicate that a majority of suspects discontinued aggressive behaviors even without an arrest. (Maxwell, Garner, Fagan, 2001). This suggests that policies requiring arrest for all suspects may unnecessarily dilute community resources by mandating arrest for all suspects and thus fail to provide specialized and targeted intervention strategies for the worst offenders and those victims most at risk.

Gender-biased application of mandatory arrest law raises serious civil rights issues. Based on known prevalence rates in the population, men are arrested and mandated to batterer intervention programs in alarmingly greater numbers compared to women (Hamel, 2005). This sends dangerous signals to both men and women in mutually violent relationships. Women may feel exonerated, absolved of any accountability for aggressive or violent behavior, escaping necessary interventions or counseling. Men may become alienated and hostile to a system they believe is stacked against them and unjustly favorable to women.

Paradoxically, mandatory arrests may disempower victims by taking the decision-making power out of their hands. The same criticism has been made of no-drop prosecution policies in which domestic assault cases are prosecuted even if the victim does not want to press charges (Mills, 2003).

Based on Mill's research, female victims are less likely to report further violence if: the original arrest led to prosecution of their male partner; the justice system failed to enact a "more therapeutic" approach with the offender; and the victim felt she had no rights or input in the criminal justice system.

RESTRAINING ORDERS

Restraining orders or orders of protection, which typically prohibit not only harassment or abuse against the victim/plaintiff but any contact (including by mail, email, telephone, or through a third party), are another common tool used to decrease domestic violence. Most recently, many states have streamlined the process of obtaining an order, extended eligibility to people who had been in a relationship but had not lived together, and introduced harsh measures against violators, such as warrantless arrest, pretrial detention, and stiff jail sentences.

A number of legal professionals and civil libertarians have argued that the current restraining order system can often result in serious violations of defendants' civil rights. In a 1993 article pointedly titled "Speaking the Unspeakable," Elaine Epstein, past president of the Massachusetts Bar Association and the Massachusetts Women's Bar Association, wrote that the pendulum had swung too far: "The facts have become irrelevant. Everyone knows that restraining orders and orders to vacate are granted to virtually all who apply, lest anyone be blamed for an unfortunate result ... In many [divorce] cases, allegations of abuse are now used for tactical advantage," (Epstein, 1993).

A temporary (emergency) restraining order can be issued *ex parte*, i.e. without the defendant being present or even notified, much less informed of the specific allegations against him or her. Usually within less than thirty days, a hearing must be held on issuing a permanent restraining order that typically remains in place for a year. At the hearing, the defendant can present his or her side of the story.

Boston attorney Miriam Altman however, has written that in practice, the deck is stacked heavily against the accused: cross-examination may be limited, normally inadmissible evidence such as hearsay may be allowed, and "the mere allegation of domestic abuse ... may shift the burden of proof to the defendant," (Altman, 1995). In September 2004, the Massachusetts Supreme Judicial Court struck down a restraining order partly on the grounds that the defendant was not allowed to cross-examine the complainant or to call witnesses on his behalf, (*C.O. vs M.M.*, 2004). It is noteworthy that according to an official study, fewer than half of the restraining orders issued in the state every year involve even an *allegation* of physical abuse, and

in many cases there were no accusations of verbal threats but only of verbal abuse, (Office of the Commissioner, 1995).

Once the restraining order is in place, a vast range of ordinarily legal behavior, such as all contact with a former spouse or children, is criminalized. A defendant can be prosecuted even if the complainant agreed to meet with the accused or had initiated the contact. It is difficult to determine the percentage of restraining orders that are based on frivolous charges or manipulation of the system.

The typical response to complaints about restraining order abuse is that protecting women must be a top priority. Balancing the rights of the accused against the safety of potential victims is always a difficult task in a free society. Yet, do restraining orders actually protect women from domestic homicide? A man who prepares to kill a woman and face a murder charge, or take his own life, which often happens in such cases, is unlikely to be deterred by a charge of violating a court order. Tragically, in case after case, women have been slain after filing a restraining order.

A study published in 1984, by Janice Grau, Jeffrey Fagan, and Sandra Wexler, sought to evaluate the effectiveness of restraining orders in Pennsylvania. According to the study abstract, "Interviews with recipients of restraining orders suggest that the orders are generally ineffective in reducing the rate of abuse of violence. However, they were effective in reducing abuse for women with less serious histories of family violence or where the assailant was less violent in general. They were *ineffective* in stopping physical violence,"(Grau,1984)

One particularly troublesome finding is contained in a 2001 report by Laura Dugan, Daniel Nagin, and Richard Rosenfeld prepared for the National Institute for Justice under a Violence Against Women Act grant, "Exposure Reduction or Backlash? The Effect of Domestic Violence Resources on Intimate Partner Homicide." After examining domestic violence policies and homicide trends in various jurisdictions, the authors note, "Increases in the willingness of prosecutors' offices to take cases of protection order violation are associated with *increases* in the homicide of white married intimates, black unmarried intimates, and white unmarried females," (Dugan, Nagin, Rosenfeld, 2001). In some cases, abusive men have obtained restraining orders against their victims as a form of harassment.

BATTERER INTERVENTION AND VICTIM COUNSELING

In addition to a punitive response to domestic violence, recent proactive policies have emphasized batterer treatment. Such treatment programs first appeared in the 1970s; a model program, the Duluth Domestic Abuse Intervention Project (DAIP), established in Duluth, Minnesota in 1980, served as a model for many subsequent programs that proliferated in the 1980s, (Van Wormer & Bednar, 2002). In a large percentage of domestic violence cases (whether assaults or restraining order violations), batterer treatment is offered as an alternative to incarceration and mandated as a condition of probation.

At least in theory, this policy is commendable. Researchers, advocates, and professionals who work with abuse victims typically note that the majority of women do not want the relationship to end; rather, they want the abuse to stop. Thus, effective treatment for batterers, preferably coupled with counseling for the victims, would seem like a salutary approach. Yet, the efficacy of these programs has been repeatedly called into question.

Some of the findings on the subject are reviewed by Katherine van Wormer and Susan G. Bednar in a 2002 article in *Families in Society: The Journal of Contemporary Human Services*. Van Wormer and Bednar report that a 1987 evaluation found significant reductions in abuse in

the first three months of the abuser's participation in the program, and some reductions over a one-year period. But a later study, which reviewed the records of 100 former program participants over a five-year period, found a 40% recidivism rate. It is worth noting that at least one study cited above reported that 60 to 70% of domestic violence offenders did not re-offend *regardless* of criminal justice intervention, (Van Wormer, Bednar & Susan, 2002).

Van Wormer and Bednar also cite a 1991 survey of 76 shelters for battered women on the effects of batterers' programs. Only 12% of the respondents reported a decrease in emotional abuse toward women following the men's participation in batterers' programs, while 46% saw no impact in this area, and 42% reported an *increase* in such behavior.

Another criticism is that batterer treatment programs are often rooted in feminist ideology, having strong ties with battered women's advocacy groups. Typically, these programs embrace a model that regards battering as a pattern of coercive control and male domination of women. Other factors that contribute to violence, i.e., psychological, mental and emotional disorders, drug and alcohol abuse, violent family dynamics involving one or both partners, are at best considered of minor importance, or worse, ignored. While the focus on "power and control" may be the right approach for some abusive offenders, it does not fit most men or women. The reality of domestic violence is far more varied and complex. Indeed, in recent years, some who have worked within Duluth-style programs for years, and even those who participated in the design of the model, have candidly admitted the limitations of this approach.

Ellen Pence, one of the creators of the Duluth program, wrote in 1999:

By determining that the need or desire for power was the motivating force behind battering, we created a conceptual framework that, in fact, did not fit the lived experience of many of the men and women we were working with. The DAIP staff ... remained undaunted by the difference in our theory and the actual experiences of those we were working with. ... It was the cases themselves that created the chink in each of our theoretical suits of armor. Speaking for myself, I found that many of the men I interviewed did not seem to articulate a desire for power over their partner. Although I relentlessly took every opportunity to point out to men in the groups that they were so motivated and merely in denial, the fact that few men ever articulated such a desire went unnoticed by me and many of my coworkers. Eventually, we realized that we were finding what we had already predetermined to find. ... [W]e had to start explaining women's violence toward their partners, lesbian violence, and the violence of men who did not like what they were doing, (Pence, 1999).

The majority of states today establish guidelines for the certification of programs into which the courts may direct domestic violence offenders. In many states, the certification requirements explicitly and specifically require compliance with a restrictive model of domestic violence. A 1998 review of 31 sets of standards currently in use in the U.S. found that "patriarchy is often cited as causing and/or maintaining men's violence against women, or more specifically with the Duluth model, (Austin, Dankowrt & Juergen, 1998). Often, the guidelines also require that programs be monitored and evaluated by battered women's advocates. Methods considered ideologically suspect by the advocates, such as joint counseling for couples in violent relationships or counseling involving other family members, are rejected outright while other approaches such as substance abuse treatment are de-emphasized.

For instance, the Massachusetts guidelines state: While the following methods may, from time to time, be incorporated into an intervention model that focuses on power and control in

relationships, they are inadequate and inappropriate for batterer intervention if they stand alone as the focus of intervention:

- A. Psychodynamic individual or group therapy, which centers causality of the violence in the past;
- B. Communication enhancement or anger management techniques, which lay primary causality on anger;
- C. Systems theory approaches, which treat the violence as a mutually circular process, blaming the victim;
- D. Addiction counseling models, which identify the violence as an addiction and the victim and children as enabling or co-dependent in the violent drama;
- E. Family therapy or counseling which places the responsibility for adult behavior on the children;
- F. Gradual containment and de-escalation of violence;
- G. Theories or techniques, which identify poor impulse control as the primary cause of the violence;
- H. Methods, which identify psychopathology on either parties' part as a primary cause of violence;
- I. Fair fighting techniques, getting in touch with emotions or alternatives to violence. (Commonwealth of Mass., 1995).

The guidelines also reject outright the option of couples counseling as a component of batterers' intervention and state that joint counseling should not be permitted until there has been no violence for a minimum of nine months.

Ellen Pence of the Duluth Domestic Abuse Intervention Project concedes that in their zeal to counter negative stereotypes of women, many battered women's advocates have fallen into the trap of a "women are saints" mentality: "In many ways, we turned a blind eye to many women's use of violence, their drug use and alcoholism, and their often harsh and violent treatment of their children," (Pence, 1999). Abused lesbians have been the most obvious victims of the battered women's movement's reluctance to confront female violence, which has begun to change only in the past few years. Among heterosexual women, women who are abusive toward spouses or children, or those involved in mutually violent relationships, are unlikely to benefit from interventions that encourage them to see themselves solely as victims.

In recent years the domestic violence advocacy community has somewhat broadened its perspective to include "non-traditional" victims and perpetrators. Partly, this has happened due to the efforts of a few organizations that have promoted a better understanding of male victimization, female violence, and gay and lesbian abuse without using anti-feminist rhetoric (as many "men's rights" groups have done) or by attacking the positive gains of the battered women's movement.

Foremost among these is SAFE (Stop Abuse for Everyone www.safe4all.org), a national group comprised of social workers, psychologists, attorneys, academics, and victim services advocates. The organization's mission is to assist all underserved victim populations. The National Crime Prevention Council now lists SAFE as a victim resource, and the nationally syndicated advice columnist "Dear Abby" has supported the SAFE brochure for abused men. The Battered Men's Helpline in Maine has also received positive attention from the press, (Routhier, 2002).

In some regions of the U.S in 2005, male victims were included in Silent Witness vigils for domestic violence victims. On a more practical level, some domestic violence agencies have

begun to provide services to male victims, such as support groups, legal assistance, and vouchers for hotels in lieu of shelter space.

Stanley Green, a victim services advocate who works to bring public attention to the plight of male victims, asserts that compared to a few years ago, “Battered women's advocates are *much* more receptive to considering males as victims,” (Green, 2004). In addition to a shift toward more gender-neutral agency names, Green notes “major conferences, including that of the Family Violence and Sexual Assault Institute (which rejected proposals for papers addressing female aggression and male victimization as recently as 2001) are including more sessions on non-mainstream views on intimate partner violence,” (Green, 2004). Harry Crouch, an activist with the Los Angeles chapter of the National Coalition of Free Men, who joined the San Diego Domestic Violence Council in 2002, reports that he has been very successful in promoting gender-inclusive materials such as public service announcements, posters, and brochures.

Along with change, however, there has been resistance. Speaking to *The Boston Globe*, Nancy Scannell, legislative director of the domestic violence coalition, Jane Doe Inc., cautioned that the recognition that men are sometimes victims did not change the organization's basic outlook on the causes and nature of domestic violence. She maintains that domestic violence “happens because of sexism and power, and control of men over women in our society,” (Stockman, 2002).

Greater acceptance and inclusion of male victims, gay and lesbian victims, and other “nontraditional” victims of domestic violence addresses only some of the limitations of the current approach to intimate partner violence. Other needed changes include the recognition of mutual abuse as a part of the domestic violence problem, a better understanding of the role of substance abuse and psychopathology as contributing factors, and more alternatives to law enforcement-oriented solutions.

FAMILY VIOLENCE: NEW VISIONS, NEW SOLUTIONS

A great deal has been accomplished over the past thirty years in making domestic violence a national issue and bringing it to the forefront of America's attention. This might well have been impossible without the feminist zeal of the battered women's movement, whose militancy helped shatter the wall of secrecy and neglect that too often surrounded violence in the home. Given women's greater risk for domestic violence victimization, and the sexist attitudes that were still prevalent when the battered women's movement began, it was understandable that the initial focus of the effort to combat domestic violence would be on women as victims.

The battered women's advocates' greatest triumph came in 1994 with the passage of the Violence Against Women Act. Co-sponsored by Sen. Joseph Biden (D-Delaware) and Sen. Orrin Hatch (R-Utah), the bill had broad bipartisan support when it passed, and most of its backers undoubtedly viewed it as a practical measure and a moral imperative rather than an ideological crusade. VAWA and its successor, the Violence Against Women Act of 2000, contained many positive practical measures in the area of victim services and criminal justice—for instance, making restraining orders issued in one state enforceable in another. It also encouraged some solid research on domestic violence, sexual assault, victim services, and related issues.

However, VAWA has also enshrined a dogmatic and one-sided approach to domestic violence: The unrealistic assumption that in every domestic violence situation there is a clear-cut and usually gender-based distinction between abuser and victim, the almost exclusive reliance on

criminal justice measures, the substitution of dogmatic, feminist “re-education” for interventions that fail to address the specific problems of individuals and families. Another troubling aspect of VAWA is that it creates a symbiotic relationship between the federal government and the battered women’s advocacy movement, which is dominated or at least heavily influenced by radical feminist ideology. Such a nexus also exists on the state level. The state coalitions against domestic violence, which formally require their member organizations to embrace the feminist analysis of abuse as sexist coercion, play a decisive role in the allocation of VAWA grants and in overseeing the implementation of VAWA-based programs and policies.

The evolving understanding of domestic violence, based on 30 years of research and policy experiments, should incorporate aspects of the feminist analysis but also needs to include a broader and more nuanced view of the realities of family violence.

Recommendations to move forward from this point:

1. Arrest and prosecution. Appropriately, our society currently views domestic violence as a crime, not a private matter. However, if in the past battering was often treated as a family squabble, current law frequently treats every family squabble as battering. Instead of a sweeping, one-size-fits all approach, there should be more differentiation between serious and potentially dangerous cases. More studies are needed on the enforcement and the consequences of mandatory or presumptive arrest policies. Anti-dual-arrest clauses, which often serve as vehicles for gender bias, should be repealed and left to the discretion of the police officers to decide whether there is one primary aggressor, as in stranger assaults, or whether one or both parties are at fault. Unless the victim is in danger or has suffered serious injury, or children are involved, the victim’s desire not to prosecute should at least be considered.

Initial Response Assessment Team

There is considerable debate over the effectiveness of mandatory arrest laws, the lack of or type of training law enforcement receives in determining primary aggressors, whether or not dual arrest is warranted or should be used as a tool, and whether the wishes of a victim who does not seek an arrest of a perpetrator should be honored (Mills, 2003). It may be an unrealistic expectation that law enforcement officers have the time or the training to make effective assessments when initially responding to a domestic dispute. Also, law enforcement officers in many localities do not have access to a database on prior child abuse reports from the domicile.

One way to overcome these obstacles is to have a member of a local Initial Response Assessment Team also respond to the scene. Team members should not be associated with or part of a victim advocacy group or organization. Those associated with local BIP programs, however, could be part of this team if they have adequate training in gender-neutral rapid assessment and testing, which should be a requirement of BIP professionals in any case. Community professionals with adequate assessment training, psychologists and certified counselors, could also be a part of this team. The cost of such a team should be relatively minimal for most areas, provided that the costs are shared across multi-agency lines, i.e., sheriff, city police, state police, county/city/state government, district attorney office, judicial district, etc. Team members should also have access to child abuse reporting agency data bases, as well as other data bases more commonly available to on-scene law enforcement, such as whether or not a restraining order has been issued, prior arrest records, and whether or not there have been prior complaints. Team members could be on-call via pager or other device for rotating assignment for 24-hour coverage.

In many areas, a relatively small team can be on-call to respond as needed, be paid less for on-call duties and compensated at a higher rate when actually responding. Liability

insurance, waivers and other needs would be necessary for such a team to be assembled, but these conditions can be met at minimal cost. Team members would receive training by law enforcement in how to proceed without interfering in officer duties, making the assessment process a joint effort with the officer(s) on scene.

Physical danger to the Assessment team member should be relatively minimal for two reasons: 1. The team member always allows the officer(s) to secure the scene. 2. The team member begins the assessment process only when the officer determines it is safe and appropriate for an assessment. Given the research indicating 50% of domestic disputes involve mutual non-self-defense combat, and that the majority of cases involve relatively minor physical attacks (Hamel & Nicholls, this volume) and victim resistance to appropriate arrest and ultimate prosecution, there is a clear need for more effective and appropriate on-scene assessments and recommendations for the on-scene officer.

Such recommendations may range from arrest, to no arrest, involving or not involving, child protective services, and dual or single party arrest when warranted. With more fully trained assessment personnel on-scene, alternatives to arrest and prosecution can be contemplated. For example, the officer could issue a citation in a relatively minor family conflict scenario that would mandate that the couple attend and complete an assessment of the couple at a later date.

With the current availability of family conflict and aggression testing tools and consensual dual polygraph testing, citations for mandatory assessment can result in recommendations to district attorneys and courts with much greater reliability regarding whether prosecution should move forward, upon what basis a restraining order should or should not be issued, and whether or not child protective services should be involved.

In cases where no further official action is warranted, couples would have much improved access to counseling and information regarding preventing similar conflicts in the future. Accurate identification of victims and perpetrators would be more likely and victims would have improved access to information about available resources. Under the further *assessment citation method*, victims would be more likely to assist in prosecution. Each state and locality would have to examine the legal basis for citation mandating assessments. However, in many areas legislation may not be needed, as mandatory assessment could be an added component of existing disturbing the peace statutes.

2. Restraining orders/orders of protection. Restraining orders seem to be of value in protecting people from non-violent harassment. However, the issuance and enforcement has troubling implications for civil liberties, and greater steps need to be taken to ensure that restraining orders are not used merely as a legal tactic to gain an advantage in divorce/child custody cases.

One solution would be an expedited evidentiary hearing soon after a restraining order is issued. Furthermore, domestic violence victims must be educated about the fact that a restraining order is unlikely to stop a truly dangerous batterer. In extreme cases, criminologist Lawrence Sherman has suggested the equivalent of the “witness protection program” —state-subsidized relocation and resettlement under a new name—for victims who fear for their lives once the abuser is released from jail. Another possibility for consideration is civil detention for particular abusers after they have served a jail or prison sentence, if a review determines that they pose a danger to their victims, akin to the current practice in some jurisdictions of civil detention for dangerous sex offenders. However, such a remedy should be used very cautiously because of obvious potential civil rights problems.

Courts have little difficulty in issuing protective orders in cases in which there is forensic evidence, medical records, witnesses, obvious injuries and other evidence. As noted previously, when there is no such evidence and only the two party's veracity to determine, courts must err on the side of safety, but should also be mindful of the very real possibility that an order may simply be a tactic to gain custody of children and possession of a domicile.

Mandatory Assessment

In cases where child abuse is not alleged, where allegations of abuse are disputed (and the court has some doubt as to whether abuse has actually occurred), where the accuser may be the actual perpetrator or in the case of mutual abuse, the court can follow a policy of ordering temporary mutual shared physical custody of minor children. The couple is then mandated to an assessment. If both parties fail to attend and comply with the assessment, the order is vacated. If only the complainant complies, the order stands. It is not our purpose here to go into great detail about the nature of such an assessment - see *Gender Inclusive Treatment of Intimate Partner Abuse A comprehensive Approach* J. Hamel, Springer (2005) for details on practical repeatable assessment tools, the chapter by Nicholls et al. (this volume), and tools used by the Los Angeles Gay & Lesbian STOP Partner Abuse Program, for examples. With the advent of such tools, trained assessors in conjunction with consensual dual polygraph testing, the court would have an unbiased, knowledge based report in which to order a continuance of a restraining/protective order, or to issue a mutual restraining/protective order, and to decide whether one or both parties would retain temporary custody of minor children, or whether only one party should have temporary custody pending the outcome of further litigation.

In less populated areas, the cost of the proposed program could be shared by multiple court jurisdictions, and the assessment team could secure grants by establishing a non-profit corporation. While it is desirable that licensed psychologists or other licensed mental health practitioners conduct assessments, they could play a supervisory role once the program is up and running. Highly-trained and lower cost personnel could conduct the majority of the assessments, preferably individuals with additional experience in the field of criminology.

3. Treatment Options. In order to move toward a gender inclusive model of domestic violence treatment, communities and the stakeholders that guide interventions must move away from an ideological view of domestic violence. A patriarchal model of domestic violence must be reexamined in the light of past and current research that indicates little support for a patriarchal view of causation. It is equally important to examine the full context and complexities of family violence: To seriously recognize members of either gender as primary abusers and violent perpetrators; the existence of mutual couples violence; sequential intimate violence where current abusers were past victims of abuse in the same relationship; violence by children toward parents; sibling violence; parental abuse of children and violence in general within the kinship family system. A sincere and concerted effort must be made to avoid simplistic yet appealing dichotomies of victim/perpetrator.

Research indicates that victim perpetrator labels can readily shift in a person's lifetime, depending on the point at which an individual's behavior is observed. Current stakeholders must allow inclusive community dialogue and hear the voices of those advocating, including *all victims*, for a reconciliation and restorative approach to keep families intact (Mills, 2003). This can be accomplished with due consideration for the safety of the most vulnerable family members.

A major review and overhaul of state guidelines for batterer treatment programs is in order, and should contain these essential features:

Court-certified abusers' programs should incorporate additional appropriate-victim safety first-options that might include anger management, substance abuse and mental health assessments, couples and individual counseling. It is also critical that advocacy groups do not play a central role in determining and enforcing the standards for batterers' programs. Instead, states should draw on a diverse community of scholars, mental health professionals, police and probation officers, judges, family counselors, and criminologists.

From the beginning of the intake process, Batterer Intervention Programs must have a risk assessment protocol that has as its goal a determination of the level of risk for serious re-assault and lethality (see: Hazlewood, this volume). Additionally, significant attention needs to be paid to the role of alcohol and other substances in violent offences. The risk assessment is then used, in conjunction with a couple's/family assessment, in order to place individuals and couples/families within a range of treatment and intervention options, or for referral to a Threat Management Team. This function can be assumed by a centralized referring agency, multi disciplinary team or through a single, comprehensive, program structure.

A couples/family assessment would identify couple/family dynamics that contribute to abuse and violence with the goal of recommending individual/systems interventions and treatment with attention to the motivation and wishes of the couple or family. (see Hamel, this volume).

A multidimensional and multi-tracked treatment system that includes, but is not limited to, same sex group treatment for men and women, individual psychotherapy, medication evaluations and treatment, group and single couple conjoint counseling, family therapy, inpatient and outpatient substance abuse treatment, and foreign language cultural specific interventions that can be mixed or matched with individual, couple and family needs.

On-going, short-term and long-term follow-up is necessary to identify the continuing intervention needs of couples and families, for outcome and evaluation studies to be conducted on the efficacy of different interventions, and in order to develop a pool of mentoring professionals for those providing treatment. On-going monitoring should be given priority to those couples or families that have the highest risk of serious violence.

4. The relationship between government and advocacy groups. The close relationship between federal (and state) government and state domestic violence coalitions and other politically militant advocacy groups raises troubling questions about government-subsidized ideologies and interest groups. The advocacy groups should have input in shaping domestic violence policy, but not an exclusive one. The next version of the Violence Against Women Act should direct each state (or states should create their own) to develop domestic violence boards on which members of battered women's advocacy groups can fill no more than a third of the seats. Scholars, mental health professionals, criminologists, etc., should hold the remaining positions. These boards would replace the present ideologically driven state domestic violence coalitions in determining domestic violence policy, programs and funding. VAWA re-authorization language in 2005 did include a statement that funds could be used for male as well as female victims. A request by the Men's Health Network to include language changing the structure of the state advisory boards, however, was not included.

5. Research. Same-Sex Partners: We know very little about same-sex domestic violence. The few studies that meet minimal experimental design and statistical analysis requirements suggest that the frequency is similar or possibly higher for heterosexual couples. Some metropolitan programs and shelters might be excellent sources of data for further studies. Many more surveys and research in this regard is critical.

BIP Programs Research: As has been noted by other authors in this volume, The National Institute of Justice and other studies has determined that traditional batterer intervention programs have minimal or no effect on recidivism. A representative sample of states that have adopted standards indicates that very few have included treatment outcome measurements as a requirement. We support the recommendations of the California Attorney General Task Force, (Report to California Attorney General, 2005), which calls for **outcome measurements**: “The court and probation department in each county should immediately develop standards and procedures for collecting, measuring, and evaluating batterer intervention program enrollment rates, completion rates, and recidivism rates; the reasons for noncompletion; and judicial responses to noncompliance.” The authors of this article suggest that measurements of victim satisfaction be added to this list of requirements.

There is also a need for research that would **compare and contrast different types of programs**. With outcome measurements in place jurisdictions have a means to compare the efficacy of different types of programs. Research should be conducted over at least a two-year period, in similar localities, and should compare and contrast a traditional “Duluth Model” program to an alternative program such as the one outlined by John Hamel of FAVTEA, or other alternative approach programs, e.g., the innovative Core Value Workshop approach developed by Stosny (2004). Standard research protocols should be developed in these studies to compare similar populations. Critical in research of BIP comparisons and treatment outcome would be a research design that differentiated levels of violence and types of offenders within BIP programs.

Alternative Treatment Research: Research has already begun comparing the effectiveness of new treatment models such as structured couples counseling and batterer intervention programs (See Hamel & Nichols, O’Leary-this volume). Preliminary research has also been conducted comparing dyadic couples counseling with structured multi-couples group (Stith, Rosen & McCollum, 2004). More comparative studies are urgently needed to examine the effectiveness of couples counseling, family therapy, individual counseling and restorative justice interventions.

6. Services For All. Whether one accepts the results of the National Crime Victimization Survey (15%), the Violence Against Women Survey (36%) or the National Family Violence Survey (50%), it is clear that heterosexual men represent a significant percentage of severe intimate partner assault victims. It is also clear that these men are underserved in terms of services in nearly all regions of the U.S., with respect to outreach, (public service ads, brochures), support groups, crisis lines, victim advocacy, and shelters. Lack of services for homosexual men is even more apparent. Lesbian victims also suffer from a lack of public acknowledgement of abuse, scant outreach services and access to educational literature. Victims of violence within the elderly and teen populations are also underserved. Flying under the radar of most agencies, private or government, are the victims of severe sibling violence.

Moving toward a more realistic and holistic view of family conflict and violence recognizes that human beings of any race, culture, age, gender, or sexual orientation can be either the perpetrator or victim of intimate partner violence. Such an approach does not presuppose a predilection toward violence or assume victimology based on gender, age or race.

It is often assumed that expanding services to the underserved reduces funding for existing services to heterosexual women. There is no evidence supporting this belief, simply because services for *all victims* has not been available in most regions. Agencies like Valley Oasis Shelter in Lancaster, California (shelter/crisis line/victim advocacy/support groups), Peace For All in Illinois (crisis line/victim advocacy), and SAFE of New Hampshire (crisis line/victim

advocacy) report no reduction in services to heterosexual women by offering services to all victims.

To accommodate and provide for underserved victims, relatively minor changes can be made within existing service agencies at very low cost. Rather than establishing agencies that serve only men, minor expansion of existing agencies could provide needed services for all victims. Support groups for male victims, teens or the elderly can be facilitated by volunteers at no cost. Outreach brochure literature is already available at very low cost for heterosexual men, gay men, lesbian, sibling, teen dating, sibling, and elderly family violence victims. The fact that very few agencies have availed themselves of the material is a curious tragedy and certainly not due to a lack of funds.

An official change of agency name might be necessary in order to alert all victims of the services and encourage universal access. The expense of new phone directory listings, letterhead, business cards, and so forth, is minor. For example, the Women's Crisis Line in a particular locality could easily change its name to the Family Crisis Line. Additional training in areas of gender, race, ethnicity, and sexual orientation would be needed, but again, costs are minimal.

Shelters: The overwhelming majority of heterosexual female victims of intimate partner violence do not seek on-site shelter even when it is available. Shelters in most areas act as a nexus for the provision of other services such as information and referral, support groups, counseling, crisis line, hotel vouchers, and victim advocacy within legal and social service systems. To raise the awareness of victims and the community at large that services are available to all victims a change in service provider name is essential. Gender, race, ethnicity, and sexual-orientation training of staff and volunteers, purchase or creation of outreach literature, and support groups for the underserved are minimal cost expansions of existing services, with little or no reduction in services to heterosexual women. When a man needs emergency shelter for example, hotel vouchers can be offered, and/ or in partnerships with existing homeless shelters that offer other vital services for men.

Serving men who are accompanied by children is more challenging, but the hotel voucher system is still available. Coordination and cooperation with existing homeless shelters should improve the availability of accommodation for men with children. Shelters that currently serve only women can apply for additional funding to accommodate men in separate nearby facilities—as Valley Oasis currently does. If this is impossible, other shelter services can be accessed at minimal shelter cost. Pre-screened and qualified volunteer homes in the community could serve as temporary foster families for abused men and their children.

Conclusion:

Although domestic violence cannot be eradicated, good policy can reduce occurrence and mitigate harm. Addressing the plight of battered women was a critical first step. A realistic and balanced view of the full scope of domestic violence, current strategies, interventions and current remedies to meet expanding needs is the next challenge.

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