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Men's violence against women: A comparative review of which programs work best

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Abstract

One in four women have been a victims of Domestic Violence (DV) in their lifetime by an intimate partner. Men's violence against women is a public health issue that continues to persist today. Much of the larger conversations remains in finding the best solutions and allocating resources in order to reduce men's violence against women. Men's violence against women has impacted various families' and allowed a cycle of violence to persist.

There are a variety of treatment options for men who batter women in the literature. The most prominent ones include anger management, incarceration, couples counseling and batterer interventions programs. Through an analysis of these programs we will be able to see the advantages and disadvantages of these programs for batterers and under what circumstances these would work.

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ABSTRACT

One in four women have been a victims of Domestic Violence (DV) in their lifetime by an intimate partner. Men's violence against women is a public health issue that continues to persist today. Much of the larger conversations remains in finding the best solutions and allocating resources in order to reduce men's violence against women. Men's violence against women has impacted various families' and allowed a cycle of violence to persist.

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INTRODUCTION

Domestic Violence (DV) and Intimate Partner Violence (IPV) are crimes that affect women and children across all cultures and countries and are rooted in social and cultural attitudes and norms that privilege men over women and girls (World Health Organization, 2012). Some of the types of abuse include physical which are bruises, burns, bites and fractures of bones or teeth, stabbing injuries and even death (World Health Organization, 2012). Another form of abuse can be sexual and reproductive which can be “unintended/unwanted pregnancy, abortion/unsafe abortions, sexually transmitted infections, urinary tract infections, and chronic pelvic function” (World Health Organization, 2012). Additionally, mental abuse can include “depression, eating disorders, stress and anxiety disorders, self-harm, low self-esteem and suicide attempts.” (World Health Organization, 2012). Finally, some behavioral forms of abuse include “harmful alcohol and substance use, multiple sexual partners, lower rates of contraceptive and condom use.” (World Health Organization, 2012). In addition to the trauma inflicted on women, the negative effects of exposure to IPV may be more likely to influence some externalized behaviors for men, which can result in a long cycle of violence. It is estimated that between 3% and 16% of United States couples engage in (IPV) each year (Fagan & Wright, 2011). IPV is defined by the Centers for Disease Control and Prevention (2008) as “violence directed at a current or former partner that poses serious risks not only to the physical and psychological health of the victims, but also to their children's adjustment.” About 47% of boys exposed to IPV committed one or more violent crimes in the past year (Fagan & Wright, 2011). Wood and Sommers (2011) discuss a study that examined 115 children, ranging from the ages of 6-11, noting the gender differences in children exposed to IPV. The results of the study indicate that for physical responses, boys who witnessed IPV were the most likely to engage in external violence such as hitting or fighting.

They further assert that with boys displaying more externalized behavioral issues, it may be hypothesized that boys may find it more culturally appropriate to be aggressive toward their peers (Wood and Sommers, 2011).

Men's violence against women is based on power and control. Their control comes from growing up in a patriarchal society that reinforces gendered norms and hegemonic masculinity. This is a systemic issue that is reinforced by both men and women. Jewkes, Flood, and Lang (2015) define the idea of hegemonic masculinity as the thought that "men should be strong, tough, in control over women and their bodies, heterosexual, and sexually dominant." Also, that "dominance and control over women are frequently part of the set of male attributes and behaviors" that are widely accepted in society. The dominance of this masculinity over others is not imposed, but rather becomes accepted by women and men as normal. Violence is not necessarily a part of masculinity, but the two are often linked. If women are expected to fall under men's control, then physical or sexual force and threat are ways to achieve this. In order to change that perception of needing to have power and control, there needs to be a change of behavior and a program that focuses on this notion. Just like people who have to rehabilitate from doing drugs, an abuser must go through a lifelong process of rehabilitation.

The literature in DV and IPV look at the programs available for abusers -which ones work and which ones do not. It is important to focus on investing and giving resources to programs that can get to the root of the program in order to stop the cycle of violence. The ability to compare and analyze the differences of the programs (couples' counseling, anger management, jail and batterer intervention programs) is important so that we can invest time and resources in giving batterers the help they need to prevent more victims of violence. Throughout

this paper we will look at the programs available, what they do and whether the literature supports them and what are some of the limitations of each program.

In sum, the hope is to find a reasonable solution that can hold men accountable for their actions, keep the survivors safe and rehabilitate men into becoming healthy partners. By doing so, we can live in a less violent society with children that can grow

Why Men Batter

Violence inflicted on women has long been socially accepted in our society; this idea is passed through social and cultural norms (World Health Organization, 2009). The normalization of abuse against women has been structurally supported and remains extremely harmful. According to Sellers, Cochran and Branch (2005) the male peer support theory “stresses the influence of the patriarchy within intimate male-female relationships” (pg. 247), this gives into the idea that when a male’s authority is challenged he is stressed and this causes them to find support in groups that will reinforce patriarchal values and norms and even justify/encourage physical aggression as a means to receive their authority back. This supports their idea in social learning theory that “an act that is expected to yield a greater balance of rewards is more likely to be engaged in” (pg. 248) Therefore, men batter because it is a means for them to get what they want from their partner. It also concludes that men’s violence against women is a strategic behavior -if the rewards outweigh the consequences then violence is expected to occur. In addition, witnessing abuse being used against a partner and seeing the social rewards more than the cost of violence can further influence this ideology.

Accommodating Men’s Violence

According to Gosselin’s *Heavy Hands* (2005), most violent acts against women occur in their homes. Gender norms and patriarchal beliefs maintain a culture that tolerates hurting

women, because women are placed at a lower position than men in society. Despite women making up more than 50% of the population, “[m]en are traditional lawmakers and property owners who have excluded female participation and justified abuse in order to maintain power” (Gosselin, 2005). In addition to the lack of female representation in government, reproductive rights are a constant battle, which supports the idea that women should not have control over their own body. Many men believe that women “perform” their gender roles through domestic duties, child responsibilities and marriage, making them less valuable than men and more “vulnerable to abuse” (Gosselin, 2005). Women are taught to be physically and sexually pleasing to men as well—rendering them more likely to be targets of sexual assault. Men are taught to be “self-reliant or aggressive” (Gosselin, 2005), behaviors that not only affect women, but strongly influence boys, who are socialized into believing they must seek strength, power, control and money—the proof of one’s “masculinity.”

The media underplay the seriousness of DV by reporting about it in passive voices. Julia Penelope, a linguist, has discussed how news headlines such as, “Women allegedly raped,” are far less powerful than, “Man raped women” (Katz, 2006). The first headline removes accountability from the male perpetrator, by not even including him in the sentence, while the second headline reinforces men’s accountability for the problem. Easta, Holland & Judd (2015) conclude that the, “news media can influence how social issues are perceived and responded to by various publics.” The dialogue about men’s violence against women is labeled only as a “women’s issue.” In his book *The Macho Paradox: Why Some Men Hurt Women and How All Men Can Help* (2006), Katz asserts that men’s violence against women should be a men’s issue. Men tend to ignore “women’s issues,” feeling that women’s problems have “nothing to do with them,” when in reality, violence by men against women must be addressed by men (Katz, 2006).

Katz also notes that the term “feminist” is often met with derision and grouped with negative expressions such as “male-bashers,” “man haters,” and “Femi- Nazi.” In order to move toward equality, we must be able to accept the term “feminist” as it is defined—a person who seeks equality between the sexes (Katz, 2006). Performers in the music and film industries exert a great influence on how people think about men and women's roles in our society. People are exposed and conditioned to behaviors and attitudes that are harmful to women without being aware of it. Katz examines the success of many popular recording artists who express misogynist ideas in their music, reinforcing to boys and men the belief that violent behavior against women is socially acceptable. Eminem is one such artist who, referring to a physical assault by a professional athlete against his fiancée, composed the following lyrics: "Bitch I'll punch Lana Del Rey right in the face twice / like Ray Rice in broad daylight / in the plain sight of the elevator surveillance / 'Til her head is banging on the railing / then celebrate with the Ravens (Shady XV, 2014).

Equality between men and women should not take power away from men, but “rather...equalize it and share it between both genders” (Gosselin, 2005). When experiencing the sense that their power is threatened, some men resort to violence to re-establish dominance in the home. As long as gender inequality exists, high rates of (DV) against women are therefore likely to continue. In spite of the influence of social structure and culture, men have a choice. "Rational choice theory," developed by Italian social thinker César Beccaria explains an individual's decision to engage in criminal acts (Seigal, 2015), may play a role in our understanding of domestic violence. Rational choice theory asserts that offenders measure the consequences of their behavior (possible jail time, criminal sanctions, etc.)—which are often not prosecuted to the fullest extent of the law—and chose to ignore them (Gosselin, 2005). Batterers are often resistant

to anger management courses, counseling, or other forms of intervention. Although some battering could be a result of a mental illness, only 10% of the population is estimated to be suffering from a mental illness. Even with that, the mentally ill population is considered to be the least violent. Battering is used strategically and in a patterned behavior, which is why multiple perspectives must be employed to counter it.

Some of the solutions that we currently have in our society is incarceration, anger management, couples counseling and batterer intervention programs (BIP's). The academic conversation focuses on these particular programs.

Incarceration

Incarceration is an intervention that is considered an appealing form of intervention because it can eliminate the immediate threat of violence. Estimates suggest that 33% to 72% of DV cases go unreported. The reasons why women do not report DV and IPV incidents include “personal (embarrassment, fear of retaliation, economic dependency) and societal (imbalanced power relations for men and women in society, privacy of the family, victim blaming attitudes)” (Gracia, 2004, p.536). Even if reported, one study indicates that DV prosecution rates are as low as 10% in misdemeanor DV cases (Sloan, Platt, Chepke, & Blevins, 2013). Figure 1. compares the number of DV arrests in relation to conviction, imprisonment and fines in North Carolina in 2007 (Sloan, Platt, Chepke, & Blevins, 2013).

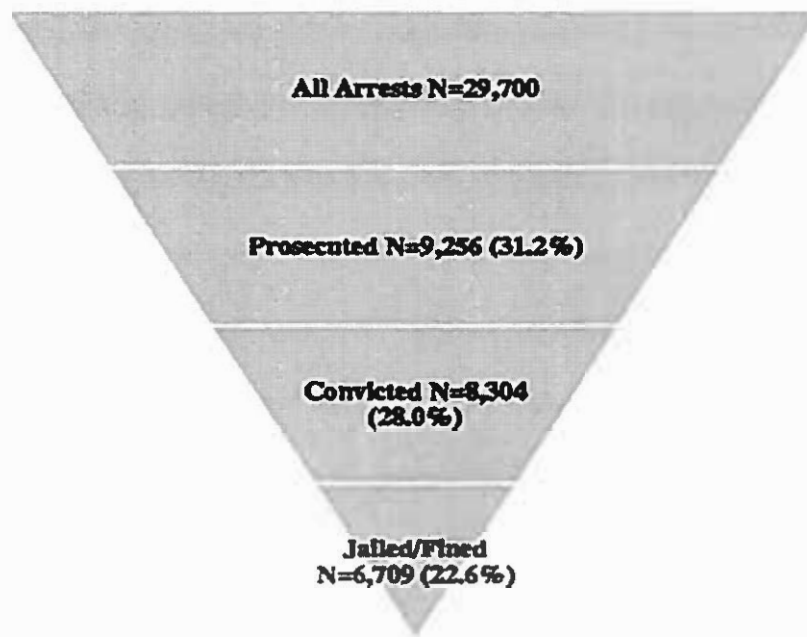


Figure 1: Domestic violence arrests and convictions in North Carolina (Sloan, Platt, Chepke, & Blevins, 2013).

While nearly 30,000 DV arrests were made, fewer than 7,000 or 22.6% of batterers faced imprisonment or fines. Some of the factors contributing to the low prosecution rates are “the high burden of proof, the lack of availability of admissible evidence, and low participation of victims in the judicial process” (Sloan, Platt, Chepke, & Blevins, 2013). The question remains as to how to change a batterers behavior, and how to hold them accountable for their actions.

Empirical evidence shows that sanctions against DV perpetrators do not deter them from continuing to batter their partners (Sloan, Platt, Chepke, & Blevins, 2013). According to Johnson and Goodline-Fahncke (2015) “arrest alone is not enough to protect IPV victims from further abuse. Arrest for any type of criminal offender has, at best, a weak deterrent effect on future crime. “Some studies have found that time spent in prison increases cognitive biases on violence, as well as contributing to the intensity of a batterer’s psychopathological symptoms” (Montalvo, Echauri, Martinez & Azcarate, 2012). In addition, “arrest increased the likelihood of future violence among the generally violent/antisocial and the low-level antisocial batterer

subtypes at a statistically significant level” (Johnson & Goodline-Fahncke, 2015). The overcrowding of prisons and limited resources for rehabilitation also makes this option for batterers less effective. Arresting the offender only allows the immediate threat to be contained but for how long considering the overcrowding of prisoners remain a concerning circumstance.

Anger Management

The next common treatment is anger management. The goal of anger management is to reduce both your emotional feelings and the physiological arousal that anger causes. (American Psychological Association, 2018). Anger is viewed as the primary problem and it focuses on managing the emotion. Abuse as a result of anger is due to loss of control versus an instrumental, strategic, purposeful and patterned behavior designed to bring about a particular outcome. Generally, in anger management there is no identified victim/s and gender is not considered to play a role in the abuse. In addition, anger management is short term ranging from about 2-16 hours. The root of IPV and DV against women is “not necessarily anger-driven” but rather [is] “the consequence of a socially imposed “need” to control women” (Gondolf & Russell, 1986). According to Gondolf and Russell (1986) anger management for batterers can feed a batterers’ tendency to engage in “self-pity and self-deception.” The root cause of wife-battering goes beyond just getting angry, if anger were the problem, the batterer would assault any person present, not just their partner. “Relationship violence is rooted in ‘patriarchal’ societal learning, rather than a constellation of cognitive or emotional triggers” (Barner & Carney, 2011). Lundy Bancroft adds on that “it wouldn’t do good to send ...[a] man or any other abuser, to an anger-management program, because his entitlements would just... produce more anger. His attitudes are what need to change.” (p.61)

Although it can be the case that in addition to having an entitlement problem the perpetrator may have an anger problem a study by Dunford (2000) showed that the integration of anger management and a cognitive behavioral group and “found no differences in posttreatment IPV recidivism among men *randomly* assigned to a cognitive– behavioral group intervention that included an anger control component versus those in conjoint, monitoring-only, or control conditions. (Eckhardt, Samper & Murphy, 2008). The key point to take into account is that anger management -if effective should be given to batterers who need it and Dunford’s study fails to assign men that *need* the program therefore causing a lack of finding a difference in treatment, instead the men are randomly assigned. In some ways this reinforces the claim by some researchers and victims’ advocates that anger problems are neither a necessary cause of IPV nor an integral part of batterer intervention programs (BIP) (Eckhardt, Samper & Murphy, 2008) but, “given that one third of BIP attendees may have significant problems relating to anger, it would seem equally unwise to prohibit or discourage BIPs from implementing treatments that focus on anger problems.” (pg. 1614). If the goal is to have batterers work on changing themselves it is imperative that we work on some of their anger issues (if present). According to Gilchrist, Munoz & Easton (2015) “high anger expression [is] less likely to complete treatment” (pg. 129). Eckhardt, Samper & Murphy (2008) mention that “anger focused treatment may be a more appropriate intervention modality for a client with specific anger problems relative to an intervention with a non-anger focus” (pg. 1602). In order to consider anger management to be effective or any other program the batterers must be assessed, and researchers and counselors should be able to distinguish the anger problem from the entitlement problem.

Couples Counseling

Next, couples counseling has been a highly promoted form of treatment for DV. The pushback against this form of treatment comes from women advocates who mention that couple's counseling "puts women in jeopardy and reduces the man's responsibility" (p. 147) – allowing him to place some blame on the survivor (Gondolf, 2012). In addition to this, it is likely that women would be afraid to disclose information in front of the counselors in fear of retaliation from the batterer (p. 148). In fact, "many battered women report that past family therapy sessions were followed by violent episodes." (McCollum & Stith, 2008). It is also a concern that the victim of violence will not feel free to speak in the presence of a controlling abuser and that it will put the victims at greater risk by directing blame at them or by making future aggression and retaliation more likely (Antunes-Alves & Stefano, 2013). The Center for Domestic Peace also warns of the dangers of couples counseling stating that it "endangers victims, blame the victim, increase isolation and implies that the victims are responsible for seeing that her batterer gets help (pg. 1)." Batterers are adept to manipulating their personas to those outside of the family, police officers, judges, mediators, evaluators and clinicians –they can do it in couples counseling too. Couples counseling is not recommended by the following groups; The American Bar Association, Futures without Violence, all U.S. State Coalitions against DV and it is prohibited by the Department of Justice.

Couples counseling sessions that have gone through evaluation only included low-level DV incidents (Gondolf, 2012) which cannot conclude that couples counseling would be an effective treatment option for higher risk cases. In fact, the screenings for the effectiveness of their form of treatment was highly selective and not representative of court-mandated cases (p. 148). Several professionals on the other hand stated that conjoint couple therapy might be helpful with couples where there is common couple violence and where the violence is mild to moderate

in nature. Antunes-Alves & Stefano (2013) argue that “Couples who take responsibility for their aggressive behavior, are motivated to change, and do not attribute their behavior to external factors are also good candidates for conjoint work” (pg. 64). This implies that the violence that we see in these couples is often a result of ineffective interpersonal problem solving and thus skills training could be a goal of conjoint treatment. The recognition that all batterers are not identical (and thus respond quite differently to intervention) led to the creation of theories of specific subtypes of violent men (Antunes-Alves & Stefano, 2013). Some of those typologies are recognized by Antunes-Alves & Stefano (2013) as the family-only type, dysphoric/borderline type, and violent/antisocial type.

Huss and Ralston (2008) further explain these batterer typologies. The first group is the relationship/family-only batterers who have relatively low marital violence they do not have personality disorders and exhibit low to moderate rates of alcohol abuse and depression (Huss & Ralston, 2008). The next batterer typology is the borderline/dysphoric batterer who are described to have moderate to high marital violence but low to moderate general violence and they do exhibit personality disorders, specifically with borderline or schizotypal features, also their level of alcohol and drug abuse are moderate, and their levels of depression and anger were high (Huss & Ralston, 2008). The last batterer typology is the violent/antisocial, which is described as batterers who persistently engaged in moderate to high levels of marital violence, express high rates of generalized violence, and exhibit antisocial features (Huss & Ralston, 2008).

In order to decide if couples counseling is effective for a batterer we must first identify what type of batterer they are and then match them to the type of treatment that would work best for them. Antunes-Alves & Stefano (2013) mentioned two forms of violence as “patriarchal terrorism or common couple violence” (pg. 63). Patriarchal terrorism refers to using coercion as

a tool to achieve control of their partner and usually escalates over time. They also define common couple violence as situational versus control; in addition, it is more likely to be mutual. In order to identify which, form of violence is at play there needs to be a distinction of the motivation. Is it motivated by stressors that their partner encountered in their daily life or is it motivated by wanting to control their partner? Can it be both? There is a lack of an assessment that can measure the intentions of batterers to date, so whether or not couples counseling can be an option for treatment is still unknown, but it could be a tool that we can use with the right tools to identify where it would work.

Batterer Intervention Programs

The last treatment option is a Batterer Intervention Program (BIP). The Duluth Model is the foundation of BIP's. It was founded on the feminist tenet that a patriarchal society confers privilege to men, including the belief that men are entitled to use physical power and psychological control to maintain that privilege (Pence & Paymar, 2011). In order to help perpetrators of DV comprehend their source of entitlement, the Duluth Model seeks to use "conceptual clarity, transformative counseling, peer-reeducation, and nonviolent communication" (Gondolf, 2016, Pg XV). Antunes-Alves and Stefano (2013) says that BIPs "sought to make batterers solely accountable for their criminal behavior rather than punctuating these violent acts as a consequence of interpersonal deficits." IPV was the batterer's problem not the victims and so the goal of intervention was to educate and to re-socialize the perpetrators of abuse (Antunes-Alves & Stefano, 2013). Barney and Carney (2011) also mention that BIPs "offer learning tools to perpetrators as a means to replace existing behaviors and assuage the issues of power and control at the heart of violent actions." (Barner & Carney, 2011)

The Duluth Model makes the victim's safety the top priority. Working with the cooperation of other agencies, risk assessments are “collected, analyzed and distributed,” in order for all assisting agencies to manage a DV case appropriately (Miller, 2016). BIP's identified issue in DV and IPV is abuse and control. This program focuses on changing the beliefs and behaviors of batterers. Victims are identified, and the intervention is long term –about a year of weekly meetings (Valdez, 2017). Accountability is at the center of the program and sexism and gender socialization are explained and viewed as factors that contribute to their choice of abuse. The BIPs are seen as a coordinated community response and is just one of the steps that can help change a batterers beliefs and behavior (Valdez, 2017). The Duluth Model framework is being utilized at Catholic Social Services in Ann Arbor, Michigan, in a program called “Alternatives to Domestic Aggression” or ADA. 90% or more of the batterers in the program are Court mandated (Alternative to Domestic Aggression, 2017). Victim's services are not provided in the same location out of concern for victims' safety and the program is about a year commitment with 52 sessions to attend in all (Valdez, 2017). Figure 2 below shows the stages that each batterer must go through to complete the program.

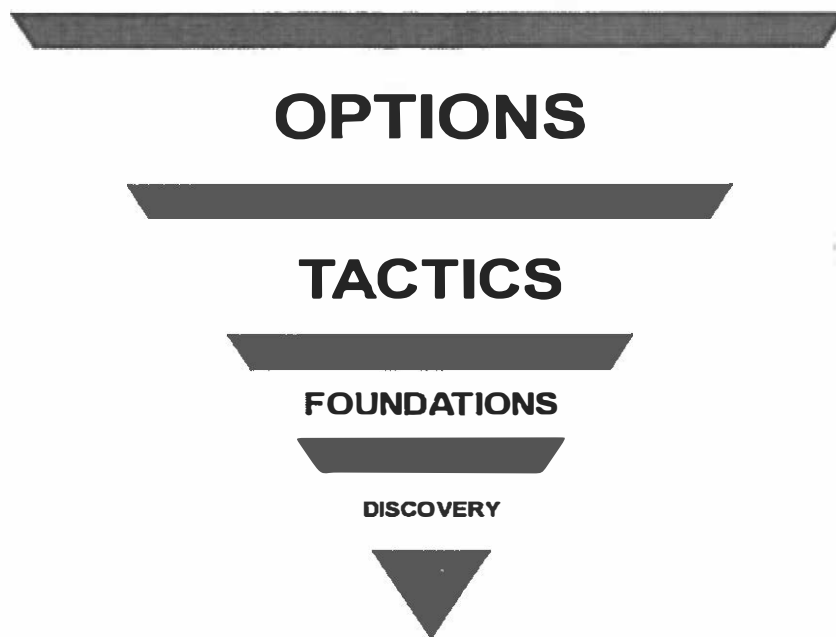


Figure 2: Four stages of the Alternatives to Domestic Aggression Program, based on the Duluth Model. Photo Credit: Catholic Social Services (ADA).

The discovery phase during the program establishes whether or not the batterer believes they should be in the program. They must state 10 reasons why they believe they belong OR 10 reasons why they believe they should not be in the program (Valdez, 2017). Next, the foundation stage focuses on finding alternatives to domestic violence it “provides them with the tools to lay the groundwork for finding alternatives to DV” (pg. 186) by looking at the power control wheel (**Figure 3**) (Valdez, 2017). If batterers can identify where they fall on the power and control wheel, it can make it easier for them to find an alternative with how to deal with the situation. The tactics stage allows batterers to identify their core belief that “justifies” their actions and the options stage allows them to find “specific tools to help them make non-abusive choices in their personal relationships, and further challenges their earlier core beliefs” (pg 186).



Figure 3: The Power and Control Wheel (Catholic Social Services).

Claims about the ineffectiveness of other interventions come from several studies, including Dunford's San Diego Navy Experiment, which concluded that batterer intervention programs are ineffective (Dunford, 2000). The study was designed to "evaluate the effectiveness of cognitive-behavioral interventions implemented in different treatment settings for men who batter" (Dunford, 2000, p.468). The study included had a control group, a men's group, a "conjoint and a rigorous monitoring" group. Dunford stated that, "[d]ata analyses revealed no significant differences between the experimental groups over a variety of outcome measures" (Dunford, 2000, p.468). Gondolf responded to the findings, claiming that the study is not

representative of the population because the sanctions used in the experiment (unemployment, no benefits for food, housing etc.) “[do] not exist in the civilian community” (Gondolf, 2012, p.52). The study placed the batterers in random groups, without taking their individual individual needs into consideration, which might have reduced the intervention's effectiveness. Much like the other programs mentioned BIP can work, with specific groups of batterers under specific circumstances. As Johnson and Goodlin- Fahnce (2015) say “these findings continue to debunk the perspective that all batterers are the same, and that one-size-fits- all interventions are appropriate”

Conclusion

Violence against women is strongly influenced by cultural and social norms (World Health Organization, 2009). In order to reach the goal of minimizing incidents of domestic and intimate partner violence against women, a consensus must be reached on what programs are worth adapting, and what programs are better left in the past. Rigorous evaluations require the perspectives of facilitators, participants and victim

Every batterer is unique and requires specific services in order to change. The best solutions are the ones that are tailored to each individual and each situation “therefore, it is reasonable to assume that one treatment approach would not fit all IPV typologies” (Gilchrist, Munoz & Easton, 2015) nor would all batterers fall into one specific treatment option. One thing that can be generalized about batterers is that battering is strategic behavior and that violence is used as a way to assert dominance. The goal overall should be to consider several avenues to stop men’s violence against women. We looked at how incarceration

Much like recovering from a substance abuse addiction, battering is a behavior that needs to be unlearned and must continue to be a work of rehabilitation. A patriarchal society, gender

inequality, the media and the way we raise boys play a major role in helping unlearn these behaviors. Through collaborative community efforts lawmakers, law enforcers, church officials, hospitals, social workers, teachers and members of the community can begin to take the steps to put an end to the hegemonic ideas that boys face and the survivors that women become at the hands of such toxic masculinity.

Collaborative community efforts will help re-socialize ideas that portray toxic relationships as normal and instead portray what a healthy relationship looks like. Being able to identify the problem and what social structures give into these toxic ideals will allow us to reform societal standards of healthy relationships. Overall, getting to the root of the problem starts with dismantling the patriarchy, giving women equal representation, allowing boys to express their feelings without retaliation and this can start from those social structures we have in our daily lives.

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