

## **Wishful thinking or Occam's razor? A response to 'Dancing on a razor's edge: systemic group work with batterers'**

Arlene Vetere and Jan Cooper

We are delighted to see in the *Journal of Family Therapy* the publication of a description of a community-based men's group for those men who physically assault their intimate women partners and behave in otherwise abusive ways. This paper by Mark Rivett and Alyson Rees makes an important contribution to the growing systemic literature on working with family violence in the UK. The description of their approach to their group work raises a number of interesting, important and challenging issues for us, on which we are pleased to comment.

Most importantly for us is their description of their commitment to working within a context of support for women partners, liaison with professional colleagues and community-based access to their group work. Co-operation, clarity of purpose and sharing of information lie at the heart of successful community-based approaches to domestic violence. We all espouse a commitment to safety in our work with perpetrators of family violence, but in our view, unless we can achieve this network of communication and support, it is harder to corroborate our information about risks and safety. For this reason we do not offer confidentiality in our work, and only undertake assessment and family reunification work in co-operation with our referrers.

We respond to this paper from our experience of co-directing a community-based family violence project, offering risk assessment and intervention. Those readers who know us will know we work with individuals, couples, and household and extended family groups, often as part of an inter-agency package of intervention and support. We put safety first, and have written about our methodology elsewhere (Vetere and Cooper, 2003). For those readers who do not know us, we thought it would be helpful to spell this out. Even though the field includes a range of responses to family violence, we noticed in the Rivett and Rees paper a tendency to define their group work approach in contradistinction to couples work in particular, as if both interventions are not potentially part of a

community-wide response. In our view, working with issues of family violence, whether in a group format or family based, is *never* without risk! So, evaluation and monitoring is crucial.

Sandra Stith and her colleagues (2002) reviewed the extant research on outcomes for interventions with domestic violence. They looked at group treatment approaches for men and identified a range of methodological problems with research design that limited the robustness of any conclusions about effectiveness, but they did suggest that group treatment seems to be successful in stopping the violence for about half of the men who complete treatment, and successful for those men who are violent to their women partners and not in other contexts. In addition, they note a high drop-out rate in reported studies, with some studies reporting that only one-third of men initially assessed go on to complete group treatment. As with any intervention approach, we are keen to know what happens to those people who do not appear to benefit. A few studies have reported an increase in men's abusive behaviour since attending a group programme (Dutton, 1986; Edleson and Tolman, 1992; Gondolf, 2002). So, while we agree with Rivett and Rees that safety for women and children can still be achieved even when the group programme might not be effective in its aims, we do not assume that one approach to intervention can claim to be a 'safer' approach. We think safety can be assessed, and risk can be understood, shared and managed on a case-by-case basis. Whether we offer group work, couples and family work, or both, we need to engage with women's choices to stay, to leave, to come and go, to seek safety, to seek danger, to deal with fear, to respond with violence, to initiate violence, to take responsibility for their own safety, to deny contact with the fathers of their children, to try to keep children in touch with their fathers, and all the rest of the messy complexity of working with violence in family life.

We agree with the moral view put forward by the authors that interventions for men who behave with violence towards their women partners are essential to help protect women and children now and in the future. We would extend the moral argument though, and assert that men are entitled to therapeutic services in their own right. To not do so, and to tell men that we provide a service to them only to keep women and children safe, potentially compromises the development of trust within the group members' relationships with the group facilitators, and may not help men develop a sense of confidence and self-respect, the lack of which often underlies abusive behaviour, alongside any felt entitlement to abuse those you love.

Thus we are concerned about calling the men 'batterers' and referring to the groups as batterers' groups. It is not that we do not appreciate their reasons for doing so, but we fear for the effects of such practice. Clearly the men they work with, and with whom we work, have behaved in unacceptable ways, legally and morally. But describing people by their actions in derogatory terms does not seem conducive to creating the conditions in which a man can examine his motives and intentions and develop a commitment to change. Calling men 'batterers' seems to confound a strategy of general consciousness-raising with an approach to intervention and change. These men are often imprisoned by a very narrow definition of masculinity and what it can mean to be a man, so constraining them further by calling them by their actions seems to us to inhibit understanding, compassion and human engagement.

The incorporation of a systemic framework to support the pro-feminist, cognitive behavioural approaches to group work provides theoretical rigour for the integrative approach to group work. Systemic thinking helps us keep separate the moral, legal and psychological discourses around men's violence while keeping their connections in mind (Goldner *et al.*, 1990). The systemic field as such has not attempted to explain why we behave violently; rather our efforts have been rooted in describing intergenerational patterns of relationship, behaviour and meaning. The pro-feminist stance is not without its problems. If we follow the logic of the argument, it is held that men learn abusive ways of behaving and develop a sense of entitlement to exert male privilege within a gendered sexist society that reinforces patterns of abuse. The problem, though, becomes one of explanation. The pro-feminist systemic analysis may well describe the putative relationship between entitlement beliefs and abusive behaviours, but to what extent can it explain *why* some men are violent, and others are not; why the worst of domestic violence is committed by a minority of men; and why some women behave with violence, in both opposite-sex and same-sex relationships (Lie *et al.*, 1991; Renzetti, 1992), given that we are all exposed at different times to similar cultural discourses.

The limitations of a single argument have led some group intervention approaches to develop further the cognitive behavioural, pro-feminist model to include self-psychology, rooted in object relations thinking (Dunford, 2000; Wexler, 2000). Such an approach acknowledges the role of shame and shaming in men's lives, both as boys and as young men, and how identification with an abuser, in the

absence of other emotional support, becomes a pattern of psychological survival for a child (Dutton, 2003). Later developments of the Duluth model actively incorporate such childhood experiences in group work with men (Graves, 1999). In our experience, recognition that a man has been harmed in his childhood does not, and need not, dilute his responsibility for harming others in his adulthood.

On the other hand, men can sometimes be victims of violence in heterosexual and same-sex intimate relationships. We were pleased to note that when Crossing Bridges, a partnership between Berkshire Women's Aid, Thames Valley Police and Reading Borough Council, opened last year in Reading, they described their service as one that 'can help you whether this is all new or has been happening for years, regardless of gender, age, sexuality, race, culture or religious belief'. For us, the pleasure is in noting that change is taking place not only at a professional, academic and theoretical level, but also among service providers.

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