

# Domestic Violence

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## The Need for Expanded Services for Abusive Partners



**ON  
THE Issues**  
POLICY RECOMMENDATIONS



The Children's Aid Society  
[www.childrensaidsociety.org](http://www.childrensaidsociety.org)

# Domestic Violence

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### Executive Summary

*At The Children's Aid Society we believe that working successfully with perpetrators of domestic violence is critical to our mission of supporting the health and well-being of children and families. Our public and private service systems' response to domestic violence must be expanded to include a wide range of approaches to working with abusive partners that address the complexities of abusive behavior. While existing programs play an important role in holding court-involved men accountable, they reach only a small minority of abusers and have not been proven effective in changing abusive behavior. Promising models are being used around the country that require further study; at the same time, we must continue to develop, pilot and research new models based on our current understanding of abusive behavior. Improving our capacity to provide effective services to abusive partners is in the best interest of our highest goal: the safety and well-being of children and families.*

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### Introduction

Domestic violence, also referred to as intimate partner abuse, is a pervasive problem that transcends race, religion and socioeconomic class and contributes to the many other problems plaguing our families and communities. It is estimated that each year in the United States, more than two million adults are abused by their intimate partners<sup>1</sup> and seven million children live in homes where severe partner violence has occurred.<sup>2</sup>

For children, experiencing direct abuse and/or witnessing abuse of a parent may have devastating long-term effects. Adolescents who have grown up in violent homes are at risk for recreating the abusive relationships they have seen. They are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution and other delinquent

behavior, and commit sexual assault crimes.<sup>3</sup> The cycle of abuse is all too often passed on to the next generation.

Because the staff of The Children's Aid Society struggles daily with the damaging effects of domestic violence on families and communities, our Family Wellness Program was established in 2001 to provide comprehensive services to those families impacted by this form of abuse. While the vast majority of our resources have been directed toward victims and their children, we know that most often children continue to have relationships with their abusive parent whether or not the abusive adult relationship has ended. Therefore it has become increasingly clear that we, as a society, will never protect children nor solve the problem of intimate partner abuse unless we do more to directly address the behavior of the abusive partner.

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### Multiple Factors Affect the Development of Abusive Behavior

It is incorrect to assume that “one-size-fits-all” when it comes to interventions for abusive partners. The dominant models of batterers’ intervention primarily focus on anti-sexist education and the promotion of equality in relationships. While challenging sexism is a key element of our efforts to end domestic violence, we believe it is overly simplistic to attribute intimate partner abuse to sexism alone.

All men are socialized in the same system of patriarchy, but most men are not abusive; and not all abuse is perpetrated by men. If we truly want to effect change, we must understand and address the factors that contribute to each individual’s abusive behavior.

Studies supporting particular interventions are few and inconclusive. A long-held position of some domestic violence service providers is that perpetrators of abuse should not be treated therapeutically because their violence is not related to mental illness. Research and our own practice experience lead us to question this premise. In one longitudinal study conducted in New Zealand, 88 percent of men who perpetrated severe physical abuse met the criteria for one or more psychiatric disorders.<sup>4</sup> In another study of men in the

general U.S. population, the prevalence of serious mental illness was three times greater among perpetrators of intimate partner violence.<sup>5</sup> Further, there is a wealth of research confirming that most men who abuse were victimized as children, either directly or by witnessing abuse of their mothers, indicating that they have been, at the very least, exposed to trauma.<sup>6</sup>

The link between childhood trauma or mental illness and adult perpetration of domestic violence does not in any way excuse abusive behavior. But it does help to explain it, and leads us to believe that gathering social histories and screening abusive partners for a whole host of possible contributing factors are critical components of effective intervention. Whenever mental illness, developmental deficits, substance abuse, childhood trauma, socialization and other potentially significant issues go unrecognized and untreated, we are ignoring a crucial piece of the

puzzle and stunting our progress in the fight to end domestic violence.

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### Conference and Colloquium on Working with Abusive Partners

In an effort to address the limited scope of ser-

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vices available to perpetrators of intimate partner abuse, The Children's Aid Society and New York City's Coalition on Working with Abusive Partners (CoWAP)<sup>7</sup> convened a conference, *One Size Does Not Fit All: Exploring Diverse Approaches to Working with Abusive Partners*, on June 11, 2009. Some of the most prominent experts in the field presented on a wide range of topics including restorative justice approaches, accountability-focused models, clinical interventions with individuals and couples, fatherhood and faith-based approaches, working with female perpetrators and Israel's innovative programs for batterers. The merits and drawbacks of each of these approaches were discussed and debated by more than 200 domestic violence advocates, legal and social service professionals.

A colloquium the following day brought together more than 30 leaders in domestic violence policy and practice from a wide array of government and not-for-profit organizations. The goals of the colloquium were to process the conference presentations and their relevance to domestic violence services in New York, and to begin developing priorities, principles and "Next Steps" for expanding services for abusive partners in New York City.<sup>8</sup>

Participants concurred that we must expand and diversify our capacity to intervene with abusive partners, as an appropriate range of interventions is not available at this time. Core principles for responding to abusive partners emerged from the discussion of experienced practitioners, including the following:

1. Working with abusive partners is as central to reducing domestic violence as working with victims/survivors.
2. Safety for victims and children should always be the first priority; interventions should never do "more harm than good."
3. Individual change and social change are distinct but inseparable goals that should be pursued concurrently.
4. Accountability for abusive behavior is an underlying premise of the work. The concept of accountability has multiple meanings and should be applied within the context of each system and each individual's circumstances and culture.
5. Respect should be demonstrated for all parties including survivors, children and abusive partners.
6. When consequences are given through the criminal justice system, they should be applied and enforced consistently.
7. Differential assessment should be conducted to identify the needs of abusers, survivors and children.
8. When planning interventions for abusive partners, service providers and courts should take into account the wishes and needs of all parties, including the victim/survivors, abusers and children when possible.
9. Ongoing, culturally relevant services should be available to all who request them regardless of gender, sexual orientation, age or criminal justice system involvement.

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10. Interventions should be evaluated and practice should be evidence-based whenever possible.

These core principles should guide our work moving forward. Ultimately, service providers and public systems should be held accountable to them.

### Next Steps

The CoWAP Colloquium participants brainstormed a number of potential “next steps” toward improved access to relevant services for abusive partners. Drawing from this discussion of experts, as well as our own practice and the literature on domestic violence, The Children’s Aid Society proposes that an improved response to intimate partner abuse includes the following elements. We believe all of the services identified below must be readily available to low-income clients at little or no cost to all who need them, including male and female abusers and those in heterosexual and same-sex relationships.

#### *Comprehensive Assessment of Abusive Partners and Families*

A model for a comprehensive assessment for alleged perpetrators of intimate partner abuse should be developed and piloted, with the

eventual goal of creating an effective universal protocol. Such an assessment will help identify the factors that may contribute to or mitigate abusive behavior. A model assessment can draw upon existing and well-established tools for evaluating the types and severity of violence, level of danger and potential for lethality, and screening for substance abuse, mental health conditions, childhood abuse or exposure to violence and trauma symptoms. It should identify individual, family and social contexts and factors that may contribute to, trigger or support abusive behavior. It should also include an assessment of the individual’s readiness to change, and the perspectives and wishes of all relevant parties, including the victim and children, when appropriate and safe. While models for batterer “typologies” are still being explored, understanding the individual characteristics of an abusive partner gives us a better opportunity to recommend interventions that may be effective in helping the individual change abusive behavior when motivated to do so.

#### *Individual Therapy*

We know that most perpetrators of intimate partner abuse have untreated histories of victimization that may have a strong influence on their behavior. Individualized long-term therapy

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can help people to make connections between victimization and perpetration, increase motivation to change, correct cognitive distortions, regulate emotions, develop empathy for partners and children and ultimately change behavior. However, most general mental health practitioners do not have expertise in domestic violence, and many victims' advocates are concerned that the lack of this expertise can result in an abuser manipulating the therapist and gaining increased justification for the abuse. Therefore, individual therapy for abusers should be conducted by clinicians with specific training and expertise in domestic violence, working in conjunction with advocates for domestic violence survivors. Therapists must be capable of simultaneously supporting and encouraging change efforts while confronting the abuser's minimization, denial and victim-blaming tactics.

### *Parenting Education & Support*

Experience tells us that abusive partners may be more motivated to change when they understand the impact their behavior has had on their children. We also know that most abuse perpetrators will continue to have relationships with their children regardless of whether they remain in an intimate relationship with their child's other parent. Parenting groups specifically designed for domestic violence perpetrators should be available to help them understand

their children's needs and begin to restore the damage done through abusive behavior. A number of promising and readily adaptable models have been developed, which should be operated in conjunction with victim advocates.<sup>9</sup>

### *Concurrent Substance Abuse Treatment*

When there is co-occurring substance abuse and domestic violence, both issues may be

related to the same underlying factors and may be most effectively addressed concurrently. Domestic violence and substance abuse programs should partner to cross-train, increase screening capacity and collaborate on concurrent treatment.

### *Couples/Family Counseling*

Sometimes, when a family chooses to stay together

in spite of a history of abuse, couples or family counseling may be appropriate, following careful safety assessment and separate services for the survivor, perpetrator and children. Legitimate concerns that joint intervention may jeopardize the safety of the victim must be balanced with respect for the survivor's self-determination. This service should be provided by family therapists with advanced training and expertise in domestic violence and in conjunction with established domestic violence service providers.

### *"Second Stage" Groups*

Any time an abusive partner has completed an initial batterers' intervention program (typically

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a 26-week educational or psycho-educational program), they should be offered the opportunity for continued services that are operated in conjunction with domestic violence victims' advocates, such as a "second stage" group, "aftercare" services or community-based "healthy masculinity" focused programs. These services can help a participant maintain and build on behavioral changes while continuing to challenge cultural influences that encourage abusive behavior.

### *Improved Accountability*

While our legal systems have made great strides toward holding people accountable for criminally abusive behavior, our laws and agency policies and protocols are not applied consistently or equally to all groups. Arrests and rates of prosecution are disproportionately high for low-income men of color. Mandatory arrest policies have had some unintended consequences for victims and families, and should be scrutinized and continuously re-evaluated. Orders of protection are often not served or enforced. When abusive individuals are court-mandated to accountability-focused batterers' intervention programs, compliance should be carefully monitored by the courts. When consequences are to be imposed by the criminal justice system, they should be imposed consistently and the courts should follow up to ensure they are enforced. Restorative Justice models should be seriously considered as a way of holding abusive partners accountable, not only to society, but also directly to their victims, families and communities.

Because the services and responses recommended here are not all readily available in New York, the Coalition on Working with Abusive

Partners (CoWAP) is currently undertaking a survey to identify existing services and gaps. CoWAP will provide a formal network for those service providers, and then build strategies for developing new services where needed.

### Conclusion

It is clear that domestic violence is an extremely complex issue with accordingly complex policy implications. The high incidence of re-assault by perpetrators<sup>10</sup> means that we must re-evaluate and modify our approaches to reflect our current understanding of the issues. First, we must provide services tailored to the needs and circumstances of every individual in families where there is abuse. To do this, we must understand the many factors that contribute to abusive behavior. Second, when an abusive individual indicates readiness to change, our social service system should be prepared to support that effort even though we cannot guarantee the outcome. To have the best hope for positive outcomes, however, we must provide interventions for abusers that are individualized based on their personal histories and circumstances.

Government and private agencies working with at-risk families must improve mechanisms for communication and collaboration on this issue across systems. In New York City, the Coalition on Working with Abusive Partners (CoWAP), convened by The Children's Aid Society and CONNECT, provides a forum for this work. All agree that the resources needed for the expansion of services for abusers should not drain the already scarce resources available

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for victims. We must develop new resources and redirect existing resources for responding to abusive behavior in order to implement innovative and promising prevention and intervention models. Public policy makers and funders should be reminded that preventing future abuse is much less costly than responding to victimization after the fact.

While we do not yet have enough information about what interventions are most effective at changing abusive behavior, our lack of certainty

should only serve as an impetus to learn more. As we develop new programs or replicate existing ones, careful research and evaluation should inform our ever-evolving practice. Our common values and goals should guide us as we work to improve our capacity to effect both individual and social change. At The Children's Aid Society, we advocate for investment in expanded and improved services for abusive partners because we believe it is in the best interest of children and families.

### About Children's Aid

The Children's Aid Society is an independent, not-for-profit organization established to serve the children of New York City. Our mission is to provide comprehensive support for children in need, from birth to young adulthood, and for their families, to fill the gaps between what children have and what they need to thrive. The Children's Aid Society assists New York's children and families without regard to race, religion, nationality or socio-economic status. With over 100 programs and more than 45 locations in New York, Children's Aid is one of the country's largest and most innovative child and family social service agencies. Visit [www.childrensaidsociety.org](http://www.childrensaidsociety.org) or contact [policy@childrensaidsociety.org](mailto:policy@childrensaidsociety.org).

- 1 Tjaden, P. & Thoennes, N. (2000). National Institute of Justice and the Centers for Disease Control: Full Report of the Prevalence, Incidence and Consequences of Violence Against Women, 1-68. Retrieved January 13, 2010 from [www.ncjrs.gov/pdffiles/nij/18378.pdf](http://www.ncjrs.gov/pdffiles/nij/18378.pdf)
- 2 McDonald, Renee, Ernest N. Jouriles, Suhasini Ramisetty-Mikler, et al. (2006). Estimating the Number of American Children Living in Partner-Violent Families. *Journal of Family Psychology* 20(1): 137-142.
- 3 Carter, J. (2005). Domestic violence, child abuse, and youth violence: Strategies for early intervention. The Family Violence Prevention Fund, San Francisco. Retrieved April 20, 2009 from <http://www.nimcava.umn.edu/link/documents/fvpf2.shtml>.
- 4 Moffitt, T. E. & Caspi, A. (1999). U.S. Department of Justice: Findings About Partner Violence From the Dunedin Multidisciplinary Health and Development Study. *National Institute of Justice: Research in Brief*. Retrieved April 15, 2009 from <http://www.ncjrs.gov/pdffiles1/170018.pdf>.
- 5 Lipsky, S. & Caitano, R. (2008). Intimate partner violence perpetration among men and emergency department use. *Journal of Emergency Medicine*, (in press), 1-8, p.4.



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- 6 Edelson, J.L. (1999). Children's witnessing of adult domestic violence. *Journal of Interpersonal Violence*, 14 (8), 839-870, p. 860.
- 7 The CoWAP Conference was organized by representatives of The Bronx Defenders; Cardozo Advocates for Battered Women; The Center for the Study of Family Abuse; The Children's Aid Society/Family Wellness Program; CONNECT; Men and Women As Allies - ILR, New York City; Project Permanent Group, LLC; UJA Federation Task Force on Family Violence; Voices of Women Organization Project; and funded in part by a generous grant from the Bank of New York Mellon Corporation.
- 8 Participating organizations included the The Bronx Defenders, The Children's Aid Society, Center for the Study of Family Abuse, CONNECT, Office of the District Attorney of King's County, Office of the District Attorney of New York County, Family Violence Prevention Fund, Domestic Abuse Project of Minneapolis, Institute for Family Services, Interborough Development and Consultation Center, Israel Ministry of Social Services, Jewish Board of Family and Children's Services, Men Can Stop Rape, New York City Administration for Children's Services, New York City Family Justice Center, New York City Human Resources Administration, New York State Coalition Against Domestic Violence, New York State Office for the Prevention of Domestic Violence, New York University Center on Violence and Recovery, Safe Horizon, Sanctuary for Families, UJA Federation of New York, and Voices of Women Organizing Project.
- 9 Two approaches used by The Children's Aid Society's Family Wellness Program include the Family Violence Prevention Fund's (endabuse.org) "Fathering After Violence" curriculum and the Restorative Parenting model developed by Dave Mathews of the Domestic Abuse Project of Minneapolis, MN (domesticabuseproject.org).
- 10 Edward Gondolf, *Reassault at 30-Months after Batterer Program Intake*, 44 *Int'l J. of Offender Therapy and Comparative Criminology* 111 (2000).