

Are men who use violence against their partners and children good enough fathers? The need for an integrated child perspective in the treatment work with the men

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Introduction

This chapter will address an important question often neglected in the debate about how men's violence against their partners and children can be ended. Many men who use violence against their partner are also fathers. Is it possible to be a good father and a violent husband at the same time?

Violence against women and children represents a violation of both basic human rights and principles of gender equality. The women's movement and shelters for battered women have historically been the main agents for documenting the existence of violence against women and the magnitude of its impact as both a health and a social problem (Dobash and Dobash 1979; Mullender 1996). During the last few years, some of the Nordic countries have conducted national surveys that show violence against women and children to be of epidemic proportions (Heiskanen and Piispa 1998; Lundgren *et al.* 2001). Domestic violence is present to such a degree that it can be identified as a characteristic feature of our society with huge economic costs in terms of the medical and psychological problems it causes (Walby 2004). This has been well documented in the research literature ever since Lenore Walker introduced the term 'the battered woman syndrome' (Walker 1984).

Prior to the 1970s, victims of domestic violence were mainly dealt with by health services that had little or no knowledge of the specific features of men's violence against women. During the 1970s, the women's movement put men's violence against women on the agenda. The pro-feminist tradition emerged as a reaction to the psychiatric and psychoanalytic tradition of earlier decades. Pro-feminists argued that it is important to identify the male perpetrator as the problem, since men's violence is normalized and made invisible within a patriarchal context. The consequence of this viewpoint is also to see the behavioural and emotional reactions of woman survivors as normal reactions to an abnormal or unreasonable situation, not vice versa (Råkil 2002b). More recently, recognition has grown of ways of understanding domestic violence which acknowledge a range of patterns of violence (Johnson and Ferraro 2000). While violence towards women remains the dominant pattern (Walby and Allen 2004), women's violence towards men which is not only self-defence, and the role of a man's female relatives in perpetrating violence against women, as well as same-sex violence has led to more differentiated understandings of significant, but less common forms of domestic violence. This chapter will refer particularly to the dominant form of men's violence towards women, though within the service which is described this diversity is acknowledged through holding groups specifically for women who use violence against men or their children.

When men's violence against women was placed on the agenda, *the focus was initially on the woman* (Walker 1984). Although staff working in women's shelters also had contact with the women's children, the needs of these children were given relatively limited consideration. From the beginning of the 1980s, treatment programmes for men committing violence began to develop. This development illustrates a broadening of focus to include men. The first programmes were located in USA (Adams and Cayouette 2002). The American programmes have largely been psychoeducational in their structure, emphasizing the need for men to 'unlearn' patriarchal attitudes, and replace these with learned relationship skills based on gender equality and respect for women's integrity and

autonomy (Råkil 2002b). The research directed at programmes for perpetrators of domestic violence has remained focused on programme effectiveness, methodological problems and the relatively huge variations in drop-out rates (Mullender and Burton 2001; Green and Babcock 2001; Daly *et al.* 2001).

More recently, *children* exposed to violence in their homes have been included in the domestic violence agenda. With a few exceptions (Jaffe *et al.* 1990; Leira 2002, original published in Norwegian in 1988), literature describing work with children exposed to domestic violence, or exploring how they are affected by it, is relatively recent (Eriksson 2001; Graham-Bermann and Edleson 2001; Holden *et al.* 1998; Metell 2001; Romito *et al.* 2001; Hester *et al.* 2000). The body of documented knowledge in this area is still very limited (Peled 2000). This includes the issue of how knowledge about children's experience of violence by *their fathers or step-fathers* is included and integrated in the treatment of the men. At Alternative to Violence (ATV) in Norway, the integrating process has started and is ongoing. We know that children are both directly and indirectly severely affected by the violence perpetrated by their fathers or by those holding a father-role in relation to the child.

The differential impact of violence

When we talk about children living with domestic violence, it is important to talk about *boys* and *girls*. This gender differentiation is significant because boys and girls exposed to similar forms of domestic violence may cope with violence in different ways, often developing in different directions. However, this picture is ambiguous. Much of the research shows very diverse responses to violence from boys and girls with no clear cut pattern emerging (Mathias *et al.* 1995; O'Keefe 1996). Some studies show girls with more behavioural and emotional problems than boys (Davis and Carlson 1987), while others show the opposite. Rosenberg, (1984) found that when there was a low level of parental violence, boys used more aggressive coping strategies and girls were more passive. However, when the violence was chronic and severe the opposite was the case. Other research suggests a more clearly differentiated pattern (Hotelling and Sugarman 1986; Saunders 1995; Jaffe *et al.* 1990). These studies often argue that as a result of the cultural codes which shape gender roles, boys tend to cope with life events in a more externalising way or by directing their attention towards others; whilst girls, more often than boys, tend to cope with life events by internalising, or directing their attention towards themselves. One consequence of this gendered difference is that boys are likely to handle the experience of being exposed to violence by acting out and trying to take control over others. Girls, on the other hand, tend to handle similar experiences by drawing their attention and attributions towards themselves (asking 'what did I do wrong?'). An implication of this observation is that boys who are witnessing violence in their own homes represent a high risk group for developing a problem with violence themselves, particularly if they have also been the subject of direct physical abuse (Hughes 1988; Spaccarelli *et al.* 1994), though care needs to be taken to acknowledge that this is a pattern rather than a predictive behaviour. Many young men who have lived with violence are committed to, and in fact are non-violent in their adult relations (see Mullender and Morley 1994).

While the research is ambiguous about gendered responses by boys and girls to living with violence and abuse, Kelly (1994) makes the point that this does not make gender irrelevant. Children are growing up witnessing (usually) male dominance and female subordination and their gender identities will in some way be affected by this. She argues that, 'We need a framework which takes gender as a critical factor, but which allows for differences within, as well as between, the responses of girls and boys' (p. 49).

Experiences of the young people referred to Alternative To Violence (ATV) tend to confirm the picture of boys with greater problems with aggressive behaviour. At ATV's treatment programme for adolescents (age 10 to 18), approximately 90 per cent of the clients are boys. Seventy to eighty per cent of the total client group report having significant experiences of witnessing violence in their family of origin (Bengtson *et al.* 2002). One implication of this is that we need to interpret boy's and male adolescents acting out behaviour as 'symptoms' of a 'masculine' coping strategy which attempts to manage the experience of witnessing violence. This process is often handled differently by girls. It can sometimes be more of a challenge to identify girls' reactions to witnessing violence (or boys who also have experiences of depression and loss), as such responses are not usually as visible as those of young people who are expressing their reactions more aggressively. Both patterns of behaviour need to be responded to in order to provide help for girls and boys who have witnessed violence by their fathers or stepfathers.

Alternative to Violence (ATV) in Norway

Alternative to Violence (ATV) is a professional treatment and research centre which was established in 1987. The ATV practitioners are mainly psychologists working with violence within the family on a full-time basis. The ATV treatment models have a pro-feminist value base, and the therapeutic work includes both individual and group treatment. At present ATV runs a range of different programmes:

- A treatment programme for *men* who are violent towards their partners including specific sessions for *men who are fathers*
- A partner service offering service and support for the *partners* of men attending ATV's programme for men, and for the women in contact with the Women's Shelter in Oslo
- A treatment service for women who use violence against their partner and/or children
- A treatment service for the *children* of the men or women attending the above mentioned programmes and services
- A treatment programme for *adolescents* who have developed problems with violence.

The 'backbone' of ATV's work is the treatment programme for men. The wellbeing and security of the women and children are the primary concern of the centre. However it is acknowledged that the responsibility for the violence lies with the perpetrator who is almost always the male parent within the family. The violence will therefore not end until men end their violent behaviour.

There are a number of reasons why ATV has taken on these various projects. There are a limited number of positive interventions to support women and children affected by men's violence within the family. Knowledge about domestic violence is only partially integrated into the public health care system in Norway. Another important rationale for the different projects within ATV can be found in the way the organisation conceptualises family violence. At present ATV considers that, in order to challenge men's violent behaviour effectively, *those working with the men need first hand knowledge on how men's violence affects their partners and children.*

Men's pathway into the ATV treatment programme

The referral process for the men's treatment programme adopts a low threshold, requiring only a phone call to register with the programme. ATV is contacted by 150–200 new men each year. Approximately 60 per cent make the contact themselves, often after being

'referred' by their partner or as a result of reading about ATV in the newspaper. Approximately 40 per cent are referred through an official body (e.g. the police, social workers, doctors, childrens' services, shelters for battered women, the psychiatric system, priests, emergency units, prisons, and so on).

The ATV programme is designed to offer men either individual or group treatment after an initial individual assessment phase of three sessions. The assessment consists of a semi-structured interview with a primary focus on the man's violent behaviour. In addition, the Symptom Check List-90 (SCL-90; Derogatis, 1975) is usually administered. Neither the individual work nor the group work is set within a fixed time frame. Clients who start in group treatment have to commit to the group, but different members join and end their stay in the group at different points in time. Both the men attending individual treatment and those attending a group go through a four phased treatment programme (described below) at varying rates. Some men take longer than others to acknowledge violence as a substantial problem and to assume responsibility for their violence. Others require more time to work through the aspects of their personal history that are connected to their violent behaviour, such as having witnessed violence by their own fathers as children. Using the data of all men recruited to the ATV programme over the last ten years, the average duration of individual treatment is ten months (one session per week), and 1.5 years for men in group treatment (involving a two hour weekly meeting).

In order to assist the men to end their violence, practitioners must be trained to recognize the wide variety of ways in which men commit violent acts, including physical, psychological, sexualized, and property violence. Special attention is given to the various forms of psychological violence, which include explicit and implicit threats of violence, mental degradation and intimidation, controlling and isolating behaviour, and pathological jealousy. It is in the psychological violence that we find the foundation of men's violence against women: the power and control strategies that keep her in the subordinate position in order to support a man's perception of manhood, womanhood, and intimacy. In this context, psychological violence can be seen as the basis for all other forms of violence.

The ATV model for work with men

The ATV model of treatment revolves around four phases that men need to pass through (Råkil 2002a). The overall goal of this work is to assist men to assume responsibility for their violent behaviour. *The first phase* involves focusing on the *violence*. From the first meeting, the violent behaviour is explicitly addressed. The main aim of this first phase of treatment is to acknowledge the violence as an actual reality. The violence has to be *reconstructed in a very detailed way*, in terms of what happened, where did it happen, how it happened, and to whom. The reconstruction work must be based on awareness of the language that is used in this setting. It is of paramount importance that the violence is talked about as violence, and not reformulated into concepts like 'we had a fight / we were quarrelling', which defocuses the gendered and power abusing features of violence. This 'mapping' process also includes detailed questions about the children; their presence, if they were not present where they were, and their reactions to the violence. The reconstruction work described is motivated by the understanding that men's violence against women and children is harmful and dangerous. The mapping is also based on knowledge about *the magnitude and the degree of dangerousness*, in order to be able to assess proper safety precautions (Davies *et al.* 1998). This implies that we need to develop safety planning with the violent men, which is separate but parallel and coordinated with the work with their partners.

This work on the reality of the violence forms the necessary basis for the ensuing work on changing the men's violent behaviour. It is very difficult to change behaviour if it

is not considered problematic. The violence becomes apparent and real to the client by talking about it in a direct and serious way. Through detailed and investigative questions about the violence itself, it becomes difficult for the client to mentally protect himself from the reality of his violence. This approach requires that the person undertaking this work conducts it with respect and professionalism. The tasks of this first phase also involves working against the invisibility, which is one of the basic characteristics of men's violence towards women and children.

The second phase is about focusing on *responsibility*. Through the process of detailed reconstruction of the violent behaviour, it becomes apparent that the violent acts are rational and controlled, indicating that the violence is actually a chosen act among many other alternative actions. In turn, this implies that a man has the option of choosing other, non-violent acts instead. Part of the work on responsibility includes focusing on denial, minimization, externalizing and fragmentation, which are common features of men's talk about their violent behaviour (Adams 1988; Isdal 2000; Isdal and Råkil 2001). These cognitive mechanisms are not exclusively worked on in this phase of the work. Together with the focus on responsibility, they are dealt with and made a central issue throughout the entire working process. The outcome of the two first phases of the process should be an internalized awareness in the perpetrator summed up by the quote: 'the violence I have committed is actually my behaviour which I am responsible for. Thus, I am the only person who can change that behaviour' (ATV service user).

The work of the two first phases forms the necessary basis for going on into the third phase of the process which focuses on psychological connections between personal history and present use of violence. Topics such as a man's current life situation, his attitudes towards men and women, his social learning and personal perceptions of masculinity and intimacy and his significant historical experiences are explored in this phase. Many men who use violence in intimate relationships have witnessed and/or experienced domestic violence themselves as children. This work offers the possibility for the violent man to explore the child's position through his experience of witnessing his own father's violence. It helps him to actually *see* how the violence is affecting his children as well as his partner. To work through those aspects of each man's personal history which involve violence is seen as crucial to preventing recidivism in the long-term (see Scott and Wolfe 2000). A focus on these experiences results in a process that is anti-fragmentative, connecting past and present experiences of fathering and the effects of violence.

The fourth phase entails a focus on the harmful consequences of violence. Through the processes described above, the client learns that his violent behaviour is not the result of a loss of control or a response to his partner's behaviour. He becomes able to acknowledge that the violence is about himself, his attitudes, and his own emotional and social self-perceptions, which in turn are often rooted in the lack of recognition of his own feelings of powerlessness, shame and inferiority. The difficulties in recognizing the effects of violence and abuse are seen to be linked to both to his own personal social learning history and to the cultural context with its imperatives regulating the standards for masculinity and femininity.

Integrating men's violence with images of fatherhood

In recent years and as noted above, studies of children's experiences of living with domestic violence have gained greater attention. In the Nordic countries there has been relatively little systematic focus on children exposed to domestic violence. We maintain a split 'image' of men as *abusive fathers* on the one side, and men as *loving fathers* on the other (Eriksson 2001). It is difficult to acknowledge that many fathers are also men who impose their violence on women and children. This split image is illustrated by the lack of co-

ordination between the criminal courts and civil courts in cases of child contact and domestic violence. While some violent men are convicted in the criminal courts, the civil court give the very same men parental responsibility, accompanied by demands from the court that the mother do her best to cooperate with him over parenting duties (see Chapters ? and ?).

This 'split image' is also experienced on an individual level. The evidence from treatment is that many men struggle to integrate the reality of their violence with their role as practising fathers. When men seek treatment for their violent behaviour, they often present themselves as victims of their partner's unreasonable conduct. As mentioned earlier, men's approaches to describing and explaining their violent behaviour are characterized by externalisation ('her behaviour is the reason why I used violence'), denial and fragmentation (which involves removing the violence from its social and situational context; and presenting it as something without impact or consequences). The use of these 'strategies' constitutes a failure to acknowledge responsibility. One aspect of this refusal to take responsibility involves overlooking the children, and the effects of the violence on them. Men often describe the children as *not* being affected by the violence, and deny its impact on their life situation, self-perception or development. These ways of handling the violence (both the description and explanations) function to protect men from the psychological pain and disturbing reality that the violence represents. One important consequence of dealing with the violence in this way is that violent fathers don't talk about the violence with their children. The consequences for the child of being left alone with such traumatic experiences are well known. One possible outcome is that the child may attribute the causes of the violence to himself/herself. Other examples are loyalty conflict, confusion, ambivalent feelings towards both parents, feeling abandoned, betrayed, unhappy and fearful (Peled 2000).

Implications for intervention with violent fathers

ATV's work focussing on abusive men as fathers has a long history. However, after ATV started to work directly with children living with domestic violence, this work was intensified. We, like many professionals in this field of work, know that children are both directly and indirectly profoundly affected by violence perpetrated by their fathers or those holding a father role in relation to the child. This fact made it necessary to ask the question whether abusive fathers are good enough fathers? This is a complex question which requires a nuanced, rather than simplistic approach.

On a moral level, the majority of people would agree that violent fathers are not good enough fathers, particularly in the light of the research evidence of harm to children (Hester *et al.* 2000; Mullender *et al.* 2002). Does this mean that their 'right' to parent, and their contribution to positive parenting is extinguished by their violence? The answer to this question may be more equivocal, though it is one with which all child protection professionals in this area need to engage. Clearly, for child protection professionals where there is violence there needs to be an assessment of current safety, the impact of recent violence, and the dangers of future violence. In this arena, the risk assessment process outlined in the previous chapter (Chapter ?) is particularly helpful, outlining the complex range of issues which need to be taken into account in relation to men, women and children in making such assessments. The views of children themselves are also significant and these can range from being quite clear that they want nothing to do with violent fathers or father-figures through to confused and ambivalent feelings towards their fathers. There are also some who are clear that they want an on-going relationship with their fathers (Peled 2000). Clearly, whatever the child's wishes, the adults concerned (including professionals) need to ensure that children (and their mothers) are not placed at risk of further harm

through contact, and should identify what arrangements and processes are required to create a situation of both physical and psychological safety. It is also evident that when children are given space to explore their experiences, either individually or in groups, their attitudes, feelings and wishes may shift and change (Peled and Edleson 1992).

The options inevitably vary and require individual evaluations of each situation. For many child protection professionals, it is still not axiomatic that cases of domestic violence are cases of not good enough fathers. Traditionally, the practice has been to question the mothers' caring abilities at the first assessment. When the focus in these cases is shifted to the father's violence as a primary problem, it becomes more obvious that the demands for behaviour change should be directed at the father or the person holding the father role. Hence, we would argue that a standard for all treatment programmes for perpetrators of domestic violence should include a focus on parenting and fatherhood for men with children.

Recently ATV started to set up a specific group for men who are fathers. The intention of this group is to develop our understanding of children's perspectives in our work with men and their violent behaviour. We also aim to focus more on fatherhood as a part of their problem with violence. We intend to eschew the previously described 'split image' of men as both abusive fathers and loving fathers and work with a more integrated model. Our experiences with violent men, abused women and their children have indicated that interventions with men need to focus on more than the men themselves and their violent behaviour. Interventions also need to address:

- Men's perceptions of themselves as fathers
- How the violence is affecting the father – child relationship
- How the violence is affecting the mother – child relationship
- How the child is affected by the violence itself on both a short and long term basis
- The basic psychological needs of the child in a developmental perspective and how these needs are violated by the presence of violence.

The on-going work with fathers recognises that this is a dynamic process in which some men will demonstrate a capacity to change, and others will not (Mullender and Burton 2001; Scott and Wolfe 2000). Reviewing men's on-going capacity to parent will require that they can engage in detail in the exploration of the issues raised above and demonstrate an ability to take responsibility for their past role and the steps which would be required to create new and safer solutions for any future fathering role.

The experience of the work at ATV suggests that this programme provides a positive direction for work with perpetrators and arises directly from the experience of working with children. However, Peled (2000) has pointed out that the developments in this area of work with perpetrators is still marginal and requires evaluation about its effectiveness. While we have considerable evidence of harm to children, we have little systematic evidence about the effectiveness of rehabilitation programmes for men as fathers. The work of the Domestic Violence Intervention Programme discussed in the previous chapter has also explored the issue of risk assessment, alongside work with perpetrators, and this project has recently opened a supervised contact centre which will allow the exploration of whether supervised contact provides a safe context for contact with fathers who have used violence. This provides a further model for working with, and assessing fathers in this area.

A consequence of an increased focus on the role of abusive men as fathers should be a closer collaboration between men's intervention programmes, child protection services and other key agencies such as health services and the courts in identifying the risks for

children and the effects of violence on children in general. As we see it, to be an abusive father implies not being a *good enough* father. Children are affected in serious ways by their father's violence and men need to take full responsibility for their violent behaviour in order to be good enough fathers. Children *need* non-violent fathers. Children *deserve* a childhood without the presence of violence.

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