

# **Fixing Only Half the Problem: Batterer Intervention and Public Policy**

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The term “domestic violence” usually brings to mind a woman, face swollen from a beating, cowering in a corner of her home, arms wrapped protectively around her frightened children. This is the image from television movies-of-the-week, and from posters in mental health clinics and battered women shelters. Prior to the advent of the shelter movement in the 70's, the plight of these women was given scant consideration. Men who beat their wives often were not arrested, and their victims sometimes were blamed for the abuse. Thankfully, the situation is different today; assaultive men are being arrested at increasingly greater rates, and are court-mandated in most states to complete specialized batterer treatment programs.

The prevailing view is that while assaults by women may be comparable to those by men in cases of minor assaults (e.g., grabbing and pushing), men perpetrate nearly all of serious, injury-producing violence - what is generally known as “battering.” Men are assumed to be the initiators, and their violence is viewed as “instrumental” and driven by patriarchal attitudes (Brygger & Edleson, 1987; Dobash & Dobash, 1979). Violence by women is assumed to be less serious, “expressive,” symptomatic of underlying emotional issues, and usually in self-defense (Henning & Feder, 2004; Johnson, 2000; Swann & Snow, 2002).

Presumed to be victims, women are rarely convicted of spousal abuse or mandated to batterer treatment. For example, women account for 16% of domestic violence arrests in Contra Costa County, California, a 200% increase from 1995 (California Department of Justice, 2002), but the number mandated to offender groups from Judge Craddick’s Misdemeanor Domestic Violence Court, including our own center, is only 4% (Simerman, 2002). What happens to these cases is unknown, but it is this author’s experience that community mental health workers, Child Protective Services, and therapists in private practice tend to refer abusive women to individual psychotherapy or to support groups for battered women.

A dissenting view holds that severe assaults by women are more prevalent than is generally believed, that most partner violence is bi-directional (Dutton & Nicholls, in press), and that violent men and women have in common similar motives (Carrado, George, Loxam, Jones, & Templar, 1996; Cook, 1997). Dissenters maintain that violence is always harmful, regardless of the perpetrator’s gender. They cite one set of studies showing that as children, violent men and women are equally likely to have witnessed mother hit father, as opposed to father hitting mother (Langhinrichsen-Rohling, Neidig, & Thorn, 1995; Sommer, 1994). Another body of research indicates that assaults by either parent have serious, long-term consequences on children, putting them at greater risk than those from non-violent homes to develop emotional, behavioral, and academic problems (English, Marshall, & Stewart, 2003; Holden, Geffner, & Jouriles, 1998; Johnston & Campbell, 1993; Straus, 1991; Wolak & Finklehor, 1998). Finally, many who work directly with perpetrators are beginning to question the assumption that intervention programs are exclusively - or even mostly - comprised of “batterers.”

This paper will explore how public policy on batterer intervention is inadequate because it fails to take into account the seriousness of assaults by women. An attempt will be made to shed light on this debate, by providing answers to two fundamental questions: (a) How serious is violence perpetrated by women upon their male partners? (b) How useful are batterer intervention programs, and do they actually treat the populations we assume they are treating?

Literature Review

### *Assault Rates and Context*

Fiebert's (1996) exhaustive annotated bibliography, containing 70 empirical studies and 15 literature reviews, indicates that women assault men as often, or more often, than the reverse. Drawing on a representative sample of 6,000 couples across the U.S. (Straus & Gelles, 1990), the National Family Violence Surveys (NFVS) of 1976 and 1985 indicate an overall equal rate of assaults by gender, and Archer's (2000) recent meta-analysis yielded similar results. The National Violence Against Women Survey reveals a ratio of male-perpetrated partner aggression of 1.5:1 over that perpetrated by females (Tjaden & Thoennes, 1998). However, because its questions are framed in the context of safety issues, the NVAWS limits the amount of information obtained, underestimating total assault rates while skewing those across gender (Straus, 1999).

According to the wives interviewed in the NFVS, 61% of partner assaults involve lower-level violence, such as pushing and slapping, 33% involves serious violence (punching, kicking), and the remaining 5.6% involve beating up and use of weapons. Women perpetrate 52% of minor assaults and 50% of serious assaults. Approximately three-fourths of the most severe violence, including fatal assaults, are committed by men. Men tend to beat up their partners far more often than the reverse, but women use weapons at equal or greater rates. These findings are supported by Archer (2002) and by crime studies of large urban areas (Mann, 1988). The Department of Justice (2002) reports that 22% of intimate partner homicides are perpetrated by women. However, female-perpetrated homicides may be higher. Farrell (1999) points out that women use poison and other hard-to-detect methods far more often than do men. They are also far more likely to enlist the services of a third party to carry out the killing. In such cases, the female is not identified as having perpetrated the crime.

When examining motive, researchers have tended to rely on interviews with battered women (Saunders, 1986), that have suggested that much of female-initiated violence is in self-defense. Even Murray Straus, who carried out the NFVS, was initially willing to accept this view (Straus, 1980). Only after conducting the second NFVS in 1985 did he begin to question this assumption. Using data from the wives, he found that women strike the first blow 53% of the time and men 42% (Straus, 1996). The women reported that in the previous year, the violence had been bi-directional 50% of the time. This high degree of mutuality in intimate partner violence has also been found among clinical populations (Langhinrichsen-Rohling et al., 1995; Vivian & Langhinrichsen-Rohling, 1994), disputed custody cases (Johnston, 1989), and longitudinal studies such as the National Youth Survey (Morse, 1995) and the Dunedin Study (Moffit & Caspi, 1999), which reported on a sample of 1,037 New Zealanders.

Rates of female-initiated violence are surprisingly high even in cases when the man has been court-ordered to complete a batterer intervention program. In Gondolf's (1996) outcome study of such programs, the female victims reported that they had initiated the violence in 40% of the cases in which the men had re-offended following treatment. Since the second NFVS, several large-scale studies of both sexes have been conducted that indicate that women hit in self-defense only 10% to 20% of the time (e.g., Carrado et al., 1996; Sommer, 1994). In these studies, trying to "get through" to one's partner and "getting his/her attention" were the most common reasons men and women gave for hitting their partners..

It is often argued that self-defense accounts for most cases of female-perpetrated intimate partner homicide. In Mann's (1988) study, 60% of the women killers claimed self-defense. Mann, however, had reason to be skeptical. Overall, 58% of the murders were determined to

have been premeditated. Furthermore, 30% of the women killed their partners when they were incapacitated (i.e., either drunk, bound, or asleep); yet, the majority of this subgroup (60%) also claimed self-defense. Cases of actual self-defense are much lower, although the rates may be proportionately higher for women than for men. In Felson and Messner's (1998) analysis of 2,000 intimate partner homicides, self-defense (defined as protecting oneself from bodily harm) accounted for only 9.6% of female-perpetrated killings, and only .5% of male. An expanded definition, to include previous physical attacks, with or without a self-defense motive, yielded rates of 46.2% and 11.1%.

### *Battering and Domestic Violence: The Politics of Definition*

Current misconceptions about domestic violence exist largely because of the way terms such as "battering" are defined. Murray Straus and his colleagues originally defined battering as the use of serious violence (i.e., punching, kicking, slapping) and very serious violence such as beatings or weapon use (Straus & Gelles, 1990). Indeed, men perpetrate the majority of the latter. The assaults by many of these men, labeled "Cobras" and "Pit Bulls" by Jacobsen and Gottman (1998) or "intimate terrorists" by Michael Johnson (2000), are particularly vicious and sometimes deadly. Naturally, these assaults receive the most attention. Not surprisingly, they have come to represent all violent males. Furthermore, research indicates that some men, once they establish dominance with physical aggression, are able to intimidate their partners into submission with merely the threat of violence. But intimidation, as represented in the now-famous "Power and Control Wheel," is regarded as one tactic among the several power and control tactics these men employ, and the definition of control has been broadened beyond that of physical intimidation to include such tactics as isolation, emotional abuse, and using children.

This expanded definition, along with a focus on extreme cases of battering and the assumption that men wield greater control as a result of their dominant position in the home, has resulted in a highly distorted understanding of domestic violence. Men who rarely, if ever, utilize power and control tactics but who have perpetrated minor types of violence tend to be characterized as batterers because of their presumed position of power in the home; whereas abusive women are seldom regarded as batterers because their use of emotional abuse and controlling behaviors tend to be overlooked, and because they are considered to wield less power overall. Methods of defining a batterer, and the establishment of intervention policies, have been based on a limited sub-group of the most extreme types.

While no one can dispute the fact that women are severely oppressed in many countries and still have not achieved full parity with men in our society, the research does not support an exclusively patriarchal explanation for domestic violence. As far back as the 70's and 80's, the NFVS found that few households were male-dominated (Coleman & Straus, 1990). Furthermore, patriarchal attitudes have not been shown to distinguish between men who are violent and men who are not (Sugarman & Frankel, 1996). The patriarchal explanation also fails to account for the existence of partner violence by lesbians (West, 1998), or the fact that most men do not physically assault or control their partners (Dutton, 1994).

Research does support the assumption that women are far more often the victims of coercive sexual assault and stalking (Tjaden & Thoennes, 1998), although gender difference in stalking rates disappear when all types of stalking behaviors, also known as obsessive relational intrusion, are taken into account (e.g., Davis & Frieze, 2000; Spitzberg & Rhea, 1999). In general, while women are less able to *physically* intimidate their partners, they are as capable of exercising control through *emotional* intimidation and isolative tactics, and through economic, legal, and other forms of abuse. This has been shown most notably in the NVAWS re-analysis

conducted by Coker and her colleagues (2002), as well as in a variety of other populations, including prisoners, students, and women in shelters (Graham-Kevan & Archer, 2003; Kasian & Painter, 1992), male perpetrators and their partners (Stacey, Hazelwood, & Shupe, 1994), and among a national cross-section of couples (Straus, Gelles, & Steinmetz, 1980).

The assumption that there is no such thing as a “level playing field” in partner violence, because men are bigger and stronger and able to inflict greater physical damage, is true in general. However, female batterers often make up for their physical limitations by using objects and weapons. They are also more likely to carry out their assaults when their partners are in a vulnerable position (e.g., drunk or asleep; Mann, 1988; McLeod, 1984; Shupe, Stacey, & Hazelwood, 1987; Steinmetz, & Lucca, 1988). Furthermore, although both men and women are constrained by their conscience and by the law, men’s violence may be further constrained by the code of chivalry (Felson, 2002).

Because they suffer the greater share of physical injuries, women may be presumed to suffer a comparably higher rate of psychological symptoms as a result of the physical assaults upon them. But the effects of domestic violence on men are not negligible, especially when emotionally abusive and controlling behaviors are taken into account. Women interviewed in the NFVS reported a higher level of psychological distress, in the form of psychosomatic symptoms, anxiety, and depression, compared to men. Except for depression, however, the differences were not statistically significant (Straus et al., 1990). However, when the effects of physical, verbal, and emotional abuse are examined, men appear to experience comparable symptomology, as found, for instance, in a dating population (Simonelli & Ingram, 1998) as well as in an analysis of the NVAWS (Pimlott-Kubiak & Cortina, 2003), which found no gender differences for the effects of physical and emotional abuse on health problems, depression, or drug use.

From statistics provided by the NFVS, the NVAWS, Archer’s (2000) meta-analysis, roughly 70% of spousal assaults involve lesser forms of violence that do not lead to injury. This type of violence, which we designate as high conflict violence, is perpetrated primarily by women. If a battering incident is defined as one leading to physical injuries, we may then distinguish between one type of battering, which leads to minimal or moderate degrees of physical injury, and a second type, which involves severe and sometimes fatal injuries. Men perpetrate approximately two-thirds of the first type, which might be termed common battering,<sup>1</sup> and three-fourths of the second type, or severe battering. In general, the greater the severity of physical assault, the greater the levels of emotional abuse and controlling behaviors, but the correlation is not exact. In many cases, domestic violence may be considered “battering” even in the absence of bodily injury, when the non-physical abuse has become very intense. This type of abuse, perpetrated at approximately equal rates by men and women, can also be characterized as emotional battering.

#### *Batterer Intervention and Public Policy*

Public attitudes about partner violence undoubtedly play a role in the small number of women sent to batterer treatment by influencing policy at all levels, including state laws that regulate arrest procedures and batterer intervention, county funding and certification criteria for such treatment, and arrest and prosecution decisions. These attitudes are reflected in police criteria for determining who is the primary aggressor in a domestic violence incident, including size and strength of each party, as well as “fear of physical injury” and “history of violence” (Contra Costa County, 2000, 2001). Men, however, are reluctant to express fear, and their superior strength almost certainly prejudices officers when assessing risk for abuse. Unless the officer can conduct a thorough psychosocial history on the scene, he/she is likely to make the

arrest based on the potential for the man to cause greater harm, even if the man is a dedicated pacifist. Of course, there are cases in which male perpetrators, for various reasons, evade arrest and prosecution, and this is a continuing problem that must be adequately addressed.

As previously mentioned, the rate of female spousal abuse arrests is 16% in Contra Costa County, California, and 17% in adjacent Alameda County (California Department of Justice, 2002). However, few women are subsequently sent to batterer treatment. A study of 3,300 domestic violence cases in Edmonton, Canada (Brown, 2004) yields some disturbing findings. When only the woman was injured, charges were filed in 91% of cases; but when only the man was injured, charges were filed at the much lesser rate of 60%. One might wonder if such discrepancies were due to the women suffering more severe injuries. However, in incidents involving minor injuries to women, male assailants were charged 88% of the time; whereas when men suffered similar injuries, the female perpetrators were charged in only 72% of cases. The data shows evidence of a pervasive gender bias by prosecutors. Brown (2004) writes:

The results of this investigation indicate that men who are involved in disputes with their partners, whether as alleged victims or as alleged offenders or both, are disadvantaged and treated less favourably than women by the law-enforcement system at almost every step...When men do report their victimization, or when it is reported for them by third parties, the police are less likely to lay charges against their partners than they would be to lay charges against comparable male suspects. In fact, the police seem reluctant to lay charges against women in partner violence cases unless a relatively serious offence has been committed or other aggravating factors are present. (p. 75)

Further research ought to be conducted in other cities as well, to determine the extent and nature of a possible gender bias. However, responsibility for the low rates of female participation in BIP's should not be placed entirely at the feet of law enforcement. A significant and rather daunting problem, with no immediate solution, is that men under-report assaults against them and are loathe to be perceived as victims (Felson, 2002). Consider the following case (Shupe et al., 1987):

Ken was a 28-year old man who appeared in court on an assault charge brought against him by his former live-in girlfriend. He pleaded not guilty and flatly denied ever having been violent with her. He said he decided to move out of this relationship because she had an uncontrolled drinking problem, became violent whenever she drank to excess, and refused to seek any kind of help.

Since leaving, he had to move twice because she came to his apartment and, if he refused to let her in, would yell threats, break windows, and scream until neighbors called the police. About a month ago she came to his new apartment and talked a new roommate of his into letting her into the apartment while he was sleeping. She came into his room and stabbed at his groin with a pair of scissors, puncturing his scrotum. He had to be hospitalized after being taken to a hospital emergency room. Since that time he has had all four of his car tires slashed. Yet Ken refused to file any kind of charges against her, or take out peace bonds or any protective orders, because she is a woman (p. 55).

Such bravado may also explain much of the resistance among therapists and shelter workers to the topic of female violence. A basic human tendency is to generalize from one's personal experiences. Therapists rarely hear about female-perpetrated assaults in their clinical practice, and shelter workers may view all partner violence through the particular prism of that environment. An individual is bound to be skeptical of findings from, say, the NFVS or from Archer (2000) if they spend each day offering support to abused women, many of them victims

of serious, life-threatening violence. Still, no matter how understandable and sincere such predispositions may be, public policy must not rest exclusively upon them.

After being charged, offenders who are found guilty or (more likely) plea bargain their case are directed to enter batterer treatment, in lieu of, or in addition to, a jail sentence. In California, the same-sex group format is the only legally sanctioned treatment option. Although same-sex groups, in particular Duluth-type models, have not been found to be any more effective in reducing violence than arrest and supervised monitoring (e.g., Saunders & Hamill, 2003), this is the mandated option in 90% of states that have domestic violence standards, and in 81% of them couples work is discouraged or prohibited (Austin & Dankwort, 1999). In California, couples work is prohibited in all cases, regardless of any mediating variables, such as severity of the behavior, level of pathology, motivation, the extent to which the violence was mutual, or the willingness of the partner to participate.

Individual therapy, crucial in helping individuals to heal from childhood trauma and serious psychopathology, is expressly prohibited in California, as it is in many states, for individuals convicted of spousal abuse. Structured, multi-family couples work, which has been effectively used for many years by such pioneers as Geffner, Mantooth, Franks, and Rao (1989) and Neidig and Friedman (1984), has been shown to be as or more effective than group intervention and just as safe (Brannen & Rubin, 1996; Dunford, 2000; Fals-Stewart, Kashdan, O'Farrell, & Birchler, 2002; Greene & Bongo, 2002; O'Leary, Heyman, & Neidig, 1999; Stith, Rosen, & McCollum, 2004). Unfortunately, it has been prohibited based on the erroneous assumption that all violence by men is unilateral, that women are always passive victims, and that couples work would only serve to legitimize the violence perpetrated upon them.

Furthermore, the probation departments who certify and supervise batterer programs in California depend on certain statewide agencies, such as the Office of Criminal Justice Planning, for funding. Some of this funding comes from the Violence Against Women Act. Local batterer treatment programs are thus required to sign operational agreements stipulating that they and the probation departments "work together toward the mutual goal of eliminating incidents of violence against women and children throughout the county" (Contra Costa County, 2002, p.20). The omission of male victims is striking; one can only wonder how funding agreements such as these influence treatment. Finally, none of the standards in existence, including those in California, address the specific needs of gay and lesbian populations (Dankwort & Austin, 1999). From the perspective of a licensed therapist, committed to fashioning treatment in line with client needs, the laws and policies on domestic violence have been a clinical straightjacket.

In intimate partner relationships, assaults by women are clearly a major problem. However, as previously mentioned, women comprise only a small fraction of individuals referred to batterer groups. This might make more sense if these programs served only the most severe offenders, 72% of whom are men. The assumption is that the majority of male offenders indeed fit that definition. But this author's experience in providing treatment over the past 10 years suggests otherwise. A recent study by Apsler, Cummins, and Carl (2002) conducted in a Boston suburb whose population closely matches overall U.S. demographics suggests that these impressions may be correct. Over a one-year period, 95 female victims of partner violence who came to the attention of the police were questioned about their experiences. Forty-eight percent of these women said that they were "not at all afraid" or only "slightly afraid" of their abuser; 61% said that future episodes of violence were either "not at all likely" or only "slightly likely." These results, which indicate that many of the incidents are isolated, also bring into question Walker's theory about a repetitive "cycle of violence" (Walker, 1983). The authors conclude:

Our results argue for a careful examination of the police response to domestic violence incidents. Perhaps greater efforts should be directed at tailoring the police response to the nature of the domestic violence incidents. It may be unreasonable to expect a universal strategy, such as mandatory arrest, to be effective when applied to fundamentally different types of domestic violence incidents. As we become more successful at classifying types of domestic violence victims, we will become better equipped at suggesting appropriate police responses. (Apsler et al., p. 453)

## Method

In late winter and spring of 2002, written invitations were sent to the 12 certified batterer treatment programs in Contra Costa County, California, to participate in this study. Contra Costa County is a large, densely populated suburban area located about 20 miles east of San Francisco. Six of the programs responded. For purposes of comparison, data from a program in Placer County, a rural area in the Sierra Nevada foothills, were also included.

Program supervisors were asked to select a few groups, representing a cross-section of their typical clientele in terms of age, socioeconomic background, extent of psychopathology, etc., and to determine where in the four categories described in Table 1 each of their clients best fit, based on the offense they were charged with and assault history during the past year. They were also asked to indicate the number of “high conflict-no violence” participants who were abusive (e.g., broke things, made threats of bodily harm, or engaged in stalking) versus those whose behavior was restricted to verbal aggression or simple disagreement (non-abusive).

Only men who had been convicted of or pled guilty to a domestic violence crime were included. Each supervisor was asked to base their decisions on the information gathered during the intake/assessment process, what had been revealed in group, and from reading police and probation records, a standard practice among BIP’s. The participating programs utilize licensed psychotherapists, many of whom have doctoral degrees and extensive training in assessment, psychopathology, and family systems, and most of whom have several years of experience conducting batterer intervention groups. As stipulated under California law (Penal Code § 1203.097 and § 1203.098), all therapists had completed 40-hours of education in domestic violence, including classes on legal/ethical obligations, working with community-based services such as battered women’s shelters, and intake procedures (including how to identify denial and minimization), and had completed a subsequent one-year period of supervised training. Program supervisors are also required to attend quarterly meetings with county probation officers in the domestic violence unit to coordinate treatment and intervention efforts and ensure that perpetrators are held fully accountable for their actions.

### *Hypotheses*

It was hypothesized that the majority of men mandated under California law to attend a batterer intervention group do not fit the profile of a “batterer,” as described by the categories outlined in Table 1, and that this holds for both the “severe” and “common” types. It was further hypothesized that the majority of participants included in this study would instead fit into the “high conflict - violent” category.

## Results

Both hypotheses were supported. Tables 2 and 3 indicate that only 20.9% of men enrolled in batterer treatment fit the profile of a “batterer.” Fully 79% have perpetrated either minor physical violence, symbolic violence, or none at all.

Although the survey targeted programs certified in Contra Costa County, two of the programs (A and B) provided data from groups physically located in adjacent Alameda County. Findings were based on a sample of 139 clients from 7 programs, with 17 groups conducted by 9 facilitators in several locations. Both Oakland and Richmond have large African-American populations, while Pleasant Hill, Walnut Creek, and San Ramon are predominantly white and middle-class. Berkeley is home to an ethnically and socioeconomically diverse population.

Results were remarkably consistent across programs, with only a slight amount of variance. They indicate that only about 21% of men currently enrolled in local batterer groups have engaged in any recent pattern of battering. Only four perpetrators had exhibited severe battering, and 25 the more common type. The majority of men enrolled in 52-week groups fell in the “high conflict - violent” category. Individuals in this category, the reader will recall, perpetrate lower-level acts of violence, such as pushing and grabbing, cause slight or no injuries, and engage in only low to moderate levels of power and control. In an astounding 36 cases, 26% of the total number, there had not been any physical assaults at all. The typical male client is therefore one who has engaged in minor assaults, which are perpetrated in the general population at equal or higher rates by women.

## Discussion

A limitation of the study is that the sample may not have accurately represented the actual perpetrator population in the counties sampled. Six of the agencies contacted, representing nearly half the total number, did not participate, including one that sponsored the largest men’s treatment program in the county (now disbanded). The sample was a self-selected one; the perpetrator populations at those agencies might have been comprised of a higher number of batterers than the six programs who took part. This is unlikely, but certainly possible. We do not know why any particular agency declined to be involved. Certain demand characteristics may have been present in the instructions. Those who participated may have done so because they agreed with the assault rates indicated in the partner violence categories, while those who did not participate may have found the information too controversial. Despite the clear criteria utilized, the process of assigning perpetrators to categories was to a large extent a subjective one. It is not unreasonable to wonder if the non-participants might have made different assignment decisions, based on their experience, political orientation, and training. Assuming that this is indeed a representative sample, we need to know more about batterer populations in other localities.

There is a need for further research on arrest procedures and the characteristics of batterer treatment programs, and how each may be affected by public policy. We need to know more about the factors that contribute to gender disparities. To what extent are they related to pro-female bias, and how much to the unwillingness of men to seek help? Should we be only

concerned about assaults that lead to serious injury, or intervene when lesser assaults are perpetrated? Are there better ways to assess partner violence, so the appropriate intervention can be made? What alternative treatment models, such as the multi-couples programs discussed earlier, should we know about? The answers may never be certain, because the questions asked depend largely on the values, goals, and philosophies of those conducting the research.

Our study, however, along with what we know about partner violence from the literature, makes it quite apparent that public policy regarding partner violence, at least in California, ought to be revisited. That is not to say that the men arrested do not require treatment or should not be held accountable, regardless of their degree of culpability. All partner abuse is harmful. Indeed, it is preferable to intervene before the violence escalates to more severe, potentially fatal levels of battering. But if this is going to be our approach, then it must be a gender-inclusive one. Women can be as angry, vindictive, controlling, manipulative, verbally abusive, and physically violent as men, and they cause a substantial portion of physical injuries. Far more women should be referred to anger management or batterer treatment, rather than be relegated to victim groups or prescribed standard psychotherapy.

Current policies are not only biased against men, but remarkably short-sighted and inefficient as well. Unless they voluntarily seek help, untreated spouses are left to continue their assaults, adding stress to the family system, jeopardizing the perpetrator's treatment, and putting everyone - men, women, and children - at greater risk. We understand and fully support the "zero tolerance" policies currently in place. No one wants to return to the decades previous to the 1970's, when domestic violence was not considered a problem worthy of serious consideration. However, for interventions to be effective, treatment must be based on a full understanding of partner violence, including the factors that cause and maintain it, rather than on considerations of what is "politically correct." Ignoring the problem of female-perpetrated violence is both insulting and dangerous, infantilizing women rather than empowering them to change; it also contributes to the perpetuation of violence in the family system, putting children at risk for developing emotional, behavioral, and academic problems, and increasing the odds that it will be passed down to subsequent generations. As a result, we are only fixing part of the problem

Accordingly, we offer the following recommendations:

1. Education, outreach, and treatment efforts should address the broader problem of partner and family violence, rather than focus exclusively on male battering and its consequences.
2. At all levels of intervention, we should hold every perpetrator accountable, regardless of gender.
3. Providing shelter and support for victims ought to remain our number one priority. Since women are more often than men the victims of severe battering and incur a higher percentage of injuries, they will need the greater share of shelter resources.
4. We need to reach out to male victims. Out of fear of appearing "wimpy," men rarely seek assistance from shelters. Public education campaigns ought to include male victims. Everyone working with families in distress should make it a point to assess for possible female assaults on men. *If men aren't asked, they often won't tell.*
5. Arrests and treatment should be based on severity of assaults and rehabilitation potential, without gender bias. Police procedures should be revisited; if we are going to arrest men who engage in minor violence, we should also arrest women who do the same. Better still, we need to provide alternatives to arrest, especially in cases with no clear perpetrators and victims. One such alternative might be a sort of citation system, which

would mandate both parties to a more thorough assessment, and which would provide for restraining orders and other procedures to ensure victim safety prior to any charges being filed.

6. Distinctions between “high conflict,” “domestic violence,” and the two categories of battering need to be understood. Too often, the term “battering” is used in reference to men who have engaged in minor violence but do not in any way fit the profile of a controlling, instrumental batterer, and many of these individuals wind up in “batterer” treatment. Instead, interventions ought to be based upon a thorough assessment that takes into account the complexities of domestic violence, and utilize a gender-inclusive approach that maximizes clinical effectiveness while ensuring both fairness and victim safety (Hamel, 2005). Some would benefit from individual counseling. In addition, many individuals referred to batterer groups are in mutually-abusive relationships. Couples therapy - particularly of the structured, multi-couples type - may be preferable in a large number of cases.

*There is no excuse for domestic violence*, the bumper stickers proclaim. That, for sure, is a point on which we can all agree.

#### Footnote

1. Terms such as “common” battering or “minor” or “lesser” assaults merely designate degrees of difference between categories, and are not intended to minimize the very real suffering they cause to victims

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Table 1.  
*Categories of Domestic Violence*

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<p style="text-align: center;"><b>Severe Battering</b></p> <ul style="list-style-type: none"><li>• Assaults leading to serious injury</li><li>• High levels of abusive/controlling behaviors</li></ul>
<hr/> <p style="text-align: center;"><b>Common Battering</b></p> <ul style="list-style-type: none"><li>• Assaults leading to moderate injury</li><li>• Moderate to high levels of abusive/controlling behaviors</li></ul>
<hr/> <p style="text-align: center;"><b>High Conflict – Violence</b></p> <ul style="list-style-type: none"><li>• Assaults leading to negligible, or no injuries</li><li>• Low to moderate levels of abusive/controlling behaviors</li></ul>
<hr/> <p style="text-align: center;"><b>High Conflict</b></p> <ul style="list-style-type: none"><li>• No physical assaults</li><li>• Low to moderate levels of abusive/controlling behaviors</li></ul> <hr/>

Table 2.

*Number of Men According to Category and Program*

	A	B	C	D	E	F	G
No. Groups and Locations	4 S. Ramon, Oakland	4 Berkeley, P. Hill	2 Pleasant Hill	3 Richmond	1 Walnut Creek	1 Richmond	2 Rocklin
Severe Battering	1	0	1	1	0	1	0
Common Battering	6	5	4	3	3	4	0
High Conflict (Violent)	15	14	15	9	0	7	14
High Conflict – Not Violent	12	6	5	6	1	0	6
Totals:	34	25	25	19	4	12	20

Table 3.

*Categories by Percentage of Total*

	Number of Participants	Percentage of
Total		
Severe Battering	4	2.9
Common Battering	25	18.0
High Conflict – Violent	74	53.2
High Conflict - Not Violent	36	25.9  (60% abusive / 40% non-abusive)
Totals:	139	