

Collateral Damage: An Analysis of the Achievements and Unintended Consequences of Batterer Intervention Programs and Discourse¹

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This paper reviews and critiques two prevailing program models for batterer intervention in order to highlight both their valuable achievements and attendant costs and consequences. We analyze these batterer intervention program models at 3 levels. First, we describe the historical development and basic program components of the intervention models. Second, we trace differences in the models to their grounding in different psychological assumptions and theories about behavior change, masculinity, and violence. Third, differences between the models are mapped onto contrasting approaches to the regulation of human deviance in the criminal justice and mental health systems. Based on this analysis, we conclude that further attention to structural and contextual factors, such as class, race, economic stress, and substance abuse in explanations of domestic violence is needed, together with alternative approaches to collaboration between victim advocates and batterer intervention providers.

KEY WORDS: domestic violence; batterer intervention; Duluth model; unstructured group therapy; criminal justice system.

The criminal justice and mental health systems have developed an institutionalized partnership in response to domestic violence (Healey *et al.*, 1998). This partnership has led to the widespread creation of court mandated batterer intervention programs that appear to be modestly effective in

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preventing further abuse (Gondolf, 1999a; Saunders, 1996) and to the growing practice of states adopting legal standards for such programs (Austin & Dankwort, 1999). Although these outcomes represent apparently successful achievements of the partnership, there are also potentially costly but unintended consequences of a tightly interlocking relationship between the criminal justice and mental health systems. Further, the successes distract attention from some underlying conflicts between mental health and criminal justice approaches to domestic violence. These conflicts are manifested particularly clearly in tensions between the two predominant intervention models in the field: An unstructured group therapy model favored by many clinicians and a feminist power and control model favored by most victim advocates.

In this paper, we analyze tensions between these batterer intervention program models at three levels. First, we describe the historical development and basic program components of the intervention models. Second, we trace differences in the models to their grounding in different psychological assumptions and theories about behavior change, masculinity, and violence. Third, because such theories take hold in actual institutionalized practices, the differences between the models are mapped onto contrasting approaches to the regulation of human deviance in the criminal justice and mental health systems. This analysis highlights how each model's respective alliance with these systems has perpetuated the very essentialist and polarized conceptualizations of gender and domestic violence that originally inspired efforts to intervene. Based on this analysis, we briefly conclude with some suggestions for alternative approaches to batterer intervention that might inspire future collaborations between victim advocates and intervention providers.

MODELS FOR BATTERER INTERVENTION

In the last two decades, feminist and victim advocates have raised community awareness about domestic violence, significantly increasing both political and legal response. Over this time, models for batterers intervention programs have undergone several major shifts, most often paralleling political changes in the conceptualization of battering by victim advocates. For the purposes of our analysis, we have created prototypic descriptions of these batterer intervention models. Although actual practices vary considerably, our intent is to foreground differences in order to explore more fully sources of conflict or tension in the field. Rather than existing as truly distinct types, however, intervention programs often integrate ideas and practices originating in both models.

Unstructured Group Therapy Model

In the 1970s, mental health practitioners were among the first to offer rehabilitation programs for men convicted of battering their partners. Domestic violence was seen as a symptom and variant of marital conflict, which practitioners were trained to treat. Their initial approach was process oriented, typically involved couples counseling, and often framed the issue as one that necessitated mutual accountability for a dysfunctional family system. In the 1980s, as the women's movement problematized domestic violence in more political terms (Schechter, 1982), concerns were raised about the conceptualization and treatment of domestic violence within the context of couples or family therapy. Unstructured group therapy with batterers became a more common method of treatment because it focused attention on the perpetrator's behavior rather than any dysfunction in the woman or couple. In addition, group treatment was more accessible for many men initially convicted of battering who did not have resources for more costly and time-intensive individual therapy (Daniels & Murphy, 1997; Jukes, 1999). Finally, because violence against women was increasingly linked to extreme but normative masculine characteristics, therapists reasoned that men could more effectively learn alternative models for masculine identity in all male peer groups (Jennings, 1987).

Although there is certainly variation across programs, one example of unstructured group therapy intervention was recently described by Browne *et al.* (1997; see the left column of Table I). The group meets weekly for 2.5-hr sessions for 20 weeks. Early sessions focus on establishing emotional safety, building trust, and gaining agreement regarding the purpose and relevance of treatment. Men's personal stories of trauma are elicited with the understanding that validating these traumas is a critical first step for personal change (Dutton, 1999). Next, the group focuses on substance abuse, physical trauma and body awareness, and forgiveness for early parental failures or abuses, followed by addressing difficulties with intimacy and acknowledgment of past and present disappointments. In the final sessions, exercises focus on men creating appropriate boundaries in relationships, developing win-win scenarios and positive attitudes toward relationships, letting go of the need to control others, and increasing their self-reflective and monitoring capacities.

Supporters of the unstructured group therapy approach have asserted several distinct advantages over the power and control model now widely adopted in the field. For example, Jennings (1987) has asserted that the unstructured format allows batterers to feel they are changing for themselves, not because a leader tells them to correct their behavior. This may contribute to deeper investment in self-modification, and thus more lasting change. The

Table I. A Comparison of the Two Major Models for Batterers Intervention

	Unstructured group psychotherapy (e.g., Brown, Saunders, & Stacker, 1997)	Feminist power and control (e.g., Pence & Paymar, 1993)
Practitioners	<ul style="list-style-type: none"> • Developed and supported mainly by mental health practitioners 	<ul style="list-style-type: none"> • Developed and supported mainly by feminist, victim's advocates
Program length and conditions of completion	<ul style="list-style-type: none"> • Groups typically last between 3 months and 18 months, depending on the program and conditions of court mandate 	<ul style="list-style-type: none"> • Groups typically last 6 months, but can vary depending on state standards and conditions of court mandate
Group structure	<ul style="list-style-type: none"> • Men in the groups are at different stages in the program—modeling is expected 	<ul style="list-style-type: none"> • Men in the groups are at different stages in the program—modeling is expected
Group content	<ul style="list-style-type: none"> • Themes emerge, but the topics and activities of each week are not extensively preplanned • Men are encouraged to share experiences of victimization and vulnerability 	<ul style="list-style-type: none"> • Focus on eight preplanned themes, each presented in a similar fashion with similar activities over a 3-week period • Men typically discouraged from sharing experiences of victimization, but instead are required to take responsibility and be accountable
Group facilitation	<ul style="list-style-type: none"> • Meetings are facilitated by a trained leader, often a clinician • Facilitator encourages the group to be self-directed, often taking a back seat in discussions 	<ul style="list-style-type: none"> • Meetings are cofacilitated by trained male and female activists • Facilitators are vigilant for and routinely confront the men's sexist and controlling attitudes
Additional program components	<ul style="list-style-type: none"> • Men often expected to continue emotional work related to program outside the group 	<ul style="list-style-type: none"> • Men have homework assignments that include journals and reading

unstructured group therapy setting also may help men learn to deal with ambiguity, a vital skill in successful relationships, rather than replacing one set of rigid rules with another. Jennings claims that since unstructured group therapy requires active participation, it encourages development of self-help and anger management skills such as emotional control that are critical to the men's success after intervention. In addition, emphasis on self-help encourages men to be more expressive and to communicate more freely and openly—capacities that may be critical to the development of empathy and abstinence from violence. By encouraging interaction among members, the group facilitates an environment in which men can question each other, for example identifying sexist comments or verbally abusive behaviors. Finally, the supportive and interactive group environment encourages men to

challenge each other's destructive beliefs about masculinity and model more positive male roles.

The Duluth Power and Control Model: A Feminist Approach to Batterer Intervention?

Increasingly in the 1990s, feminist activists were wary of therapies that focused on underlying conflict or pathology rather than on confronting overt abusive behavior. Working with batterers in treatment from a psychodynamic perspective on a mental illness or childhood trauma coddled abusers, provided them with an excuse for their violence and distracted attention from a political analysis of patriarchy as the cause of domestic violence. Feminist activists working closely with victims also feared that unstructured, therapeutic, and skill-building programs perpetuated two dangerous myths about domestic violence: that men's violence toward their partners is episodic, occurring spontaneously as a result of anger, and that batterers' lack the ability to control their anger. Anger management, victim's advocates argued, downplays the fact that most batterers selectively confine their violence to their partners, rarely striking friends or coworkers, and ignores the domestic context within which the violence occurs. Further, it fails to address how violence may function as a systematic coercion technique for "managing" women.

As a corrective, feminist activists developed power and control interventions using psychoeducational principles (e.g., the Duluth Model; see Pence & Paymar, 1993). The Duluth Model frames male battering as a component of patriarchy in that men develop a sense of entitlement to control and dominate their female partners. In this approach, violence against women is not seen as episodic but rather as an expression of systematic male control which, along with emotional, economic, sexual, and verbal abuse, functions to intimidate and subjugate women. Framed in this way, battering is intentional and a result of individual choice. Rather than a loss of control, it is an assertion of it. The stated goal of this intervention is to hold men completely accountable for their violence. The program focuses on deconstructing the basis of abusive episodes in "power and control" motives and replacing these with an "equality" model for relationships (Pence & Paymar, 1993).

The Duluth Model covers eight themes in its structured treatment program (see right column of Table I). Each theme is presented in a similar fashion over a 3-week period, for a total of 24 group sessions. The themes include nonviolence, nonthreatening behavior, respect, trust and support, honesty and accountability, sexual respect, partnership, and negotiation and

fairness. In the first week, the session theme is defined and analyzed. After a brief check-in where each man describes his progress towards his personal action plan, a video or role-play is shown of a man using a power and control tactic. As a group, the men then complete a control log, dissecting the motivation, tactics, and effects of the man's behavior. The facilitator then lectures and passes out control logs for men to record personal incidents of abuse. In Week 2, following check-in, the group analyzes each man's control log. The final week in each theme is spent exploring and practicing noncontrolling and nonviolent behavior. Men role-play noncontrolling alternatives to incidents they have described on their control logs. The group then spends some time with skill-building exercises such as time-outs, positive self-talk, assertiveness, and communication skills. Sample meetings, with time limits suggested for each section, are provided for facilitators to follow. There is little or no room during group meetings for unexpected material to emerge; the facilitator maintains control over the direction of the conversation and the explanations for men's behavior. Discussing men's experiences of victimization or oppression is seen as colluding with their abusiveness and thus dangerous to victims.

Practical Differences and Similarities Between the Models

The differences between the models are not trivial, and partly reflect differences between psychodynamic and psychoeducational or cognitive behavioral therapies (Jones & Pulos, 1993). Unstructured group therapy differs from the feminist power and control model in that the facilitator remains relatively open to the introduction of unexpected material, including men's experiences of victimization and vulnerability. This openness to men's experience of distress reflects a greater belief in men's ability to change in response to therapeutic interventions and group support, compared with the more concerted effort in the power and control model to challenge men's beliefs about power and control, and to punish and hold them directly accountable for their behavior.

In our experience, advocates and practitioners struggle alike with the question of whether batterers require therapeutic treatment to overcome a psychological problem or rather, directive reeducation, and punishment to interrupt criminal behavior. Duluth proponents advocate for reeducation, and punishment because of their belief that battering is a deliberate, conscious choice for which men can be held accountable. For feminist activists to include therapeutic components in their intervention would require them to respond more empathetically to batterers and to the complex situational and contextual influences on behavior that are not entirely chosen

by the batterer, such as economic stress, racial prejudice, or mental illness. When men's experiences are therapeutically solicited, their accounts can sometimes be difficult to reconcile with the view that the batterer has complete voluntary control or makes an intentional decision to use violence as a control strategy (Reitz, 1999). Many feminist advocates have difficulty responding empathetically to men's stories without giving up hard won positions which frame domestic violence as a power tactic. Likewise, it is difficult for advocates of the unstructured group therapy model to integrate a more didactic approach into group discussion because of its impact on the therapeutic environment of the group. Continuous challenging and cognitive reframing can be counterproductive if the aim is to bring about change through a therapeutic alliance.

Because of these philosophical differences, many practitioners and advocates fail to acknowledge that interventions based on different models often contain many of the same components. Some features of unstructured group therapy programs are not unique or distinctive. Men in power and control programs also meet in small groups with other men where they are encouraged to share their experiences of perpetrating violence and redefine masculinity. Although the "unstructured" group therapy process is less rigid than educational models, the group is nonetheless structured. Facilitators direct discussion toward specific topics, including power and control issues.

Another point of unacknowledged similarity is that while Pence and Paymar's Duluth model intends to be neither therapeutic nor skill-building, we believe it is both (Pence & Paymar, 1993). Even though proponents of this model claim their focus is education, rather than therapy, the program actually looks like therapy since behavior change is the goal, personal sharing is a requirement, and cognitive-behavioral therapy techniques such as self-monitoring and cognitive restructuring are often used (Murphy & Baxter, 1997). Furthermore, Pence and Paymar (1993) acknowledge that the third week of every theme involves skill-building exercises.

Despite these similarities, underlying philosophical differences between the two models of batterer intervention are clearly manifested in their general focus on either individual or structural factors. Proponents of the unstructured group therapy model tend to focus more on the individual and psychological context, whereas proponents of the power and control educational model tend to focus on patriarchy and the political context (Moore *et al.*, 1997). For the group therapy proponents, focusing on the political context and ignoring the individual context seems dehumanizing and dismissive of men's experience, which often includes histories of abuse and or neglect. For proponents of the power and control model, however, ignoring the political context is oppressively dismissive of women's experience. In the next

section of the paper, we pursue this analysis further by comparing the use that each model makes of psychological theories in conceptualizing domestic violence, masculinity, and behavior change.

PSYCHOLOGICAL THEORIES UNDERLYING MODELS OF BATTERER INTERVENTION

The distance between the power and control and unstructured group therapy models of batterer intervention can be measured not only in terms of their respective practices and program structures, but more fundamentally in differences between the psychological theories of violent behavior and masculinity on which they are implicitly based.

Social Learning Theory

Both the unstructured group therapy and Duluth models, to varying degrees, draw upon social learning theory to inform their methods of intervention (e.g., "Learning to Live Without Violence," Sonkin & Durphy, 1997). Social learning theory suggests that treatment of batterers should expose men to models who are nonviolent and who resolve conflict or deal with frustrations without resorting to violence. They also should see that their violent behavior results in negative consequences.

Confronting Battering: Is Violence Conditioned or Strategically Chosen?

Although both models are explicitly based in social learning theories, those emphasizing power and control more clearly reflect operant models of human behavior change (e.g., Myers, 1995). Operant learning suggests that behavior is contingent on immediate and direct rewards and punishments from the environment, placing less emphasis on human will, cognitive capacity, or decision making. The Duluth model asserts that men must be held accountable for their violence, meaning that they must experience negative consequences of their behavior through punishment, particularly through the authority of the criminal justice system.

Although control and punishment interventions may work in the short term to change batterers' behavior, there are some potential problems with this "law and order" approach in the long run. Within a system of authority created by linking the criminal justice and mental health professionals, power dynamics can develop which reflect those in abusive relationships.

An intervention in which group facilitators use the criminal justice system to coerce clients into attending the group, talking about their violence, and analyzing its basis in power and control beliefs, mirrors men's use of power and violence to control their partners. This system of treatment may produce men who simply respond to the immediate rewards and punishments in the environment and fail to internalize equality or respect as a basis for relationships. Further, there is potential for confrontation—as an aggressive intervention—to be abused by therapists such that it recreates the very relational dynamics being critiqued in the power and control model of men's relationships to their partners (Scalia, 1994). Many of the same power and control dynamics that characterize abusive relationships occur in batterer's treatment programs, with the client's beliefs being subjected to repeated, intense, and direct confrontations. Some writers have argued that such interventions “may unwittingly increase rather than decrease resistance and defensiveness and may reinforce the belief that relationships are based on coercive influence” (Murphy & Baxter, 1997, p. 607).

Facilitators of court mandated groups may be less effective in teaching men to avoid the use of power and control tactics in their relationships if these same tactics are also employed by facilitators and the criminal justice system to control batterers. Given their exhausting work with batterers under these conditions, facilitators may be subject to countertransference reactions, specifically enacting the role of batterers in controlling, degrading, or belittling clients. Pence and Paymar (1993) appear to struggle with this tension, stating at one point that “the facilitator's job is not to make the men ‘get it’ or to make them change” (Pence & Paymar, 1993, p. 75), and yet that is clearly the goal of the intervention. In a confrontational environment, clients may be more likely to change their self-presentation (which further reinforces others' distrust of them), or to protect their self-esteem by making downward social comparisons to others in the group (e.g., “I'm not as bad as those other guys; it's they who have the problem”), than to internalize any change in attitudes, beliefs or behavior.

Psychoanalytic Theory

Both the Duluth model and the unstructured group therapy model draw upon social learning theories of behavior change whereas, only the unstructured group therapy model draws substantively on psychoanalytic theory. Seen through a psychoanalytic lens, men's battering is caused by unresolved emotional conflicts or traumas that manifest themselves in destructive or aggressive behavior. Psychoanalytic and related phenomenological perspectives focus on the emotional life of batterers, suggesting that men's

fears of dependency and failure, as well as frustration and anger, underlie violent behavior (Gondolf & Hannekan, 1987; Reitz, 1999).

From the phenomenological standpoint of the batterer, we may discover that controlling and destructive behaviors are used to defend against an underlying fear of being out of control, powerless, unmanly, or feminine. This perspective is consistent with analyses of men's experience of power as essentially conflicted (Kaufman, 1994). On the one hand, men as a group hold power over women and individual men are able to benefit from this arrangement. On the other hand, individual men, particularly poor and minority men who have less ability to tap into this system of privilege may feel quite powerless. It seems important to consider whether and when men's violence stems from feelings of anger, fear, or powerlessness. Because of the importance of validating women's experience, however, and of not colluding with men's violence by attending to traumatic experiences, such questions tend to be muted or "repressed" in the domestic violence field.

In downplaying experiential accounts of men's violence because of a distrust of their validity and an understandable concern with further "empowering" of men, the power and control model of battering may, however, inadvertently reinforce the very gender dichotomies feminism has sought to dismantle. Indeed, the power and control model may be reassuring to male batterers because of its avoidance of unsettling, "feminine" aspects of their experience. Batterers are described in the psychoanalytic clinical literature as deeply dependent, prone to childlike tantrums in response to rather trivial failures of wives to be attuned to their needs (e.g., Jukes, 1999). Unlike children, however, grown men have considerable means available to them in imposing their infantile demands on the mother figures in their lives, including wives and sexual partners.

Theories of masculinity that integrate structural theories *about* men's power and psychological accounts of men's *experiences of* powerlessness (e.g., Kaufman, 1994), could productively reconcile the views of victim advocates and those of providers who attend more to batterers' emotional lives. Intervening in male violence must include forceful interruption of the behavior and imposing consequences so that such power strategies are less reinforcing. But such interventions alone do little to create different psychological capacities in men, nor do they require men to come to terms with their disavowed dependency on women. In the words of one theorist, "a preferred theoretical framework of an intervention with wife abusers must integrate sociological theories (i.e., power and control) with psychological analysis (i.e., unstructured support groups) without reducing one to the other (Dankwort, 1988)."

Theories of Psychopathology

Clinical theories of individual psychopathology also are employed to explain the causes of male domestic violence. In contrast to the other theories we have reviewed, which explain violence as an outcome of social and psychological processes to which all individuals are subject, theories of psychopathology chiefly see battering as a deviant behavior stemming from mental illness or psychological dysfunction (e.g., Gondolf, 1999b; Holtzworth-Munroe & Stewart, 1994). In this view, male batterers hurt their partners not because they are bad but because they are mad (Burns, 1992). For example, they may be diagnosed with antisocial personality or psychopathic disorders. Since all men are not batterers, those who are must somehow be different (i.e., ill).

Typologies are the main way in which psychopathological theory about battering has been articulated in the field (see Gottman *et al.*, 1995; Holtzworth-Munroe & Stuart, 1994; Jacobson & Gottman, 1998; Ornduff *et al.*, 1995; Saunders, 1993). Holtzworth-Munroe and Stuart (1994) reviewed research on typologies and concluded that the literature on variations in batterers' characteristics converges on three descriptive dimensions of behavior: (1) severity of marital violence, (2) generality of the violence (toward the wife or toward others), and (3) degree of psychopathology/personality disorder. These dimensions were used as the basis for the development of a typological model consisting of three subtypes of batterers (i.e., family only, dysphoric/borderline, and generally violent/antisocial). Earlier typologies consisted of sociopathic, antisocial, and "typical" or nondisordered men (Gondolf, 1988). Research has shown that matching types of batterers to treatment environments can improve outcomes (Saunders, 1996) and potentially explains why treatment programs do not work for all batterers. Any single approach to batterer intervention may not be sufficient to address the varied types of batterers that exist. Consequently, viewing all domestic violence as the result of men's efforts to assert power and control within a patriarchal system could be misguided. Not all men become batterers and not all batterers are violent for the same reasons.

Although matching client characteristics to intervention programs may improve treatment outcomes, use of diagnostic categories, assessments of a batterer's "lethality" (Edleson & Tolman, 1993), and other practices driven by clinical approaches to deviance come with some costs as well. Diagnostic categories define ways of thinking about violent men that are used to justify the growing connection between mental health and criminal justice fields in responding to domestic violence. The metaphoric labeling of batterers as Pit Bulls and Cobras (see Gottman *et al.*, 1995), for example, functions to

create an emotional distance from them that is necessary to rationalize their treatment as subhuman creatures undeserving of assistance.

Prevalence of domestic violence challenges the idea that batterers, even particular subgroups, are abnormal or deviant. The normative aspects of male violence raise the question of whether medication and/or imprisonment is the most just or efficient response to such "deviance." The main cause of battering is unlikely to be a failure of chemically regulated impulse controls because most batterers are violent only toward their partners or family members, and seem capable of suppressing violent impulses in their interactions with others in more public contexts.

BETWEEN THE DEVIL AND THE DEEP: INSTITUTIONAL GROUNDING OF THE TWO MODELS

Typological analyses of batterers, which reflect medical models of treatment and clinical theory, highlight the position of batterer intervention programs at the boundary between two powerful institutions engaged in the regulation of deviance in our culture, the mental health and criminal justice systems. In this third section of the paper, we analyze differences between the unstructured group therapy and feminist power and control models of batterer intervention by mapping their roots onto ideologies of these two systems. The history of our society's response to family violence is intertwined in these systems (see Gordon, 1988), with mental health typically oriented more toward individual treatment and altering intrapsychic processes, and criminal justice oriented more toward confining and punishing overtly destructive, illegal behavior. Thus, the unstructured group therapy model more clearly reflects the assumptions, goals and strategies of the mental health system whereas the feminist power and control model corresponds more closely to the criminal justice system's approach to battering. In our analysis, we focus on "border conflicts" that surface in the domestic violence field as treatment providers and victims' advocates continue to forge alliances with the criminal justice system. The unintended costs of this alliance for feminist understandings of men and masculinity, especially poor and minority men are highlighted.

Madness Versus Badness

As a moral discourse, the power and control model registers the distance the domestic violence field has traveled away from the liberal social sciences, with their emphasis on myriad determinants of human action and

challenge of moralistic explanations of deviance, and into the more conservative terrain of criminal justice. On the other hand, in approaching family violence as an individual psychological problem, mental health professionals have tended to conceptualize the problem narrowly in terms of intergenerationally transmitted “cycles of abuse,” without sufficiently attending to how structural factors mediate practices within the family. Mental health models often endorse individualistic explanations, for example, in locating pathology within the mind or brain of the patient/perpetrator. At the same time, these models undermine key aspects of individualism by demonstrating determinants of social action beyond the conscious control of the actor. Criminal justice advocates, on the other hand, are more apt to draw a firm but fine line between individuals suffering from forms of madness that impair reasoning and mitigate responsibility, for example, schizophrenics, and those judged to be sufficiently “sane” to be held accountable for their actions, such as psychopaths. Use of the legal system to punish bad individuals for a problem that is defined within the power and control model at the societal level (i.e., patriarchy) may be problematic, especially given the vast numbers of men in prison (see Forer, 1994; Hilton, 1993).

The debate over diagnostic labels or typologies for offenders located at the border between psychiatry and the law is symptomatic of underlying conflicts within the domestic violence field and ambivalence among women’s advocates over crime and punishment politics. Part of the feminist project involves exposing the patriarchal biases of the criminal justice system and in mobilizing its mighty resources on women’s behalf, that is, in disciplining men. Yet, most victim’s advocates have embraced the power and control model and its reliance on the criminal justice system for implementation.

Unlike the incest/sexual abuse recovery field, which is recognized as one type of gender violence that requires special attention to the psychological consequences of abuse, the battered women’s movement has a history of wariness—even overt hostility—toward mental health professionals. At the same time, the domestic violence field has become increasingly professionalized, heightening tensions between activists/victim’s advocates and professionals (Roberts, 1996). These tensions may be acutely manifested in strained relationships between domestic violence shelter staff and batterer intervention programs. Therapeutic work with batterers is often criticized as focusing more on helping men feel better about themselves than on getting them to acknowledge and come to terms with the suffering they have caused to the women in their lives. Feminists have had a vital influence on the field by suggesting how these and other therapeutic approaches exacerbate the very problems they are ostensibly treating.

Focusing narrowly on the adequacy of differing strategies of intervention, however, misses the broader question of how institutional practices and

ideology reproduce gender arrangements that cause domestic violence. The criminal justice system plays a key role in patriarchal societies in the social construction of dominant forms of masculinity, both in dehumanizing poor and working class men through incarceration and in reinforcing an essentialist gender ideology. This ideology—which is embedded in the power and control model of battering—constructs maleness as “naturally” prone to aggression and dominance behavior. Ironically, however, part of the project of feminism has been to critique this masculine fantasy of autonomous agency and imperious control, showing how masculine defenses ward off awareness of dependency and vulnerability, which are culturally coded as feminine states (Benjamin, 1988; Chodorow, 1978; Jukes, 1994; Segal, 1990).

In our analysis, although the unstructured group therapy model and the mental health system often collude with batterers, the criminal justice system is more deeply implicated in the social construction of an oppressive masculinity. In the criminal justice system, men who batter are seen as “bad,” not “mad” or treatable, and can be changed only through systems of punishment and accountability. Even though historically both men and women have been under the control of prisons and madhouses, deviant men have tended to be defined as “bad” whereas deviant women have been more often judged as “mad” (see Downs, 1996).

Rethinking Feminist Strategies: Alternative Visions for Batterer Intervention

In the domestic violence field, the power and control model may serve social functions beyond its rational, political meaning. By establishing emotional distance from male suffering, it encourages women to abandon the futile feminine project of repairing the emotional wounds of men. But the power and control model may also reinforce women’s anxieties that men are omnipotent in their powers, and that any room allowed for male suffering automatically collapses space for addressing women’s victimization. There is a sense that the batterer will ‘capture’ others with his stories and denial, just as he did the woman he battered, thwarting therapists’ efforts to control or contain him. According to the analysis of one program, “The abusive man may appear truthful . . . but he is not. The social facade under which the batterer hides is harmful, but even more harmful is the facade . . . [he] may develop to hide his real goals, agendas, fanatasies (sic), and behavior. This level of facade is nearly impenetrable. Only the most acute therapist will detect it” (Lindsey *et al.*, 1993, p. 25).

Although legal and legislative reforms in the policing of batterers have remedied some of the more blatant injustices women suffer under patriarchy,

they also carry unanticipated freight. The strong alliances between the domestic violence movement and the police replicates, on a societal level, the relationship between the battered woman and her abuser. The story that frequently emerges from the literature on battering begins with a strategic alliance with patriarchal power: the woman turns to a powerful man for protection from a hostile and frightening world, yet this domestic sanctuary increasingly closes in on her, restricting her range of movement. In this gothic romance drama, the protector turns persecutor as he undermines the woman's sense of efficacy and isolates her within the prison of her home (Herman, 1992; Masse, 1992; Teays, 1998).

While men—as husbands, fathers, sexual partners—do continue to oppress and abuse women in the context of domestic life, a singular focus on intimate male partners in addressing the oppression of women relieves powerful patriarchal institutions (the state and corporate capitalism) of responsibility. Increasingly, problems of homeless and poor women, jobless women, and female immigrants are framed through a discourse of battering (Brandwein, 1999). It is the man standing at the threshold, blocking her exit from captivity, who is held singularly responsible for her impoverished state, rather than a society organized around obscenely vast differences in wealth and opportunity. The growing rates of female poverty, of women abandoned by the state by welfare “reform,” is cast as an effect of domestic violence, located within the borders of private life and outside the domain of public culpability (Raphael, 1999).

This analysis is not meant to suggest that the legal victories of the domestic violence movement are by any means secure, or that the meager gains that have been made have been easily won—far from it. But the claim that domestic violence is not associated with other structural and contextual factors such as class, race, or substance use—repeated over and over in the domestic violence literature—has been costly for the movement, and particularly for poor women whose lives are most directly affected by both physical and economic violence. Not only has the insistence on a singular narrative of family violence contributed to the elision of cultural dimensions of women's (and men's) stories, but has made the battered women's movement vulnerable to costly alliances with the criminal justice system and right-wing uses of feminism.

CONCLUSIONS

Although we remain concerned that batterers' violence may be minimized in focusing on their emotional injuries or social context, the corrective to this problem does not lie in shifting all of the responsibility for

male violence only to those individual men who are caught by the criminal justice and policing systems. Greater critical discussion of the theories and assumptions underlying the design of batterer intervention programs and the institutional partnership that administers them is warranted. The outcome of such discussions may be a greater realization of the similarities between the two models, as well as a deeper understanding of and appreciation for their genuine differences.

Coordinated community responses to domestic and other forms of interpersonal violence (e.g., Syers & Edleson, 1992) need to move beyond the forced choice of mental health treatment versus criminal justice accountability. An alternative model is required, one that interrupts the Gothic romance narrative of domestic violence and supports real alternatives. This would mean, for example, creating “shelters”—humane, community-based alternatives to prisons—for containing male aggression and programs for addressing the infantile dependencies of men, their sense of masculine entitlement, and their tendency toward displaced rage. It would also mean creating more democratic workplaces, humane public institutions, and a society that is less hierarchical and profit-driven. In developing such alternatives, we need to recognize the limits of existing institutions and the costs of various strategic alliances, as necessary as they seem to be in the short run.

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