

Domestic Violence Intervention Programs

Rev. Carl W. Mangold, retired ELCA pastor
Licensed Clinical Social Worker
Licensed Independent Substance Abuse Counselor

My story: During the 1973-74 academic year I was a Lutheran seminarian doing a pastoral internship in an Ohio congregation where I first became aware of domestic violence. The offender was married with two daughters. He was also a member of the congregational governing board. In short, he was a leader of the local church, a pillar of the congregation. In those days the pastor counseled the married couple and I, as the intern, worked with the children. It may have been best practice then, but it is considered to be bad practice now, unless there are absolutely no other alternatives; e.g., solo pastorate in rural community without any social service supports.

Over the years since then I have served: a blue collar congregation in the Cleveland, Ohio area where I discovered 36 cases of domestic violence within a 33 month period of time both in the church and the community; an upper Midwestern campus ministry in a rural area where the three major social issues facing that community were alcoholism, incest and domestic violence; an urban upscale congregation in Milwaukee, Wisconsin; and a small congregation in a small town in Arizona. I have had the task of following sexual misconduct by previous pastors in two of these congregations. While a campus pastor, I served for several years on the local shelter board and provided counseling to the women who were there in shelter.

In 1994, I moved from Milwaukee to Arizona to enroll in the masters of social work program at ASU. Following graduation, I found part-time employment at a Catholic Social Service office leading domestic violence groups for court-mandated offenders, all males. This work has become my specialty by default, not by design. In the last ten years I have worked in several different settings or agencies with almost 3,000 culturally diverse men. My particular specialty is with female victims and their children, and the male abusers who terrorized them. Although there are female abusers, I have not worked with this population.

The overwhelming number of those arrested for abusive behavior and also true abusers are male. In fact, approximately 90% of all violence committed in the USA is perpetrated by males. Although recent years have seen the rise of violent females in juvenile detention and also the rise of adult women arrested for domestic violence, the reality is that most violence is still committed by males. Male violence is typically seven times physically more damaging than that done by a woman because the average male has greater upper body strength. Because most offenders are male and most victims are females, the masculine pronoun is typically used when referring to abusers and the female pronoun for victims.

Marital therapy as the primary or only intervention will NOT be effective because the offender will take everything said in therapy to use it against the spouse. Effective interventions work with the abuser first to hold the abuser accountable. If the abuser begins to change, then marital therapy might be warranted. Most clergy and a significant number of therapists are not qualified or set up to intervene constructively with abusers. Victim safety is the primary goal of all such work in any format. It is against this yardstick that all else must be measured.

Pointed question to consider: How is a therapist or pastor to distinguish between a relatively healthy family in conflict, on the one hand, and, on the other hand, a family terrorized by an abuser? Diagnosis is the first task. Treatment must follow, based on the diagnosis. The wrong diagnosis will probably lead to incorrect treatment. Think of it this way: medical doctors prescribe medications called antibiotics for colds but not for the flu because antibiotics do not cure/help the influenza virus.

Likewise, marital therapy has the possibility to help healthy families in conflict but not families wracked by power-and-control abuse. Simply referring to arrest records will not be especially conclusive. Today men may be arrested but not be abusers. Today, nationwide, there is an upswing in the number of women being arrested for domestic violence, but most of them are not abusers.

Almost all of us have done something abusive at one time or another. That does not qualify us to be labeled as an abuser. In those situations, a few folks are also arrested for violating state domestic violence laws because our society has lowered the bar on violent behavior within intimate partner relations, in order to provide early interventions, which have a higher probability of success. Indeed, domestic violence intervention is most effective with low-level abusers or those who have done something abusive and have been arrested. High-level abusers have lower probabilities for change.

Normal conflict: It's where the differences between people meet. Arguments revolve around money, job, children, household chores, unclear roles, health challenges, the unexpected event. Healthy conflict focuses on communication and respect in the process of resolving differences. Listening is more important than talking; God gave us two ears but only one mouth. Feelings can be identified and expressed in relatively appropriate ways. People are not afraid to express themselves and believe that others love them enough to not twist their words or intentionally harm them. "I statements" are used. The problem is named. Solutions are brainstormed. "Time outs" are allowed and encouraged. The family environment is a safe place to be truly one's self. Today's event is not fodder for the next explosion in someone's face.

Abusers are those who have a pattern of abuse that dates back over longer periods of time, using power, control, and manipulation to get their way: Intimidating, denying, blaming others, not accepting responsibility for one's behavior, shaming, undermining a co-parent, playful put downs later denied, self justification, minimization, disrespect, isolation, monitoring, demeaning, guilt tripping, rationalization, a good facade in public. These are an abuser's techniques and trademarks. Author and interventionist, Lundy Bancroft, aptly describes these men as magicians who can shift responsibility away from them by blaming others - current spouse, past girlfriend or parents. Look carefully at children who wince when you would not anticipate it, at women who are never able to keep appointments or have no access to a vehicle.

To properly diagnose an abuser is the first step. Abusers are different from others but not always in evident ways. Their victims are usually the most accurate source of information about them but may not be forthcoming with it because they are scared about being blamed, shamed, disbelieved, or discredited. What they start to tell you is usually just the tip of the iceberg. If they sense that you are worthy of their trust, they will continue to disclose to you. If they sense disbelief, they will shut down.

Some abusers are triggered by feared infidelity, while others are triggered by a perceived disobedience of their authority. In both cases, it is their issue and not the behavior of the victim that is responsible for their behavior. It is their issue. It is their problem. They would have a similar response to any woman, and, indeed, many of them are abusers of multiple women over time. Their behavior is always out of proportion to the situation. The former are sometimes called Pit Bulls and the latter Cobras. Both can kill. Pit Bulls are co-dependent on women and Cobras are dismissive of women. Pit Bulls have low self-esteem and Cobras have high self-esteem. Pit Bulls usually have little or no criminal record, while Cobras may be sociopaths with a long criminal record.

Success rates among quality substance abuse programs are accurate at 11%. Anyone claiming higher rates is either inaccurate or misinformed. Likewise, among domestic violence intervention programs, completion rates are deemed good at 55%. Longitudinal studies of successful completers are few in number, but my reading of those studies and my own experience would lead me to believe that a maximum of 50% of those 55% who completed might have changed. That would be about 27.5%, and that could be on the high side.

The program in which I work has a variety of referral sources. One has a 75% completion rate, another 35%, one less than 11%. Mandatory clients have a much higher rate of completion than do voluntary clients, also known at times as "mandated by spouse." Voluntary participants have no one, with enough authority, to hold their feet to the fire. Successful programs are not an island unto themselves. They exist within the context of a legal system and society that holds them accountable or not. Some court systems do better at this than others.

Those courts, probation officers, and judges who provide consistent negative consequences for nonattendance or re-offense have better completion rates. Dropouts are far more likely to re-offend. Accountability is necessary. The legal system, not the intervention program, needs to provide the culture of compliance first and foremost. Then the intervention program is free to do its work and to also require compliance, knowing the court will back them.

What promotes change? A good intervention program, set within the context of a legal system, which holds offenders accountable. Systems where men are confronted with their behavior and its consequences: legally, personally, familially, socially. This is known as a coordinated community response team approach where all parts of the community are on the same page, working together to never excuse intimate partner violence.

With some variation between programs across the nation, programs tend to be based on a pro feminist perspective that abuse is about power and control, that it is learned behavior; programs and state requirements vary, but the norm seems to be 26 sessions of a cognitive behavioral, psycho-educational nature, with some that are more process oriented rather than curriculum based.

Our society has not fully settled many issues relative to intimate partner violence. There is a wide variety in the number of treatment sessions required. Some states require only 16, others 26 and some as high as 52. In some states, all domestic violence charges are felonies, while other states require intervention only for misdemeanors. We have not yet reached a level of sophistication where we can accurately assess an individual and make an appropriate recommendation for treatment. Doctors do not prescribe 52 days or weeks of antibiotics under normal conditions but might do so in the extreme case. What is right for one person might be wrong for another.

Domestic violence intervention is about 30 years young. Indeed, the first real domestic violence shelters have been around for only about 33 years. This is a frontier waiting to develop and, in some ways, we have come a fair piece while, in other ways, not much has changed. The pro feminists have provided the impetus for this movement and we all owe them a great debt of gratitude. This field is in need of research, training of interventionists, new blood.

Some of us are beginning to feel like dinosaurs and eagerly await the next generation to take us into what could be the third wave of programming. The first was voluntary and ineffective. The current wave is mandatory, with spotty effectiveness due to a variety of reasons, and is based on a one-size-fits-all approach. The third wave will be more tailor-made to the individual, with more sophisticated tools to measure and assess offender behaviors in the process, separating low-level offenders from high-level ones, with cultural competency and programming offered in many languages.

In Arizona, much of what happens seems to be based on money. There is no money available to help indigent offenders to receive treatment, no money to train interventionists, no money to do research, no money to develop resources, and agencies seem to try to undercut the costs of others in order to collect more referrals. Your state may have very different issues facing it.

Domestic violence intervention with offenders is a political football and also a whipping post for the men who offend, punishment in the eyes of many rather than treatment. DV coalitions, DV advocates, DV interventionists, police, judges, public defenders, prosecutors, the fathers' rights groups, a wide diversity of religious groups ranging from stay away from the sacred family... to... lets stop the violence and hold offenders accountable are all in the public arena offering up their opinions in the hope of achieving some perceived benefit for one constituency or another.

The PCUSA has been at the forefront of religious organizations addressing intimate partner violence. Our society needs for more of us to become informed so we can hold offenders accountable and learn how to better diagnose and treat them. I value your work in the field and pray for your continued support.