

# Stopping Violence Programmes: Enhancing the safety of battered women or producing better-educated batterers?

Neville Robertson  
University of Waikato

Group programmes to help men who batter adopt non-violent ways of relating to women partners have proliferated in recent years, especially with the implementation of the Domestic Violence Act, 1995. Such programmes are often seen as the answer to domestic violence. It is appropriate, therefore, to review the literature examining the effectiveness of such programmes. The literature reviewed here reveals a range of methodological and other problems. These include poor programme specification (it is often difficult to tell exactly what was evaluated); wide variation in definitions of "success"; over-reliance on self-report data; short followup periods; and a common failure to distinguish programme effects from other factors in participants' lives (such as separation, arrest or prosecution). It is argued that these kinds of problems mean that many evaluations have over estimated effectiveness. There seems to be limited grounds for optimism that programmes of themselves will significantly benefit battered women. On the other hand, the literature does reveal a growing consensus about the useful role that treatment programmes for batterers may play as part of a wider intervention.

In 1974, the first women's refuge was established in New Zealand (Glover and Sutton, 1991). For the next decade and more, efforts to end battering focused on battered women. In more recent years, the focus has moved somewhat to the batterer. The police introduced a pro-arrest policy for batterers. Various groups throughout the country have established stopping violence or anger management programmes. Increasingly, the courts have been prepared to make referrals to such programmes. Indeed, under the Domestic Violence Act 1995, referrals are now routine when a protection order has been made (section 32). Moreover, since the 1995 Amendment to the Guardianship Act introduced a rebuttable presumption against a violent parent having the custody of or unsupervised access to a child, completion of a stopping violence programme has sometimes been used to support applications for custody and access (Busch & Robertson, 1997)

It is timely, therefore, to reflect on what is known about batterer treatment programmes. How effective are they in promoting the safety of battered women and their children? The answer is far from clear. While evaluations have become increasingly sophisticated, the debate about the efficacy of treatment programmes is far from resolved. Underlying this debate are conflicting assumptions about the nature of battering and preferred interventions; differing stances on what constitutes "success" and how it should be measured; and significant methodological problems. In this article, I discuss these issues and outline a preferred role for treatment programmes. In doing so, I will draw on both the research literature and my own experiences as a facilitator of stopping violence programmes for over 10 years.

## The Problem

One thing is clear: changing the behaviour of batterers is difficult. For one, batterers are rarely self-motivated to change (American Psychological Association Presidential Task Force on Violence and the Family, 1996). They typically receive immediate positive reinforcement for their use of violence (e.g. compliance, chores done, availability of partner for sex), while negative consequences are rare,

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*Dedicated to the memory of Karen Stanley-Hunt who died while I was working on this article. Her former partner now stands trial for her murder.*

and when they do occur, usually occur well after the battering (Myers, 1995). Through this use of violence, batterers typically succeed in controlling their partners and no-one has intervened to require them to stop (Lerman, 1992). There are powerful cultural values and beliefs which support men's privileged positions within their families and which condone their use of violence (Russell, 1988). Batterers may explicitly invoke these values and beliefs (e.g. "A man's home is his castle") to legitimate their position (Adams, Towns, & Gavey, 1995). There is a continuity between their personal reality and what Adams (n.d.) calls "an overarching super-reality" (history, social norms, institutions, culture) which makes them particularly resistant to understanding alternative realities. If they do recognise that there is a problem, it is likely that they will see it lying in their partners' behaviour, not their own (Currie, 1988; Pence & Paymar, 1993).

Language plays an important part in maintaining the batterers' position. They have at their disposal certain rhetorical devices by which they can maintain their privileged position and impose their reality on others (Adams, Towns, & Gavey, 1995). For example, by the use of plural pronouns they can assume authority over their partners' experience (as in, "We shouldn't be arguing") (Adams, n.d.). By the use of axiom markers, batterers can reinforce their privileged position (e.g. "A man's home is his castle." "That's it." "Pure and simple"). By the use of synecdoche (e.g. "Did you see those tits walking by?") and metonymy (e.g. "Her problem is her tongue") they can maintain the subordinate status of women (Adams, Towns, & Gavey, pp. 393-399).

But while ending battering requires confronting the power of the batterer, paradoxically, batterers in treatment will often feel relatively powerless, further reducing their openness to change. Such feelings may relate to: being subjected to court orders; fears about the loss of their relationships, a perception that they are less able than their partners to identify and express feelings; experiences of being abused themselves; or loss of control over substance abuse (Adams, n.d.; Currie, 1988; Pressman & Sheps, 1994).

Thus facilitators of programmes for batterers face a formidable task: using language which is often appropriated by attempts to maintain male hegemony, they must challenge the power of the batterer, even though he may simultaneously deny that power and call on prevailing cultural norms to maintain it.

### Treatment Models

Reviews of treatment programmes have found that they vary widely on a number of dimensions (e.g. Eisikovits & Edleson, 1989; Fagan, 1996; Tolman & Edleson, 1995). Perhaps most fundamentally, they vary in their underlying theoretical models. Providing programmes for men is not a neutral endeavour, but invariably reflects the ideology and background of the organisers and their beliefs about the nature of battering (Pence & Paymar, 1993; Ritmeester, 1993). Five theoretical models are commonly identified: ventilation models; insight oriented therapy; systems or interactional approaches; cognitive behavioural therapy; and

pro-feminist educational programmes (e.g. Adams, 1988).

The *ventilation* model views partner violence "as symptomatic of suppressed anger that needs to be expressed through some other cathartic means" (Hamberger & Hastings, 1993, p. 196). Such a view has developed from the frustration-aggression hypothesis (Philipchalk, 1995), rather than a close analysis of battering (Adams, 1988). Because violence is seen merely as a symptom of repression, specialist interventions for batterers have not been developed. Instead, perpetrators and victims have been included in programmes which address repressed feelings and dishonest communication by teaching them to fight fairly and cathartic exercises such as hitting one another with styrofoam bats (Adams, 1988; Hamberger & Hastings, 1993).

However, research does not support the view that the expression of angry feelings reduces the likelihood of physical violence (e.g. Berkowitz, 1973). Batterers are already adept at venting their rage (Pence, 1989) and hardly need experts to give them permission to do so (Adams, 1988). Ventilation therapies address neither the gendered expectations about what one can legitimately become angry over (Tavris, 1982), nor the intimidatory effect of strong expressions of rage.

*Insight-oriented* and other *psycho-dynamic therapy* is premised in the belief that violence is symptomatic of underlying internal conflicts or other intra-psychoic problems, such as: unresolved issues from the perpetrator's childhood (e.g. abuse, rejection, dependency needs); personality disorders; failure in appropriate development attachments; fear of intimacy; poor self-concept; and obsessive-compulsive behaviours (Adams, 1988; American Psychological Association Presidential Task Force on Violence and the Family, 1996; Carden, 1994; Hamberger & Hastings, 1993). Implicit in such approaches is the notion that batterers are fragile individuals who "must be therapeutically bolstered before they can be expected to give up violent and other 'overcompensating' behaviors" (Adams, p. 179).

Insight and other psycho-dynamic therapy has been strongly criticised as inappropriate for the majority of batterers. It has been argued that only a small percentage of battering can be attributed to the psychopathology of the batterer (Tifft, 1993). Moreover, while a proportion of batterers may be observed to experience problems such as depression and low self-esteem, it has been argued that these should be seen as a consequence of battering, not a cause (Adams, 1988). By concentrating on the resolution of presumed causes of battering, such therapies ignore the functional value of violence in maintaining the batterer's control over his partner, obscure the criminal nature of the violence and ignore the continuing threat he presents to his partner (Adams; Hamberger & Hastings, 1993; Pence & Paymar, 1993). As Kathleen Carlin has noted:

In the same way that the mugger could probably benefit from psychotherapy, one could make the case that many people who engage in abuse of their partners could benefit from psychotherapy. But when a mugger is apprehended, sending him to a

counseling center is not the first course of action. (1988, paragraph 27)

*Systems or interactional* approaches have their origins in family systems therapy (Adams, 1988). Battering is seen as an interactive, dynamic interpersonal transaction (Zelas, 1995), a series of

coercive exchanges building up to aggression by one party and forced submission by the other partner... It hardly matters whether the husband or the wife initiated the first unpleasant event, for they both respond by trying to control the other person via escalation of negative remarks and threats, until one of them loses control and resorts to physical force to make the other one submit (Deschner, 1984, p.83).

In such an approach, there are no longer batterers: just battering couples (Deschner's book is titled *The hitting habit: Anger control for battering couples*). Both parties are held to be responsible for stopping the violence (Carden, 1994; Zelas, 1995). Intervention focuses on helping each identify their role in the pattern of escalation and in bringing it to an end (Hamberger & Hastings, 1993). From this perspective, a woman's refusal to have sex, her "nagging" or her "over-involvement with the children" make her as culpable as her attacker (Adams, 1988). Such an approach risks seriously jeopardising the safety and autonomy of battered women.

*Cognitive behavioural* approaches are based on social learning theory (Bandura, 1977). Battering is considered to have been learned via the observation of role models (especially parents) and trial and error learning experiences in which the behaviour is rewarded (Hamberger & Hastings, 1993). Cognitive behavioural intervention includes: teaching men the damaging and ultimately self-defeating consequences of their violence (e.g. loss of love, trust, and the relationship itself); helping men recognise the physical, emotional and cognitive cues to their violence; cognitive therapies, which challenge justifications for violence and rigid, irrational or anger-arousing thought patterns; and training men in alternative behaviours and relationship skills (Adams, 1988; Eisikovits & Edleson, 1989; Hamberger & Hastings; Pressman & Sheps, 1994; Tiff, 1993).

The model has considerable advantages over those discussed above because it recognises the functional value of battering to the batterer (e.g. in releasing tension, avoiding unpleasant situations and enforcing victim compliance) and places responsibility for the violence on him alone (Hamberger & Hastings, 1993). But it does have its critics. Adams (1988) argued that cognitive-behavioural approaches are value-neutral and fail to incorporate gender power issues. On the other hand, it is clear that gender analyses can be easily integrated into cognitive-behaviour programmes (see Pence & Paymar, 1993). More controversial has been the inclusion of skills training into cognitive behavioural programmes. For example, the teaching of assertiveness and conflict management skills has been criticised as providing batterers with a greater armoury of skills with which to manipulate and control their partners (Adams, n.d.;

Ritmeester, 1993). Skills training has been held to focus on violent acts in isolation rather than seeing them linked to a system of oppressing and colonising partners, thus de-politicising violence against women and failing to address issues of power (Adams, n.d.). The very assumption that batterers lack interpersonal or self-management skills has been challenged (Adams, 1988; Adams, n.d.; Gondolf & Russell, 1986). This is particularly the case in relation to anger management skills, a common component of many treatment programmes (Jacobs, 1995; Sonkin & Durphy, 1982). While many of the batterers I have worked with described their violence in terms of loss of control (e.g. "I just lost it." "I snapped." "I just blew.") the experience of many women is that their assailants, far from being out of control, have acted in a very deliberate way (Gondolf & Russell, 1986). Typically, women are not hit in public (the batterer waits until he can use his violence in private) and are hit on parts of the body where the marks will not show (Toone, 1992). A gender analysis of how and when men choose to vent their anger is needed (Adams, 1988). For example, why do batterers rarely act abusively towards male bosses or colleagues? How is it that a man who has "lost it" with his wife can act in a conciliatory manner towards police who attend the scene?

The feminist insight that battering serves to control women partners is fundamental to *pro-feminist* treatment models (Adams, 1988). Battering is seen as a socio-political issue, rooted in (and contributing to) a socially-sanctioned inequality of power. Because men are recognised as having greater political and physical power than their women partners, not only are they more likely than women to terrorise, injure and kill their partners: by virtue of their gender, their violence is more likely to be condoned (Adams, 1988; Adams, n.d.; Hamberger & Hastings, 1993; Pence & Paymar, 1993). Violence is broadly defined to include psychological abuse, intimidation and other controlling tactics. Intervention becomes more a matter of education than therapy (Gray, 1994), as men are re-socialised into new, non-sexist, non-controlling roles. It makes the safety and autonomy of women the first priority of treatment (for example, safety of victims takes precedence over client confidentiality), expects men to take responsibility for their violence, emphasises safety planning, questions beliefs which condone violence and male dominance, and helps men develop a critical analysis of patriarchal, social norms (Adams, 1988; Adams, n.d.; American Psychological Association Presidential Task Force on Violence and the Family, 1996; Hamberger & Hastings, 1993; Pence & Paymar, 1993).

The pro-feminist approach too has had its critics. It has been claimed that it is biased, based only on the experiences of victims (e.g. Neidig, Friedman, & Collins, 1985). The view that men's violence towards women is caused by social structures has been held to suggest that batterers are not responsible for their behaviour (Island & Letellier, 1991). On the other hand, Pence and Paymar (1993), leading advocates for pro-feminist programmes, point out that not all men batter despite the powerful supports for battering: ultimately, individuals can make choices about their behaviour and must be accountable for those choices.

Indeed, accountability is an important feature of pro-feminist approaches. This takes a number of different forms. Individual men are expected to be accountable for their use of violence. Participation in treatment programmes typically occurs under legal mandate. Participants are monitored through checks with partners or ex-partners. Further violence is treated as criminal and may be reported to the relevant justice system authority (Hamberger & Hastings, 1993; Hart, 1992; Pence & Paymar, 1993).

Facilitators are expected to be accountable. There is always a risk that facilitators, especially male facilitators, will collude with batterers (Pressman & Sheps, 1994). After all, they share with batterers exposure to the wider cultural supports for violence and male dominance (Pence & Paymar, 1993). Thus co-gendered facilitation is a preferred model. This and monitoring of group process by battered women's advocates provides a measure of accountability to battered women (Pressman & Sheps, 1994; Ritmeester, 1993). Pence and Paymar advise facilitators to imagine a circle of battered women seated around the edges of the room observing the group as one way of ensuring "that women's reality and women's experiences (are) always a part of the group content" (1993, p. 29).

Criminal justice personnel are expected to be accountable. As noted, pro-feminist programmes typically work within the context of the criminal justice system. The processing of batterers through the system is closely monitored to ensure that decision-makers are working in a consistent manner, giving clear messages about the unacceptability of violence and prioritising victim safety (Hart, 1992; Pence & Paymar, 1993).

By and large, the treatment literature has been remarkably silent on the question of culture. Yet in the New Zealand context, programmes which are appropriate for Pakeha will not necessarily be appropriate for Māori, for Pacific Island men or for men from other minority groups. For example, the recent report by Roma Balzer and her colleagues (Balzer, Haimona, Henare & Matchitt, 1997) argues strongly that Māori family violence needs to be understood within the context of colonisation, including: the loss of Te Reo; loss of traditional beliefs, values and philosophies; the loss of identity; educational failure and unemployment. A particular problem has been the breakdown of whanau and hapu structures within which incidents of family violence were traditionally resolved. While the informants Balzer and her colleagues interviewed made it clear that none of these factors excused individual batterers, they did need to be taken into account in fashioning a contemporary response to violence within Maori families. That response needs to revolve around Maori infrastructure – kaumatua, kuia, hui and marae. Work with batterers needs to emphasise accountability to the whanau, making the offender's violence public and involving all members of the whanau in decision-making.

### Treatment Format

Programmes vary not only in their underlying theoretical assumptions, but also on a number of other dimensions related to the mode of delivery, length, structure and the

extent to which they are integrated with the criminal justice system.

On one issue, there is strong consensus: while men typically favour individual or couples therapy (Pressman & Sheps, 1994), group programmes are the preferred intervention (e.g. Carden, 1994). Practical considerations play a part: it is more economic to deal with men in groups (Hamberger & Hastings, 1993). But there are also theoretical considerations. Battering is not learnt in a vacuum but in the context of social settings which support batterers' women-dominating strategies and beliefs. Group programmes can provide an alternative setting in which consciousness-raising is encouraged. New, non-sexist group norms can be established, including an expectation of self-disclosure about use of violence. Men learn that they are not alone in their struggle and their emotional isolation may be reduced. Group members can challenge their peers when group norms are not met, and support and affirm them in their efforts to change (Carden; Eisikovits & Edleson, 1989; Hamberger & Hastings, 1993; Pence & Paymar, 1993; Pressman & Sheps, 1994).

While there has been a strong preference for group programmes over individual or couples treatment, there has been more debate about a second dimension of batterers' programmes; the extent to which they should be structured. At one extreme, some batterer group programmes have been relatively unstructured, open-ended groups run on a self-help (e.g. Edleson & Syers, 1990) or therapy model (e.g. Jennings, 1987). At the other extreme are highly structured educational programmes which follow a set curriculum; for example, the programme developed in Duluth, Minnesota (Pence & Paymar, 1993). Such structured programmes have been criticised as rigid, lacking spontaneity and assuming men are incapable of insight (Jennings). On the other hand, such criticism may misrepresent the reality of well-run psycho-educational groups (Hamberger & Hastings, 1993). As Pence and Paymar (1993) make clear, their curriculum is intended not as a rigid straight-jacket but as a framework within which groups can explore personally relevant issues in pursuit of the goal of living violence-free lives. As a facilitator in a programme which uses the Duluth curriculum, I find that there is plenty of room for flexibility and exploring issues which men bring to group.

Programmes also vary in the amount of time involved. Most are relatively short term (6 to 32 weeks; Tolman & Edleson, 1995), although the Emerge programme in Massachusetts considers that men need to participate for at least a year in order to make lasting changes (Salzman, 1994). Typically, one session of 2 to 3 hours is held each week (e.g. Edleson & Syers, 1990) but more regular and/or extended attendance is a feature of some programmes (e.g. Dixon & Wikaira, 1988, have described a 10-week residential programme).

An important distinction made in the literature is whether programme attendance is voluntary or mandated by criminal justice agencies. Few batterers are internally motivated to enter treatment (Hamberger & Hastings, 1993). Even so-called voluntary clients typically attend only under some extra-legal duress such as partners' threats to end the

relationship (Furness, 1994; see case studies "Julia," "Stephanie" and "Jill"). Attrition is typically high: surveys of American treatment programmes estimated that up to a half of the men who begin treatment prematurely drop out (Edleson, 1995; Tolman & Bennett, 1990). Pre-programme attrition is even higher: the vast majority of men who enquire about a programme do not even start (Gray, 1994).

It is hardly surprising that, increasingly, programme attendance is being legally mandated. The form of the mandate varies. Police diversion schemes, court diversion schemes, sentences imposed by the criminal courts, treatment in lieu of suspended jail time, directions to treatment as part of protection orders: all have been used in one or more jurisdictions (Hamberger & Hastings, 1993; Morris, 1993; Pence & Paymar, 1993; Police Commissioner, 1993; Robertson & Busch, 1992). However, even with legally mandated attendance requirements, attrition can be high. In their review of 23 court-mandated treatment programmes, Hamberger and Hastings recorded attrition rates from zero to over eighty percent.

### Evaluation of Treatment Outcomes

It is important to appreciate the diversity of approaches to batterers' treatment programmes because it goes some way to understanding the conflicting evidence in the literature as to their effectiveness. Unfortunately, a major problem evident in evaluations published to date is that the form of the intervention is often inadequately specified: that is, it is often difficult to know exactly *what* was evaluated (Carden, 1994; Fagan, 1996; Hamberger & Hastings, 1993).

Apart from inadequate programme specification, there are a number of other significant limitations evident in the evaluations of treatment programme outcomes. Perhaps the most important is that there are conflicting conceptions as to what constitutes success and how it should be measured.

Reviews of treatment-outcome evaluations illustrate the variety of approaches to defining and assessing treatment outcomes. Measures which have been used include: reductions on scores on the Conflict Tactics Scale as completed by participants, by their partners or by both; records of participants' post-treatment contact with police; court records of post-treatment convictions; participants' self reports on attitudes to women, jealousy, anger, assertiveness, hostility, coping methods and depression; and self-reports and/or partner reports of further physical violence. (Edleson, 1995; Eisikovits & Edleson, 1989; Hamberger & Hastings, 1993; Rosenfeld, 1992; Tolman & Bennett, 1990).

There are significant problems with many of these measures. Firstly, participant self-reported data is clearly unreliable. Comparisons of self-report and partner-report regularly show that men under-report their violence (e.g. Dutton, 1986; Tolman & Bennett, 1990; Tolman & Edleson, 1995). Moreover, when partner reports are part of the evaluation design, usually only partners living with the abuser are included (e.g. Dutton), presumably on the assumption that ex-partners are not at risk of further assault. This rather flies in the face of what is known about separation violence which accounts for three-quarters of the domestic

assaults which come to the attention of police and emergency services (Hart, 1993; Walker, 1993). For wives, separation increases the risk of being killed by their partners by a factor of 4 (Wilson & Daly, 1993). Clearly, ex-partners, as well as current partners, should be included in evaluation studies. It is also important to consider the context within which partner and ex-partner reports are obtained. It would be naive to assume that battered women will necessarily feel safe to disclose to researchers the full extent of their partner's violence. The gender of interviewers, the level of rapport they establish with interviewees, whether information is obtained in person or by telephone, and the proximity or otherwise of the batterer - each of these is likely to influence the accuracy and completeness of partner reports (Hart, 1988; Lerman, 1992).

Secondly, official recidivism data, such as that available in police or court records, is limited because many assaults are not reported (Hamberger & Hastings, 1993) or fail to result in arrest or conviction. Dutton (1987) has calculated that the chance of a domestic assault resulting in an arrest at 1.37% and the chances of a conviction just 0.73%. The overall level of "success" is likely to be massively over-estimated if official recidivism data is used. On the other hand, reliance on official recidivism poses a different problem when used in treatment-control group comparison studies. Here, it is likely that treatment may mean men become labelled and face an increased likelihood of re-arrest compared to their control-group peers (Dutton, 1986).

Thirdly, some outcomes which have been evaluated are not necessarily related to women's safety: for example, anger levels, jealousy, depression and attitudes towards women (Eisikovits & Edleson, 1989). A commonly used measure is the Conflicts Tactics Scale (Straus, 1979) which, critics have argued, measures only a limited range of abusive behaviour (Edleson, 1995) and, because it fails to consider contextual factors, is blind to the effects that such tactics have on victimised women and children (Dobash, Dobash, Wilson, & Daly, 1992).

Fourthly, some studies have described programmes as successful on the basis of *statistically significantly decreases* in violence (Edleson, 1995) but the extent to which such decreases are meaningful to victims is quite unclear. What does it mean if one is beaten *only once* per week whereas one was previously beaten three or four times a week? Would one be less fearful? Less terrified? Less controlled?

A related issue is that threatening behaviour has generally been ignored by evaluators (Edleson, 1995). Where evaluators have reported threatening behaviour, this has been seen as incidental to the aim of reducing violence, rather than as a crucial element of battering. For example, Eisikovits and Edleson (1989) found that in studies where information on threats was recorded, approximately two-thirds of the nominally *non-violent* men were reported to have been using threats against their partners post-treatment. From a victim's perspective, such men could hardly be rated as being among the successful outcomes.

By focusing on acts of physical violence, many of the

measures used in evaluating batterers' treatment programmes fail to adequately assess the ecology of partner's lives and the diverse tactics of abuse to which they may be subjected. In short, the measures marginalise women's experience. This is not always the case. Tolman and Bennett (1990) reported studies which have assessed reductions in women's fearfulness and increases in their comfort in expressing anger. One attempt to develop a broader measure is the Abusive Behavior Inventory (Shepard, & Campbell, 1991). Derived directly from a power and control analysis of battering, the inventory includes both actual and threatened physical violence, intimidation and psychological abuse. Parallel versions of the inventory provide for both self and partner reports of the participant's behaviour.

There are other problems with the evaluation of treatment programmes. Many studies have very small samples (Carden, 1994; Hamberger & Hastings, 1993). Often this is exacerbated by high attrition rates (not always reported), both from the programme itself and from follow-up samples. Attrition of both kinds may lead to overly optimistic assessments of programmes. In their review, Eisikovits and Edleson (1989) concluded that programme dropouts tend to be men who have prosecutions against them dismissed or withdrawn or whose wives return home: that is, men who have just had significant motivators for change removed. Similarly, it has been argued that men who are lost from follow-up samples are likely to be the most abusive (Rosenfeld, 1992; Tolman & Bennett, 1990). Another problem is that follow-up periods are typically quite short (Hamberger & Hastings; Tolman & Edleson, 1995) which may again inflate assessments of programme effectiveness (Carden) as it has been noted that evaluations with short follow-up periods have tended to produce more optimistic results than those with longer follow-up periods (Tolman & Bennett; Tolman & Edleson).

An important issue in considering the results of programme evaluations is the question: What would have happened if the men had not undergone the programme? For example, on the basis of various surveys, Dutton (1986) estimated that approximately one third of men who assault their partners on any one occasion, will not repeat the assault during the following year. Of course, this may disguise the fact that their partners remain subject to terroristic threats, intimidation and other non-physical form of abuse. Nevertheless, if Dutton is correct, then the risk of falsely attributing freedom from assault to programme effects is very evident. (Dutton's contention also underlines the limitations of evaluations which have short follow-up periods and a narrow focus on physical violence.)

Typically, attempts to tease out effects directly attributable to treatment have relied on experimental studies. Certainly, a number of reviewers have bemoaned the paucity of studies which have used randomised assignment to treatment and control groups (e.g. Carden, 1994; Hamberger & Hastings, 1993; Roesch, Hart & Wilson, 1993). However, there are important ethical and practical difficulties (Fagan, 1996). Is it ethical to deny or delay treatment? In the case of court mandated programmes, randomised assignment

introduces extra-legal considerations into the disposition of cases. There are other limits to experimental or quasi-experimental designs. The notion of control groups can be quite problematic if they are thought of as no-treatment groups: invariably they experience some sort of intervention, such as arrest, separation from partner or threatened separation (Berk, 1993; Hamberger & Hastings). The sort of complexity which can arise is illustrated by Dutton's (1986) experience in conducting a quasi-experimental evaluation of a court-mandated treatment programme. He observed that no assaults were committed by treatment group men during the time (up to 3 months) they were waiting to enter treatment, leading him to wonder if surveillance, rather than treatment per se, was the key to effectiveness. Similarly, in court ordered programmes, it may be difficult to tell how much observed changes are due to arrest and prosecution rather than to treatment (Rosenfeld, 1992). Clearly, evaluations, whether experimental or not, must pay careful attention to the context in which participants and their partners (or ex-partners) live (Hart, 1995).

So, bearing in mind the problems discussed above, what do evaluations of treatment programmes tell us? The answer of one set of reviewers was "Not much.... We cannot confidently say whether 'Treatment works'" (Hamberger & Hastings, 1993, p. 220). Leaving aside the question of how it was defined, recidivism in the studies reviewed by Hamberger & Hastings varied from 0 to 50%. If one disregards evaluations which relied solely on self-report and those which had post-treatment follow-up periods of less than 6 months, then recidivism estimates tend to cluster in the 30% to 40% range. However, given the problems discussed here and by the reviewers, this seems to somewhat over-state the ability of treatment to bring about meaningful improvements in the lives of battered women.

Two studies in particular provide sober reading. These studies are important because they appear to be the only studies which have followed participants over a significant time period. Both involved men who had been mandated to treatment. Melanie Shepard (1992) followed up 100 men who had completed the men's education programme at the Duluth Abuse Intervention Project. Over 5 years, 40% were identified as recidivists on the basis of having been convicted of a further partner assault, having had a protection order made against them or having been the suspect in a domestic assault reported to the police. In the second study, Donald Dutton and his colleagues (Dutton, Bodnarchuk, Kropp, Hart & Ogloff, 1997) followed up 156 men who had completed the Vancouver Assaultive Husbands Program. Over 11 years, 23% were convicted of at least one further assault. It is not known what proportion of the men in these studies committed further assaults which did not come to official notice, but if one accepts Dutton's (1987) calculation of the odds of an assault leading to a conviction, then it is likely that very few men in these studies could be counted as violence-free.

Nevertheless, some reviewers have been cautiously optimistic about treatment, possibly because they, unlike Hamberger & Hastings, included programmes for voluntary clients in their reviews. Thus, Eisikovits and Edleson

concluded that the evaluations they reviewed provided "grounds for optimism" (1989, p. 399). Similarly, in their review of 22 evaluations of groups for men who batter, Tolman and Bennett (1990) concluded that the majority of men stopped their physical violence. But Tolman and Bennett added an important qualification: the research did not clearly support the effectiveness of psychological treatments *alone*. They felt that success was likely attributable to a range of factors such as victim action (separation or threat of it), police contact (especially arrest), prosecution, disapproval of others and "other naturally occurring processes" (p. 111).

Tolman and Bennett have raised an important point. A batterer undergoing a treatment programme simultaneously experiences a number of "other naturally occurring processes," many of which may be influential in stopping or reducing his violence. For example, a partner's threat to leave the relationship, a common trigger for men to "self" refer to treatment, may be an incentive to change. Actual separation may mean the man no longer has access to his victim and/or it may encourage him to re-evaluate his behaviour. He may have been arrested and fears re-arrest. He may have been convicted and faces an increased penalty if he re-offends. He may have had a protection order made against him and faces prosecution if he breaches it. In general terms, what has previously been private behaviour has become public and he may experience a sense of shame as a consequence.

None of these events or processes are determinative of stopping violence. For example, separation often precipitates an escalation in violence, not a reduction (e.g. Wilson & Daly, 1993). Experimental evaluations of arrest policies suggest arrest deters some men but not others (e.g. Sherman, 1992). Similar results have been noted in relation to prosecution of batterers (e.g. Ford & Regoli, 1993). Research by my colleagues and I has clearly documented the failure of protection orders to deter some men (Busch, Robertson & Lapsley, 1992). But equally, events and processes such as separation, arrest, prosecution, issuance of protection orders and the condemnation of others do often serve to deter further violence. Some or all of these may be present in the lives of men undergoing treatment. To attribute observed positive changes solely to the treatment programme is naïve.

The point is well illustrated by the Pakeha women Jane Furness (1994) interviewed in the course of a victim-focused evaluation of the Hamilton Abuse Intervention Project's men's education programme. The women were interviewed periodically during the 6 months their partners were attending the programme and again 3 months later. All five women for whom a complete set of data was obtained reported a decrease in both physical and psychological abuse but attributed the changes to a wide range of factors. Several of the men had been arrested, convicted and placed under supervision for a previous assault, and, according to their partners, knew that they would face a similar or greater penalty for a further offence. In some cases, the attitudes of friends were reported to be influential: these people had made it very clear to the men that they did not approve of

their violence. One woman had obtained a non-violence order and said that her partner knew she would action it if necessary. Several others reportedly told their partner that they would leave the relationship if the assaults continued. One woman considered that one of the most important factors was her new-found determination not to accept responsibility for her partner's moods. This is not to say that the women thought the men's programme had not been beneficial in some ways. There was a consensus view that it had increased their partner's knowledge of what constituted abuse and had reinforced the view that abuse was criminal and ultimately self-defeating behaviour. But, in the women's view at least, such changes as the men made were only partly attributable to the men's programme.

One possibility, seldom canvassed in evaluations, is that batterer treatment programmes actually make things worse for battered women. This has been a consistent concern within the battered women's movement as advocates have been perturbed by reports that men have learnt new tactics of abuse from their peers or have employed assertiveness and other skills taught in the programme to maintain control of their partners (e.g. Hart, 1988; Ritmeester, 1993). Even the simple fact that he attends may be misused by the batterer. For example, he may expect his partner to be more understanding and accommodating of him because he is attending a programme (Pressman & Sheps, 1994). He may make self-serving contrasts between his own behaviour and those of other men in the programme: like the partner of a woman my colleagues interviewed who, after attending an anger management group, pronounced himself as being in the "verbal abuse category" because he had never hospitalised her and asked what she was moaning about (Busch, Robertson & Lapsley, 1992: see case study "Deb"). The batterer may use participation to bargain his way back into the relationship, exploiting false hopes of change (e.g. Currie, 1988; Furness, 1994). There is empirical evidence of this: Gondolf (1988) demonstrated that the batterer's participation in counselling was a major factor in shelter (refuge) residents' decisions to resume their relationships. From this perspective, one might conclude that batterers' programmes are dangerous.

There was some support for this view in Furness's (1994) evaluation of the Hamilton men's education programme. One interviewee reported her partner learning new tactics of abuse from other men in the programme (see case study "Julia"). Another minimised his abusive behaviour by making contrasts with other men in the group; "You should see the other guys in the group; they're much worse than me" (p159). Several women reported their partners as adopting the language of the programme for their own purposes. For example, one woman who expressed her disquiet at her partner going out drinking for several hours after group was told that she was "isolating" her partner. Another woman was accused of intimidating her partner when she expressed her anger at being kept waiting three hours for him to pick her up. Two women were further abused after their partners returned from group, invited them to talk about their feeling about the abuse they had received, and then became angry at the women's response.

One of the themes to emerge from Furness's study was what could be called the emotional roller-coaster ride many of the women experienced. Typically, they initially felt positive about their partner's participation in the programme: at last he was getting some help. However, hopes that the relationship might be salvaged were frequently dented as men relapsed into abusive patterns. On the other hand, some men, apparently in response to their partner's renewed talk of separation, would begin to behave in a more responsible and considerate manner. Such positive changes were often short-lived – at least until some new crisis point was reached. At least most of these women had the benefit of support from women's advocates and all were regularly contacted by the researcher. One can only wonder how they might have fared if they had experienced the isolation characteristically enforced on battered women. As it was, the women were generally positive about the project, but this derived much more from the support they received personally than from any changes their partners made as a result of attending the men's education programme.

One way of interpreting the conflicting data to emerge from the evaluations of batterer's programmes is that treatment may work with some men better than others, or that some treatments may work with some men better than others. However, there has been little investigation of the demographic and other individual factors which may be related to positive outcomes. One exception is Shepard's (1992) five-year follow-up of graduates of the Domestic Abuse Intervention programme in Duluth. Recidivists - defined as men who had been a suspect in a domestic assault, had been convicted of a domestic assault or who had had a protection order issued against them - were more likely to have had drug and alcohol problems, to have been abused as children, to have been previously convicted of non-assault crimes and to have had relatively short histories as abusers. (Shepard interpreted the last point as suggesting a "hitting (rock) bottom" (p. 175) model of change. On the other hand, her finding is contradicted by Tolman & Bennett, (1990) who concluded that shorter abuse history was associated with more positive outcomes).

While there have been calls for a move away from what has been described as a one size fits all approach (e.g. Fagan, 1996; Saunders, 1993; Russell, 1988; Tolman & Edleson, 1995), attempts to develop typologies of abusers which are relevant to treatment have not progressed very far. Indeed they have been criticised for being overly psychological, ignoring the commonalities of batterers and the cultural supports for battering (Tifft, 1993). One recently published typology (Saunders, 1993) identified 3 types of batterers: (1) the generalised aggressor who is violent outside family as well as within, who Saunders believes to require the most intensive and lengthy treatment, including close supervision, alcohol assessment and treatment, cognitive restructuring to improve impulse control, work on his childhood traumas, reducing rigid sex-role beliefs, and learning assertive expression of feelings; (2) The Family-only aggressor who typically has less childhood trauma, more liberal beliefs, lower levels of anger, who suppresses his emotions and is thought to require the less intensive

treatment; and (3) Emotionally volatile batterers who exhibit extreme jealousy, anger and depression, have an elevated risk of taking their own lives and who are thought to require long-term help but not to be very responsive to legal sanctions. The utility of such distinctions has yet to be tested. However, there is agreement that men entering programmes should be screened for chemical dependency and significant psychological problems so that they may be referred for specialist assistance, either instead of, or in addition to, a standard batterers' programme (e.g. Pence & Paymar, 1993; Russell, 1988; Tolman & Edleson, 1995).

### A Preferred Role for Treatment Programmes

Evaluated from a victim's perspective, treatment programmes for batterers are, at best, only moderately successful: at worst, they may be dangerous. Moreover, it appears that when treatment is associated with positive changes, those changes may have less to do with treatment per se and more to do with other factors in the lives of batterers and their partners (e.g. arrest, victim advocacy, effective protection orders). If treatment programmes do have a role to play in improving the lives of battered women, their effectiveness may lie in the extent to which they are integrated with other interventions.

It is clear that batterers *can* learn new ways of behaving which are non-violent (e.g. Tolman & Bennett, 1990). But it is also evident that programmes cannot *make* men change: they can only offer men the *opportunity* to change and assistance towards that goal (Jacobs, 1995). In other words, programmes provide men with a choice. However as Kathleen Carlin has argued,

without clear sanctions against (battering) in the general society, and against the legitimacy of the privilege that underlies it, the message the batterer gets is ambivalent. Until laws and policies make it clear that battering is no longer acceptable, the batterer, when confronted and told, "You have a choice; violence is a choice," will continue to hear the unspoken implication, "but the world doesn't care which choice you make." (1988, paragraph 29)

Carlin's position is consistent with the weight of evidence from evaluations of batterers' treatment programmes: that is, the provision of programmes, of itself, is unlikely to lead to significant changes in the behaviour of most batterers. Thus, in recent years, there has been a strong move away from what might be called stand-alone batterer's programmes and towards programmes which are integrated into the criminal justice system. That is, programmes in which attendance is mandated by the courts (or, in some cases, the police), with consistently enforced consequences for non-attendance (e.g. Hamberger & Hastings, 1993; Pence & Paymar, 1993; Tolman & Edleson, 1995). Moreover, treatment programmes are increasingly being seen as an adjunct to prosecution and sentencing (such as probationary supervision) and not as an alternative to such criminal consequences (e.g. see the model protocol for batterers' classes prepared by the Georgia Commission on Family Violence, 1997).



A slightly different perspective was offered by the Maori key informants interviewed by Roma Balzer and her colleagues (1997). They argued that the criminal justice system was not necessarily the best way of ensuring the accountability of Maori men who batter. Maori women who reported male partner violence were sometimes blamed for exposing their partners to a racist justice system. Moreover, the system "removed offender accountability away from the community most directly affected" (p 37) and decisions were made without the participation of the victim or whanau. As one interviewee commented,

If you take it to the Pakeha system, the person gets charged, processed, gets locked up, goes through the courts and in the normal process he might be found guilty or he might be found not guilty... nobody really has an input into it except the people who are processing the perpetrator. (p37)

It is a system which fails to instil in Maori offenders "a sense of responsibility and accountability to and for their own (Maori) community" (p37). On the other hand, in some communities, the Department of Corrections is encouraging Maori groups to take responsibility for Maori offenders. Providing such groups are adequately resourced, they may be able to monitor offenders more effectively than the "present impersonal justice system" (p42).

In arguing the need for specifically Maori processes, the key informants interviewed by Balzer and her colleagues seem to be setting out a position which is broadly compatible with that of Carlin (1988) and others who have called for meaningful sanctions against battering. The precise mechanisms may vary from community to community, but the bottom line is ensuring accountability of batterers and consistent messages from the community about the unacceptability of violence. Obviously, the criminal justice system – in various forms – is an important part of this.

Batterer's programmes are also becoming better integrated with services for battered women. Given the recognised dangers of providing programmes discussed above, there is now a strong consensus that programmes for batterers should be provided in a community *only* if there is adequate provision for the safety and security of women and children, including women's advocacy services, support and education groups, and safe housing (e.g. Currie, 1988; Edleson, 1995). As well as ensuring that priority is given to the safety and autonomy of battered women, these services can play a key role in the accountability of treatment programmes and the monitoring of individual batterers (Ritmeester, 1993).

This sort of integration has been incorporated into North American protocols (e.g. Hart, 1992; Pence & Paymar, 1993) and local protocols such as those developed by the Hamilton Abuse Intervention Project, the Dunedin Violence Intervention Project and DOVE Hawkes Bay (Busch & Robertson, 1993; Stewart, 1997). Under these protocols, treatment programmes for batterers *are* provided but *only* within an integrated framework incorporating women's refuges and criminal justice agencies. The protocols provide a standard set of procedures for each

agency, which, together, form a co-ordinated and consistent response to battering. This response includes safe housing, crisis support, legal advocacy and ongoing support for battered women. It includes the arrest and prosecution of offenders – who are routinely ordered to attend a treatment programme as a condition of their sentence and who face further penalties if they fail to attend. An important feature is the monitoring of offenders to ensure that the protocols are being implemented consistently as they are processed by the criminal justice system. The monitoring includes regular checks with partners or ex-partners, obtaining feedback from them and offering them further support if needed. Thus a key aim is to hold batterers accountable for their actions. For example, there is an explicit agreement that safety will be prioritised over confidentiality, such that admissions of further violence may be reported to police and/or probation officers. If a man makes a threat against his partner in group, group confidentiality will be breached to convey this information to his partner and help her take appropriate action. The bottom line is the safety and autonomy of battered women.

### Best practice for treatment programmes

Arguments against batterers' programmes persist. They have been opposed because they endanger women (e.g. Montreal Men Against Sexism, 1995), because they divert resources away from services for battered women which are held to be more effective in ending battering (Ritmeester, 1993), and because they give the impression that something is being done about the problem, diverting attention from the need for fundamental social change (e.g. Tiff, 1993). On the other hand, while batterers' programmes are unlikely to achieve widespread social change, well-implemented programmes may have a role in complementing other interventions aimed at protecting battered women (Edleson, 1995).

Thus a picture emerges of what constitutes best practice for batterers' treatment programmes. That is, programmes which:

- i. Incorporate an explicitly feminist analysis of battering as a means by which the batterer maintains power and control over his partner.
- ii. Prioritise the safety and autonomy of women over the confidentiality of participants.
- iii. Have a primarily educational approach (as opposed to therapeutic) in which the cultural and social context of battering is addressed.
- iv. Within that framework, incorporate cognitive-behavioural techniques to help men learn non-violent behaviours.
- v. Emphasise the need for participants to take responsibility for their own behaviour.
- vi. Monitor participants, particularly their use of violence.
- vii. Have well-developed links with battered women's organisations to whom they are held accountable.
- viii. Are well integrated with the criminal justice system (or indigenous mechanism of social control), such that there are clear consequences for the use of violence.

It may well be that within the last three points lies the

real value of stopping violence programmes. The specific content and process of the programme may be less important than the fact that the community (via the criminal justice system or some parallel more culturally appropriate mechanism) *requires* the batterer to attend, thereby sending him a clear message about his behaviour. Moreover, during the time he is required to attend, his behaviour will be monitored and his partner provided with support, information and resources – including support to live independently of him, should she so choose. After all, why should the batterer change if his partner remains isolated and powerless? His violence will continue to gain compliance. His partner will likely reconcile with him to avoid poverty, homelessness, unsupported solo parenthood and the real possibility that he will track her down and beat or kill her. In the final analysis, unless the safety of battered women is ensured, unless their material conditions are improved, unless they have *real* choices – the only contribution a batterer treatment programme will make to their lives will be to produce a better educated batterer.

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**Address for correspondence:**

Neville Robertson  
 Senior Lecturer in Psychology  
 University of Waikato  
 Private Bag 3105, HAMILTON  
 Email: [scorpio@waikato.ac.nz](mailto:scorpio@waikato.ac.nz)