

Understanding Domestic Violence:

PREPARATORY READING FOR PARTICIPANTS

By Anne L. Ganley, Ph.D.

INTRODUCTION

Domestic violence is a widespread societal problem with consequences reaching far beyond the family. It is conduct that has devastating effects for individual victims, their children, and their communities. In addition to these immediate effects, there is growing evidence that violence within the family becomes the breeding ground for other social problems such as substance abuse, juvenile delinquency, and violent crimes of all types. The presence of domestic violence is particularly relevant to issues that arise during a family preservation intervention.

In order to most effectively and efficiently respond to individuals experiencing domestic violence, family preservation practitioners must not only understand the nature and etiology of domestic violence, but also understand how violence against intimates affects the victims, perpetrators, children, and community as a whole. This chapter provides the framework for that understanding of domestic violence by reviewing the definitions, causes, and issues related to victims, children, and perpetrators of domestic violence. Understanding the what, why, and who of domestic violence enables practitioners to intervene in a manner that ensures the safety of all family members, thus enabling effective parenting to take place in a *safe* and secure environment.

I. BEHAVIORAL DEFINITION OF DOMESTIC VIOLENCE

Domestic violence goes by many names: wife abuse, marital assault, woman battery, spouse abuse, wife beating, conjugal violence, intimate violence, battering, partner abuse, and so forth. In addition to different terms or labels, there are varying definitions of domestic violence. A clinical or behavioral definition of the problem is often different from and more comprehensive than its legal definitions. These different terms and definitions can lead to inconsistencies in the identification and assessment of domestic violence, and in intervention and research into domestic violence.

For the purpose of this training manual, a behavioral rather than a legal definition of domestic violence is used. In this behavioral definition, domestic violence is defined:

1. by the relationship context of the violence
2. by the function the abuse serves
3. by the specific behaviors of the perpetrator

The terms that will be used interchangeably in this manual to refer to the problem are domestic violence, abuse, and battering.

DEFINITION OF DOMESTIC VIOLENCE

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.

A. Relationship Context¹

Domestic violence occurs in adult or adolescent intimate relationships where the perpetrator and the victim are currently or have been previously dating, cohabiting, married or divorced. They may be heterosexual, gay, or lesbian. They may have children in common or not. The relationships may be of a long or short duration.

The intimate context of the abuse influences how both the perpetrator and victim relate to and are affected by the violence. Behaviorally, battering may look to an outside observer like stranger-to-stranger violence (e.g., simple assault, aggravated assault, homicide, sexual assault, harassment, kidnapping, hostage-taking, stalking, property damage, arson, menacing). Victims of domestic violence are traumatized in many of the same ways as victims of violence perpetrated by strangers. However, in domestic violence cases the trauma is a repeated rather than a singular event and the effects of the trauma are accentuated due to the intimate nature of the relationship between victim and perpetrator. Unlike the attacker in stranger violence, the domestic violence perpetrator has ongoing access to the victim, knows the victim's daily routine, and can continue to exercise considerable physical and emotional control over the victim's daily life. His relationship with the victim gives him social, if not legal, permission to use such abuse. Unlike victims of stranger violence, victims of domestic violence must also deal with the many barriers to separation from the perpetrator created by the complexity and strength of an intimate relationship.

While domestic violence has certain similarities to the other forms of family violence - child abuse, child-to-parent violence, sibling violence, and abuse of the elderly - it has certain unique characteristics which make it a distinct category. In domestic violence, the perpetrator and victim are in an adult or adolescent intimate relationship, where both are supposedly peers with equal rights and responsibilities within the relationship. Neither has a legitimate role for disciplining or controlling the other. Domestic violence is a distortion of that relationship of equals.

Domestic violence, as defined in this manual, does not technically include child abuse or neglect since the nature of the relationship between parental perpetrator and child victim is different from adult or adolescent perpetrators and their intimate adult or adolescent victims.

However, in some domestic violence cases, children may also be targeted as victims, and thus there may be child abuse and/or neglect as well as spouse abuse in a particular family. In other cases, the children may not be the targeted victims, but may be physically injured or emotionally and developmentally damaged as a result of witnessing the spouse abuse or by

being used by the perpetrator as pawns against the adult victim (see section V). In such families, both the adult intimate and the children are victims of the spouse abuse. Abuse of the elderly is also not included in this definition of domestic violence unless it is perpetrated by the elder's intimate partner. Neither is abuse of parents by children nor sibling violence included. While these types of family violence result in the same kind of physical injuries and some of the same psychological damage found in domestic violence cases, the dynamics are different, require different interventions, and are beyond the scope of this training.

Function of Domestic Violence: Pattern of Control

Domestic violence is purposeful and instrumental behavior. The perpetrator's pattern of abusive acts is directed at achieving compliance from or control over the victim. It is directed at circumscribing the life of the victim so that independent thought and action are curtailed and so that the victim will become devoted to fulfilling the needs and requirements of the perpetrator (Hart, 1991). The pattern is not impulsive or "out of control" behavior (see section II). Tactics that work to control the victim are selectively chosen by the perpetrator (Ganley, 1981; Serum, 1982; Pence and Paymar, 1993).

Pattern of Behaviors Used by Perpetrator

Domestic violence is not an isolated, individual event, but rather a pattern of repeated behaviors. Unlike stranger-to-stranger violence, in domestic violence the assaults are repeated against the same victim by the same perpetrator. These assaults occur in different forms: physical, sexual, psychological. The pattern may include economic control as well. While physical assault may occur infrequently, other parts of the pattern may occur daily. One battering episode builds on past episodes and sets the stage for future episodes. All tactics of the pattern interact with each other and have profound effects on the victims.

There is a wide range of coercive behaviors with a wide range of consequences, some physically injurious and some not; however, all are psychologically damaging. Some parts of the pattern are clearly chargeable as crimes in most states (e.g., physical assault, sexual assault, menacing, arson, kidnapping, harassment), while other battering episodes are not illegal (e.g., name-calling, interrogating children, denying access to the family automobile, control of financial resources). While the family preservation practitioner may attempt to make sense of one incident that resulted in an injury, the victim is dealing with that one episode in the context of a pattern of both obvious and subtle episodes of coercion.

1. PHYSICAL ASSAULT

Physical abuse includes spitting, scratching, biting, grabbing, shaking, shoving, pushing, restraining, throwing, twisting, slapping (open or closed hand),

punching, choking, burning, and using weapons (household objects, knives, guns) against the victim. Some assaults result in physical injury and some do not. Sometimes a seemingly less serious type of physical abuse (e.g., a shove or push) can result in the most serious injury. The perpetrator may push the victim against a

couch, a wall, down a flight of stairs, out of a moving car - all resulting in varying degrees of trauma.

2. SEXUAL ASSAULT

Like physical abuse, sexual battering includes a wide range of behaviors: from pressured sex when the victim does not want sex, to coerced sex by manipulation or threat of physical force, or violent sex. Victims may be coerced or forced into a kind of sex they do not want (e.g., sex with third parties, physically painful sex, sexual activity they find offensive) or at a time they do not want it (e.g., when exhausted, in front of children, after a physical assault, when they are asleep, when they are not interested). In pressured sex, the perpetrator's tactics are more subtle: sulking or complaining when the victim says no. Sometimes victims will resist and then are punished, and sometimes they comply in hopes that the sexual abuse will end quickly. For many battered women this sexual violation is profound and may be difficult to discuss. Some battered women may be unsure whether this sexual abuse is really abuse, while for others it is clearly the ultimate betrayal.

3. PSYCHOLOGICAL ASSAULT

There are several different uses of psychological assault. Because perpetrators will use various combinations of these tactics an individual victim will not necessarily have experienced all of them.

a. Threats of violence and physical harm

The perpetrator's threats of harm may be against the victim or others important to the victim, or they may be threats of suicide by the perpetrator. The threats may be made directly by words (e.g., "I'm going to kill you," "No one is going to have you if I can't have you," "Your mother is going to pay," "I cannot live without you") or by actions (e.g., stalking, displaying of weapons, hostage-taking, suicide attempts). Sometimes the perpetrator coerces the victim into doing something illegal and then threatens to expose her, or he makes false accusations against her (e.g., reports her to CPS, welfare, Immigration).

b. Attacks against property or pets and other acts of intimidation

Attacks against property and pets are not random property destruction, but are part of the perpetrator's attempts to control the victim. It is the wall the victim is standing near that the perpetrator hits, or the door that she is hiding behind that gets torn off the hinges, or the victim's favorite china that is smashed or her pet cat that is strangled in front of her. It is the table that she

is sitting near that gets pounded or some favorite object of the perpetrator that gets smashed as he says, "Look what you made me do." The covert message to the victim is always, "You can be next." The intimidation can also be carried out without damage to property (e.g., yelling and screaming in a person's face, standing over the victim during a fight, reckless driving when victim or children are present). These acts are carried out to instill fear in the victim.

c. Emotional abuse

Emotional abuse as a tactic of control consists of a variety of verbal attacks and humiliations and occurs in the context of the threat or existence of physical harm. Emotional abuse consists of repeated verbal attacks against the partner's sense of self as an individual, parent, family member, friend, worker, or community member. The verbal attacks are sometimes fabricated with particular sensitivity to the victim's vulnerabilities (e.g., verbally abusing a victim about her history as an incest victim or about her language abilities, her skills as a parent, or her religious beliefs). Sometimes the perpetrator will undercut her sense of reality (e.g., specifically directing her to do one thing, and, when she complies, claiming that he never asked her to do it). Sometimes the emotional abuse consists of coercing her into doing very degrading things: ordering her to go to his mistress's home to retrieve her children, to get on her knees and use a toothbrush to clean up the food he smeared on the kitchen floor, or to violate her own moral standards. Sometimes the emotional abuse consists of humiliating her by verbally attacking her in front of family, friends, or strangers.

These tactics are similar to those used against prisoners of war or hostages and they are done for the same purpose: to gain and maintain the power and control of the perpetrator over the victim. When used by a perpetrator who is an intimate rather than a stranger or enemy, these tactics are even more confusing and ultimately more damaging.

The emotional abuse in domestic violence cases is not merely a matter of someone getting angry and calling his partner a few names or cursing. Not all verbal attacks or insults between intimates are necessarily acts of domestic violence. In order for a verbal insult to be considered domestic violence, it must be part of a pattern of coercive behaviors in which the perpetrator is using or threatening to use physical force. The verbal attacks and other tactics of control are intertwined with the threat of harm to maintain the perpetrator's dominance in the relationship through fear. While repeated verbal insults and abuse are damaging to both the partner and the relationship over time, they alone do not establish the same climate of fear as does verbal abuse combined with the threat of physical harm. Emotionally abusive relationships may be damaging, but they are not lethal. Therefore, interventions for relationships with no threat of violence do not always have to focus on the victim's safety.

Not all "bad" relationships are domestic violence cases: therefore careful identification and assessment interviews need to be carried out in less obvious cases. If the victim feels abused or controlled or afraid of her partner without clear descriptions of physical harm, then it is important to accept the client's view and to respond to concerns about her safety and psychological well-being.

d. Isolation

Perpetrators try to control victims' time, activities, and contact with others. They gain psychological control over victims by a combination of isolating and disinformation tactics. Isolating tactics may become more overtly abusive as time passes. At first, perpetrators cut off their victims from other supportive

relationships by claims of loving them so much that they want to be with them all the time. In response to these statements, a victim initially spends ever-increasing amounts of time with the perpetrator. Subtle ways of isolating the victim are replaced with more overt means of verbal abuse (e.g., complaints about "interfering family" or "dykey" looking friends, or the victim's spending too much time with others). Sometimes the perpetrator uses physical assaults to separate the victim from family or friends. Through incremental isolation, the perpetrator can increase his psychological control of the victim to such a degree that he seems to determine her reality.

In addition to the isolating tactics, there are disinformation tactics. These include distorting what is real through lies, contradictory information, or withholding information. For example, perpetrators may lie to victims about their legal rights or the outcomes of family preservation interventions. Victims believe what perpetrators say because they are isolated from other sources of information. Consequently, it is crucial that victims be given accurate and complete information through several sources in order to refute the disinformation.

e. Use of children

Some of the abusive acts are directed against or involve the children, but in fact the perpetrator may be using these tactics to control or punish the adult victim (e.g., physical attacks against the children, sexual use of the children, forcing children to watch the abuse of the victim or engaging them in this abuse).

Perpetrators use children to maintain control over their partners by requiring children to spy on the victim, requiring that at least one child always be in the victim's company, threatening to take children away, involving the victim in long legal fights over custody, or kidnapping children as a way to force the victim's compliance. Children are drawn into the assaults and sometimes are injured simply because they were present during the violent assault (e.g., the victim was holding infant when pushed against the wall) or because the child attempted to intervene. Visitations may be used by the perpetrator to monitor or control the victim.

These visitations become nightmares for the children as they are interrogated about the victim's daily life, sexually abused, or physically abused (see section V for additional

examples and discussion of impact on children). Children are used as one more tactic of control.

4. ECONOMIC CONTROL

Some perpetrators control victims by controlling their access to all of the family resources: time, transportation, food, clothing, shelter, and money. In some domestic violence cases it does not matter whether the victim or the perpetrator is the primary financial provider or whether both contribute; the perpetrator controls how the finances are spent. He may actively resist her becoming financially self-sufficient as a way to maintain his power and control over her. He may expect her to be the family "bookkeeper," with her keeping all records and writing all checks, or he may keep

financial information away from her. In both scenarios, he alone makes the decisions about how resources are used. Victims are put in the position of having to get "permission" to spend money on basic family needs. When victims leave battering relationships, some perpetrators will use economics as a way to maintain control (e.g., instituting legal procedures costly to the victim, destroying assets in which she has a share, refusing to work "on the books" where there would be legal access to his income). All of these tactics may be used regardless of the economic class of the family.

B. Relationship Between Violence and Other Tactics of Control

It is perpetrators' use of physical and sexual force or threat to harm person or property that gives power to their psychologically abusive acts. Psychological battering becomes an effective weapon in controlling victims because they know through experience that perpetrators will at times back up the threats or taunts with physical assaults. Sometimes a perpetrator uses physical force infrequently or has only used it in the past. The physical assault may have happened only once or consisted of a shoving incident without injury. Perhaps the violence was against someone other than the victim (e.g., a previous intimate partner, in war, on the street). The reality that the perpetrator has used violence in the past against that victim or another to get what he wants gives the perpetrator additional power by establishing fear in the victim.

Perpetrators will use that fear to coercively control victims through other, non-physical tactics. Sometimes a perpetrator is able to gain compliance from the victim by simply saying, "Remember what happened the last time you tried to get a job?" referring to a time in the past when the perpetrator assaulted the victim. Because of that past use of physical force, there is an implied threat in the statement and the victim becomes reluctant to pursue a job against the perpetrator's singular wishes. Sometimes he will refer to his violence against others ("You know, I was a trained killer in the military" or "You're acting like Susie and you know what happened to her"). These may also be direct threats to kill or maim the victim or others. This threat of physical harm forms the foundation for all the other abusive acts.

Psychological control of the victim through intermittent use of physical assault along with psychological abuse is typical of domestic violence and is the same set of control tactics used against hostages or prisoners of war (Graham and Rawlings, 1991; Ganley, 1981). Sometimes physical abuse, threats of harm, and isolation tactics are interwoven with seemingly loving gestures (e.g., sending flowers after an assault, making romantic promises, tearfully promising it will never happen again). The perpetrator is able to control the victim through this combination of physical and psychological tactics since the perpetrator connects the threat of physical harm so closely with the psychological tactics. The message is always there that if the victim does not respond to this "loving" gesture or verbal abuse then the perpetrator will escalate and use whichever tactic, including force, is necessary to get what he wants.

C. Are Both Partners Abusive?

Some mistakenly argue that often both the perpetrator and the victim are abusive: one physically and one verbally. It is the "it takes two to tango" theory. While some victims may resort to verbal insults, perpetrators use both physical and verbal assaults. Verbal aggression is not the same as a fist in the face. Research is contradictory about whether or not both perpetrators and victims are equally verbally aggressive. One study indicates that domestic violence perpetrators are more verbally abusive than either their victims, other persons in distressed/nonviolent relationships, or persons in non-distressed intimate relationships (Margolin et al., 1987). Another study found that both victims and perpetrators were verbally aggressive (Jacobsen, Gottman, Watty, Rushe, Babcock, Holtzman-Munroe, 1994). What perpetrators report as abusive behavior by the victim are often acts of resistance by victims to abuse. Victims engage in strategies for survival during which they sometimes resist the demands of the perpetrators (see section III). Perpetrators respond with escalating tactics of control and violence.

Some argue that there is "mutual battering" when both individuals are using physical force against each other. In cases where two people are using force, we need to determine who may be primary aggressor and who may be the victim in order to intervene appropriately. This assessment should be based on descriptions of the event in question, but also on the history of prior violence and threats in the relationship. Careful assessment may reveal that one person is the primary physical aggressor while the victim's violence is in self-defense (e.g., she stabbed him as he was choking her), or occurred when the perpetrator's violence was more severe (e.g., his punching/choking versus her scratching) (Saunders, 1986). Sometimes the issue of who is the perpetrator and who is the victim can be clarified by asking which partner is terrified by the other's behavior.

E. Impact of Domestic Violence: Serious Injury and/or Death

Domestic violence can result in serious injury and/or death as well as in chronic health problems. Forty-two percent of murdered women are killed by their intimate partner².

²Analysis conducted by the Center for the Study and Prevention of Violence, Institute for Behavioral Science, University of Colorado. The data used to calculate this percentage came from the FBI's 1988 & 1991 Uniform Crime Reports.

The lethality of domestic violence is tragically clear when the perpetrators kill their partners as well as children or other family members, then kill themselves. The lethality of the perpetrators' violence often increases when they believe that their victims have left or are about to leave the relationship (Campbell, 1992). Thus, some victims may be at greatest risk at the point when they attempt to escape the abuse by severing the relationship. For this reason, it is crucial that victims outline a safety plan during this dangerous period (see section III). The research indicates that while it is possible to accurately predict homicides, the most reliable predictor of future violence is the history of violence.

Typically, lethality assessment focuses on whether the perpetrator will severely injure or kill the victim, someone else or himself. Unfortunately, that is not the only way injury or death may occur. Sometimes the victim becomes suicidal, seeking a way out of an impossible situation. Sometimes the children may use force against others or themselves. In a desperate attempt to

protect herself or her children, a victim may use physical force against the abuser. Research on battered women who kill clearly indicates there are no differences between the battered women who kill and those who do not. The only predictors of which women will resort to this means of protection rest in characteristics of their perpetrators (perpetrator's substance abuse, severity of violence) rather than in the women themselves (Browne, 1987).

Measuring the impact of domestic assaults in terms of permanent and health-shattering injuries and illness is another way to understand their lethal nature. For every homicide victim of domestic violence, there are multiple victims struggling with major health problems who did not die when shot, stabbed, clubbed, burned, choked, beaten, or thrown. And there are many other victims whose problems are left unidentified or improperly treated as a result of being trapped in these relationships.

Without intervention, the overall pattern of domestic violence continues. While there is some evidence that physical assault decreases with age, there is no evidence that the perpetrator's abusive behavior simply stops on its own. Even with intervention many perpetrators will continue to be abusive. Moreover, there is evidence that over time damage to victims and children worsens (Stark, Flitcraft, and Frazier, 1979; M.A. Dutton, 1992; Jaffe, Wolfe, and Wilson, 1990; Peled, Jaffe, and Edelson, 1994.)

II. CAUSES OF DOMESTIC VIOLENCE

A. Domestic Violence is Learning-Based Behavior

Domestic violence is behavior learned through observation and reinforcement. It is not caused by genetics or illness (Bandura, 1973; Dutton, 1988). Violent behaviors, as well as the rules and regulations of when, where, against whom, and by whom they are to be used, are

learned through observation (e.g., the male child witnessing abuse of his mother by his father or seeing images of violence against women in the media) or through experiences (e.g., perpetrators not held responsible, arrested, prosecuted or sentenced appropriately for abusiveness due to a culturally sanctioned belief that men are supposed to control their partners).

Domestic violence is observed and reinforced not only in the family, but in society. It gets overtly, covertly, and inadvertently reinforced by society's major institutions: familial, social, legal, religious, educational, mental health, medical, entertainment/media (Bandura, 1973; Dutton, 1988; Ganley, 1989). In these institutions, there are customs that facilitate the use of violence as legitimate means of controlling family members at certain times (e.g., religious institutions stating that a woman should submit to the will of her husband, laws that do not consider violence against intimates a crime, health systems that collude with the perpetrator by blaming victims for "provoking" the violence). These practices inadvertently reinforce the use of violence to control intimates by failing to hold the perpetrator responsible and by failing to protect the victim(s). (For a more complete listing see Dobash and Dobash, 1979.)

Domestic violence is repeated because it works. The pattern of domestic violence allows the perpetrator to gain control of the victim through fear and intimidation. Gaining the victim's compliance, even temporarily, reinforces the perpetrator's use of these tactics of control. But more importantly the perpetrator is able to reinforce his abusive behavior because of the socially sanctioned belief that men have the right to control women in relationships and the right to use force to ensure that control.

B. Domestic Violence Is Not Caused By Illness

A small percentage of violence against adult intimates is illness-based behavior rather than domestic violence. With informational assessments by community agencies, the violence may be incorrectly labeled domestic violence when it is actually caused by organic or psychotic impairments and is not part of a learned pattern of coercive control. Individuals with diseases such as Alzheimer's, Huntington's chorea, or psychosis may strike out at an intimate partner. Police are called, and in states that have mandatory arrest with probable cause, the case may be incorrectly identified as domestic violence. While it is true that the individual did use physical force against an adult partner, the physical violence may not be part of a pattern of coercive control.

Through a formal assessment, it is relatively easy to distinguish illness-based violence from learning-based violence. With illness-based violence, there is usually no selection of a

particular victim (whoever is present when the short circuit occurs will get attacked: e.g., health care provider, family member; friend, stranger). With learning-based violence, perpetrators use targeted violence with the intent to maintain control over a specific victim.

With illness-based violence, there is usually a constellation of clear symptoms that indicate a disease process. For example, with an organic brain disease there are changes in speech, gait, physical coordination, etc. With psychosis there may multiple symptoms of the psychotic process (e.g., "I attacked her because she is a CIA agent sent by the pope to spy on me using the TV monitor"). Poor recall of the event alone is not an indicator of illness-based violence (see section IV for discussion of perpetrator minimization and denial). When there is poor recall, future assessment is required to determine if there are other symptoms of a disease process. With illness-based violence the acts are strongly associated with the progression of a disease, (e.g., patient showed no prior acts of violence or abusive behavior in the 20-year marriage until other symptoms of the organic process appeared). With learning-based violence there is no indication of a disease process.

Sometimes assessment reveals that an individual may have an illness as well as a learned pattern of domestic violence, as in a case where an Alzheimer's patient had a history of domestic violence prior to the onset of the disease. Assessment of these multi-issue persons is necessary in planning the most appropriate intervention.

There has been no research to evaluate what percentage of cases identified as domestic violence may be illness-based. In a clinical sample at the Veteran's Administration Hospital in Seattle, WA, of those identified by community agencies (police and courts) as domestic violence cases, less than 5 percent turn out to be a result of an organic process. While more research is needed on this issue, in the vast majority of families where physical force is being used against intimate

partners, the pattern of violence will be the result of the perpetrator's learning rather than an illness.

Knowing that there are cases where the violence against a partner is caused by disease does not alter the fact that violence has occurred, but it does alter the recommendations for intervention. The perpetrator of illness-based violence would not benefit from specialized domestic violence programs. Illness-based violence can be most effectively managed by appropriate medical or mental-health interventions and case management (e.g., instituting day treatment, appropriate medications, respite care, institutionalization when necessary).

C. Domestic Violence Is Not Caused By Alcohol or Most Other Drugs

Alcohol and other drugs such as marijuana, depressants, anti-depressants, or anti-anxiety drugs do not cause non-violent persons to become violent. Many people use or abuse those drugs without ever battering their partners. Research indicates that the pattern of coercive behaviors that comprise domestic violence is not caused by those particular chemicals (Critchlow, 1986), although alcohol and other drugs may be used as an excuse for the battering. On the other hand, there seems to be contradictory evidence whether certain drugs (PCP, speed, cocaine or its derivative, "crack") chemically react within the brain to cause violent behavior or whether they induce paranoia or psychosis, which is then accompanied by violent behavior. Further research is needed to explore the cause-and-effect relationship between those drugs and violence.

Some people who consume these drugs are violent with or without the chemical in their bodies. An addict's violence may be part of a lifestyle wherein everything, including family life, is orchestrated around the acquisition and consumption of drugs. Other addicts are so focused on their addiction that they withdraw from relationships and do not engage in any controlling behavior toward family members.

Research studies have found a high correlation between aggression and the consumption of various substances, but there is no data proving a cause-and-effect relationship. Clinicians point to those substance abusers who become less abusive or controlling toward partners rather than more so as evidence that there is not a simple cause and effect between the chemical and violent behavior.

There have been a variety of explanations for the high correlation. Some say that alcohol and drugs provide a disinhibiting effect wherein individuals have permission to do things that they otherwise would not do. Others point to the increased irritability or hostility of the user which may lead to violence.

While research is not definitive, clinical experience cautions against viewing domestic violence as primarily caused by alcoholism or drug addiction. Such a view can misdirect interventions to the substance abuse rather than to the domestic violence. For those who are addicted to alcohol and drugs, stopping violent behavior is difficult without also stopping substance abuse. However, it is not sufficient to treat the chemically affected perpetrator solely for either substance abuse or domestic violence. Intervention must be directed at both problems either through (a) concurrent interventions; (b) inpatient substance-abuse treatment with a mandatory follow-up program for domestic violence; or (c) an involuntary mental-health commitment with rehabilitation directed at both the addiction and the violence.

While the presence of alcohol or drugs should not be considered an excuse for violence, it is relevant to the assessment of lethality and safety planning. The use of, or addiction to, substances may increase the lethality of certain episodes of domestic violence and needs to be carefully considered when addressing safety issues (Browne, 1987).

D. Domestic Violence Is Not "Out of Control" Behavior

Perpetrators follow their own internal rules and regulations about their abusive behaviors. Some will batter only in particular ways, hitting certain parts of the body, while others will use violence toward the victim even though they may be in conflict with their boss, other family members, or the family preservation practitioner. Some will hit only in private while others will strike the victim in public; some will break only the victim's possessions and not their own; and others will not engage in any property destruction. The patterns vary from abuser to abuser. Perpetrators are making choices about what they will or will not do to the victim, even when they are claiming that they "lost it" or were "out of control." Such decision-making indicates they are actually in control of their abusive behaviors (Ganley. 1981; Adams. 1988).

E. Domestic Violence Is Not Caused By Stress

There are many different sources of stress in our lives (e.g., stress from the job, stress from not having a job, marital and relationship conflicts, illness, death, discrimination, poverty, racism), and people respond to stress in a wide variety of ways, including problem-solving, substance abuse, eating, laughing, withdrawal, and violence (Bandura. 1973). Stress does not "cause" people to act in certain ways. They react to the stresses of their lives in ways

They have observed as working in the past or anticipate will work in the present. Furthermore, a stress-reduction theory of violence does not explain why individuals stressed by employment, racism, or illness direct their violence at their intimate partners rather than the sources of their stress. Moreover, many episodes of domestic violence occur when the perpetrator is not emotionally charged or stressed.

It is important to hold people responsible for the choices they make regarding stress reduction, especially when those choices involve violence or other illegal behaviors, just as we would not excuse a robbery or a mugging by a stranger simply because the perpetrator was stressed. We can no longer excuse the perpetrator of domestic violence because of stress.

F. Domestic Violence Is Not Caused By Anger

When evaluating the role of anger in domestic violence, one must consider its role as part of a pattern and not just in isolated, individual events. There is a great deal of variability within one perpetrator's pattern as well as between perpetrators. Some battering episodes occur when the perpetrator is not emotionally charged or angry, and some occur when the perpetrator is very emotionally aroused. In some episodes, he uses the tactics of control calmly, while in others displays of anger are often tactics to intimidate the victim. Expressions of anger can be quickly altered when the abuser thinks it is necessary. Perpetrators choose to use violence or other tactics of control such as displays of anger to get what they want or that to which they feel entitled.

Current research indicates that there is a wide variety of arousal or anger patterns among identified perpetrators as well as among those who are identified as not abusive (Gottman et al., 1995; Jacobson et al., 1994). These studies suggest that there may be different types of batterers. Abusers in one cluster actually reduced their heart rates during observed in-marital conflicts, suggesting a calm preparation for fighting rather than an out-of-control or angry response. Such research challenges the notion that domestic violence is merely an anger problem and raises questions about the efficacy of anger-management programs for batterers.

G. Domestic Violence Is Not Caused By The Victim's Behavior or By Relationship Problems

Looking at the relationship or the victim's behavior as an explanation for domestic violence takes the focus off the perpetrator's responsibility, and unintentionally supports his minimization, denials, blaming, and rationalizations of violent behavior. This inadvertently reinforces the perpetrator's abuse and thus contributes to the escalation of the pattern of domestic violence. People can be in distressed relationships and experience negative feelings about the other's behavior without being forced to respond with violence or other criminal activities. While some victims may have problems (e.g., substance abuse, poor communication skills, parenting difficulties), violence is not a reasonable, or a legal, response.

Many perpetrators repeat their pattern of control in all their intimate relationships, regardless of significant differences in the personalities of their intimate partners or in the characteristics of those relationships. This further supports the position that while domestic violence takes place within a relationship, it is not caused by the relationship.

Domestic violence in adolescent relationships illustrates further that abuse is not the result of a victim's behavior. Often the adolescent abuser only superficially knows his victim, having dated only a few days or weeks before the abuse begins. Such an abuser is acting out an image of how to conduct an intimate relationship based on recommendations of his peers, music videos, or models set by family members.

Adult and adolescent perpetrators bring into their intimate relationships certain expectations of who is in charge and what the acceptable mechanisms are for enforcing that dominance. Those attitudes and beliefs, rather than the victims' behavior, determine whether or not perpetrators are domestically violent.

H. Domestic Violence Is A Socially-Constructed, Gender-Specific Behavior

Male violence against women in intimate relationships is a social problem condoned and supported by the customs and traditions of a particular society. The majority of perpetrators in domestic violence cases are male, while the majority of victims are female. (Dobash et al., 1992), even though male-to-male, female-to-female, and female-to-male violence does occur in intimate relationships (Hamberger and Potente, 1994; Renzette, 1994).

The U.S. Department of Justice estimates that 95 percent of assaults on spouses or ex-spouses are committed by men against women (Douglas, 1991).

While heterosexual women sometimes use physical force against partners, it is often self-defensive violence (Saunders, 1986). Furthermore, studies indicate that while both men and women sometimes use some of the same behaviors, the effects of male violence are far more serious than female aggression as measured by the frequency and severity of injuries (Berk et al., 1983; Jacobson et al., 1994). Male perpetrators of homicide are more likely to stalk the victim, kill the victim and/or other family members, and/or commit suicide than are female perpetrators (Wilson and Daley, 1992). Women are unlikely to commit homicide except in self-defense (Wilson and Daley, 1992). Although there is a gender pattern to domestic violence that must be understood to develop long-term prevention programs, the community must take the problem seriously regardless of who is doing it to whom.

III. THE VICTIM OF DOMESTIC VIOLENCE

A. Victims of Domestic Violence Can Be Found in All Age, Racial, Socioeconomic, Educational, Occupational, Religious, and Personality Groups

Victims of domestic violence are a very heterogeneous population whose primary commonality is that they are being abused by someone with whom they are, or have been, intimate. They do not fit into any specific age cohort, racial group or personality profile.

Too often, victimization is seen as a problem for one group and not another. For example, in talking about domestic violence, teen victims are often overlooked. With further documentation of dating violence (Levy, 1), there is a call for more attention to this issue by professionals in contact with adolescents just beginning to have intimate relationships. All age groups have the potential to be victimized by a perpetrator of domestic violence. Sometimes ignoring domestic violence takes another form, such as racial stereotypes which communicate that wife-beating is just a way of life or "culturally acceptable" in "that" group. There is little comprehensive research on prevalence and acceptability of domestic violence in various racial or ethnic groups (Hampton, 1987). What research has been done raises more questions than answers, partly because the studies use varying definitions of domestic violence with differing results (Campbell, 1992; Erchak and Rosenfeld, 1994; Straus and Gelles, 1990). What some literature does show is that rather than ignoring domestic violence in various cultures, the community needs to respond to it by developing interventions that are culturally specific (Agtuca, 1992; Zambrano, 1985; Kim, et. al, 1991; White, 1985; Family Violence Prevention Fund, et. al, 1991).

Early studies (Snell, Rosenwald, and Robey, 1964) on victims of domestic violence attempted to focus on characteristics of the victim that would provide a causative explanation for the violence. Later studies indicate that no causative explanation has been found between characteristics of victims and their victimization (Hotaling and Sugarman, 1986). Domestic violence is the result of the abuser's behaviors rather than personal characteristics of the victim. Consequently, just as with victims of other trauma (e.g., car accidents, floods, muggings), there is no particular type of person who is battered.

B. Victims May or May Not Have Been Abused as- Children, Or In Previous Relationships

Just as some people looked to personality or demographic characteristics of the victim to explain their victimization, it has been suggested that domestic violence victims have been victims of childhood abuse and/or of previous violent relationships, and that somehow this previous victimization contributed to their current situation. Yet there is no evidence that previous victimization either as adults or as children results in women seeking out or causing current victimization (Walker, 1984). Some victims of domestic violence have been victimized in the past and some have not. While it may be helpful to an individual victim to understand her history of victimization and her coping mechanisms in dealing with past and current abuse, it is not helpful to make inaccurate victim-blaming interpretations of this history.

C. Some Victims Become Very Isolated As A Result of the Perpetrator's Control Over Their Activities, Friends, Contacts with Family Members, Etc.

Some of the victim's behaviors when interacting with the family preservation practitioner (e.g., her reluctance to commit to a particular intervention plan that requires multiple

appointments, her lack of confidence in her own abilities, her fear of the perpetrator) can be understood in light of the control the perpetrator has managed to enforce through isolating the victim. Without outside contact and information, it becomes more difficult for the victim to avoid the perpetrator's psychological control. Some victims come to believe the perpetrator when they are told that if they leave, they will not be able to survive alone; others resist such distortions.

Even when the victim maintains contact with friends or extended family, often those relationships are mediated through the perpetrator's control and the victim does not experience the support and advocacy she needs. The perpetrator may interrogate the victim about every detail of her interactions with other people and repeatedly make negative remarks about these interactions. Positive feedback or support from these relationships is often undermined by the perpetrator's intrusions on them.

D. Some Victims Repeatedly Stay, Leave, or Return To Abusive Relationships

One of the most commonly asked questions about domestic violence is why victims stay in violent relationships. The reality is that many victims do not stay and many others come and go (Dobash and Dobash, 1979). Leaving a violent relationship is a process that takes place over time.

The primary reason given by victims for staying with their abusers is fear of violence and the lack of real options to be safe with their children. This fear of violence is realistic. Research

shows that domestic violence tends to escalate when victims leave their relationship (Campbell, 1992.; Gillespie, 1989).

Some perpetrators repeatedly threaten to kill or seriously injure their victims should they attempt to leave the relationship. The victim may have already attempted to leave in the past, only to be tracked down by the perpetrator and seriously injured. Many perpetrators do not let victims simply leave relationships. They will use violence and other tactics of control to maintain the relationship. It is a myth that victims stay with perpetrators because they like to be abused. Even in cases where the victims were abused as children, they do not seek out violence nor do they wish to be battered.

There are many reasons for staying in a violent relationship, and they vary for each victim. They may include:

- fear of violence and the perpetrator
- lack of shelters and victim-advocacy programs to provide transitional support
- lack of affordable housing that would provide safety for the victim and children
- lack of real alternatives for employment and financial assistance, especially for victims with children
- lack of affordable legal assistance necessary to obtain a divorce, custody order, or a restraining order or protection order
- being immobilized by psychological and physical trauma (victims of trauma may not be able to mobilize all that it takes to separate and establish a new life for themselves and their children, particularly during the period immediately following the trauma or if they have suffered multiple traumas)
- believing in cultural/family/religious values that encourage the maintenance of the family unit at all costs
- continuing to hope and believe the perpetrator's promises to change and to stop being violent because of the perpetrator's positive qualities
- being told by the perpetrator, counselors, the courts, police, ministers, family members, and friends that the violence is the victim's fault, and that she could stop the abuse simply by complying with the perpetrator's demands; in these cases, the victim learns that the systems with the power to intervene will not act, and she is forced to comply with the perpetrator in hopes of stopping the abuse

E. Domestic Violence Victims Employ Many Survival Strategies

What at first may appear to the family preservation practitioner to be "crazy" or inappropriate behavior on the part of the victim (e.g., being too fearful to ask her partner to use safe-sex precautions, being afraid to use legal remedies or seek battered women's advocacy services, or

wanting to return to the perpetrator in spite of severe violence) may in fact be normal reactions to a "crazy" and very frightening situation (M.A. Dutton, 1992).

A victim uses many different strategies to cope with and resist abuse. Such strategies include: agreeing with the perpetrator's denial and minimization of the violence in public, accepting the perpetrator's promises that it will never happen again, saying that she "still loves him," being unwilling to terminate the relationship, and doing what he asks. These strategies may appear to be the result of passivity or submission, when in reality she has learned that these are sometimes successful temporary means of stopping the violence. Many victims who appear reluctant to carry out actions that the family preservation practitioner believes would protect them and their children from further violence actually have the same goal as the practitioner: namely, to stop the violence. The victims simply have different strategies than the practitioner.

Sometimes the victim will begin to terminate the relationship by seeking assistance from the court system or social-service agencies, only to see that those systems are not effective in stopping the violence. For example, a protective order may not deter the perpetrator in communities where the police refuse to enforce the order. Where outside protection fails, the victim is forced to rely on strategies that she perceives to have worked in the past.

Because of these unsuccessful attempts at seeking outside assistance, the victim may be reluctant to assume that her safety and confidentiality will be respected by a family preservation practitioner. In such cases, unless the family preservation practitioner initiates the topic the victim may not even raise the issue. Other victims will readily name but minimize the abuse as a way to cope until they determine whether there really are the community supports necessary for protection. In such cases, the victim may re-engage the prior survival strategies of complying with the perpetrator.

Successful interventions must be based on an understanding of the victim's behavior as a normal response to violence perpetrated by an intimate. Rather than viewing them as masochistic, passive, crazy or inappropriate, or as an indication that the violence did not "really" occur, they should be viewed as survival strategies that may contribute to the victim's safety and the safety of her children.

IV. THE PERPETRATOR OF DOMESTIC VIOLENCE

There is no simple, predictive profile that can be used to determine whether or not someone is a perpetrator of domestic violence. Perpetrators are identified only by gathering information about their behavior. However, there are some common characteristics of perpetrators that are helpful to understand for identification, assessment, and intervention.

A. Perpetrators of Domestic Violence Can Be Found In All Age, Racial, Socioeconomic, Educational, Occupational and Religious Groups

Except for gender, as previously discussed, perpetrators seem to be a very heterogeneous population whose primary commonality is their use of violence. They do not fit into any specific personality category or other grouping.

In recent years, there has been growing interest in studying characteristics of perpetrators, especially to determine who may or may not benefit from rehabilitation programs (Gondolf, 1988; Tolman and Bennett, 1990; Saunders, 1992, 1993; O'Leary, Virian, and Malone, 1992; Hamberger and Hastings, 1988; Dutton, 1988). Much of the research looks at specific samples: those issued protection orders by a model court project (Isaac et al., 1994) or those

in court-ordered treatment programs (Hamberger, 1988) While some differences are emerging, it is difficult to assess whether they are due to the sampling methods or are significant variables for understanding who the perpetrators are. The research is preliminary and therefore inconclusive, but it does indicate there is a great deal of diversity among perpetrators.

Sometimes a family preservation program or community agency will deal with one group more than another (e.g., a particular socioeconomic class or race). This experience with a limited sample of perpetrators may lead to some inaccurate generalizations about perpetrators (or victims).

Certain racial groups in the United States are sometimes viewed as being more violent than others, despite a lack of systematic study of this issue (Hawkins, 1986; Straus and Gelles, 1990). The question of cultural differences among perpetrators is often raised regarding cases that involve persons of color or Third World Immigrants. In reality, most cultures, including white in the United States, have until recently been unwilling to take a stand against domestic violence. Without careful research, it is premature to say whether some racial groups perpetrate more domestic violence than others.

Perpetrators use various cultural justifications for their conduct, whether they are white North Americans or are from other ethnic or cultural groups. It is important not to become lost in those rationalizations. In addition, both victims and perpetrators have varying expectations and experiences with interventions (Williams, 1994) depending on their cultural identity. While it is important to be sensitive to those cultural issues in designing interventions, it is also important to avoid letting cultural variations become a justification for the perpetrator's violence.

B. Domestic Violence Perpetrators Avoid Taking Responsibility for Their Conduct By Minimizing, Denying, Lying About or Justifying Their Abusive Tactics

Perpetrators minimize their abusive conduct or its impact on the victim and others by making the abuse appear less frequent and less severe than it really is. "I only hit her once," "I just pushed her to the floor," "The children never saw the abuse," "She bruises easily," "I'm not one of those wife-beaters. I have never punched her." In talking to others about the problem they will often use euphemisms for their violence - -"We're not getting along so well," "We had a little fight last night" - to describe incidents in which the victim required serious medical attention.

Sometimes perpetrators acknowledge what they do, but justify it by blaming the victim or something other than themselves. They externalize responsibility for their behavior to others or blame it on factors supposedly outside of their control. Perpetrators primarily blame the victims for the abuse: "She wouldn't listen to me," "She's an alcoholic," "She's crazy," "I can't handle her," "My wife is the abuser," "This pregnancy has made her wild," "She's suffering from postpartum depression," "She's clumsy," "She never pays attention to me."

Sometimes they blame other factors: "I have PTSD (post-traumatic stress disorder)/hypoglycemia/attention-deficit disorder/mood swings/alcoholism," "The social worker didn't like me and got his facts wrong," "The Child Protective Services worker believes anything my kids say," "I got one of those women's lib cops who wouldn't listen to my side." Sometimes they do not lie about their behavior because they believe they have the right to do what they do. In blaming the victims or others; these perpetrators fail to mention their own violent and abusive behavior and avoid taking responsibility for it.

Sometimes perpetrators lie about their abuse to avoid the external consequences of their behavior and to maintain control of their partners. They will lie to victims, family, friends, police, judges, and anyone who has contact with them. They lie because they do not want to deal with the consequences (e.g., arrests, prosecution, jail, loss of visitation rights, loss of custody).

Sometimes perpetrators use denial and minimization not only to avoid external consequences, but also to protect themselves from the personal discomfort of recognizing they are abusing those they supposedly love. This denial is a means of deceiving themselves rather than others, just as there are alcoholics who are in denial about their drinking. There are perpetrators in denial about their battering. The culture gives mixed messages about the acceptability of domestic violence. Some perpetrators do not like or accept what they are doing, so they distort it to make it more acceptable to themselves.

Regardless of why a perpetrator is distorting the truth, this distortion presents obstacles to assessment of and intervention with perpetrators. If perpetrators lie to others about the abuse, they will not put effort into changing their behavior. If they are in denial, they will not change a problem they do not think they have. Family preservation practitioners should be aware of these responses when talking with perpetrators directly. Collusion with the perpetrator by the family preservation practitioner will only increase the perpetrator's minimization and denial.

C. Some Domestic Violence Perpetrators Control the Victim Through the Family Preservation Program

The perpetrator uses multiple tactics of control against the victim. Sometimes he also enlists others in that control, either through misinformation or through intimidation directed toward them. These tactics are employed to coerce the victim to stop talking about the abuse to the practitioner, to get the victim to reunite with the perpetrator, to drop her objections to joint custody, or to do whatever else the perpetrator wants.

The following are examples of controlling behavior that the family preservation practitioner may witness:

- physical assaults or threats of violence against the victim or the family preservation practitioner, threats of suicide, threats to take the children, harassment
- stalking the victim to and from appointments or work
- accompanying the victim to all appointments; sending the victim "looks" during sessions, refusing to let the victim be interviewed separately
- bringing along family or friends to intimidate the victim or the family preservation practitioner
- making long speeches to the practitioner about all the victim's behaviors that made the perpetrator act violently
- crying and other displays of emotion or statements of profound devotion or remorse to the victim, alternated with threats or psychological abuse
- not following through with his responsibilities to the family preservation program or to other programs
- canceling the victim's appointments with the family preservation practitioner or sabotaging her efforts to attend appointments by not providing childcare or transportation
- denying the victim access to records that may support her position, or attempting to control her records
- using the legal system against the victim by requesting mutual orders of protection, making false charges of harassment/abuse against the victim, prolonging divorce proceedings; and a variety of other abuses of the system
- continually testing limits of visitation/support agreements (e.g., arriving late or not showing up at appointed times)
- threatening and/or implementing custody fights
- using any evidence of damage resulting from the abuse as evidence that the victim is an unfit parent (e.g., victim's counseling records, victim's treatment for depression or other medical conditions)

Sometimes in his attempts to control the victim, the perpetrator will attempt to control the family preservation practitioner with the same tactics of power and control used against the victim.

Examples include:

- intimidating the practitioner with a variety of threats or acts
- portraying himself as the good client and constantly praising the family preservation practitioner

- harassing the practitioner by false reports to superiors (e.g., alleging breaches of confidentiality, inappropriate treatment, rude behavior) and threats of legal action
- splitting family preservation teams by creating divisiveness among professionals (e.g., alleging one practitioner doesn't like the perpetrator and takes the victim's side)

D. The Perpetrators Control Also Extends To The Children As Well.

Perpetrators tend to be highly controlling of children (see section V). Some perpetrators think of their children merely as extensions of themselves and are often unable to separate their needs or issues as adults from the needs and issues of their children. For example, a perpetrator may insist that his child's visitation schedule meet the perpetrator's emotional needs rather than the best interests of the child. Domestic violence perpetrators are often unwilling or unable to consider the best interests of the child(ren).

E. Domestic Violence Perpetrators Act Excessively Jealous and Possessive In Order To Isolate Their Victims

The perpetrator may be very possessive of the victim's time and attention. He may often accuse the victim of sexual infidelity and other supposed infidelities, such as spending too much time with the children, the extended family and friends or at work. His jealousy is usually one more tactic in a pattern of coercive control. The perpetrator isolates the victim, interrupting social/support networks by claiming jealousy. This isolation serves the perpetrator by preventing discovery of the abuse and by preventing others from holding him responsible.

F. Domestic Violence Perpetrators May Have Good Qualities In Addition To Their Abusive Conduct

Some domestic violence perpetrators may be good ,hard workers, good conversationalists, witty, charming, and intelligent yet they may still batter their victims. Sometimes the family preservation practitioner as well as the victim are misled by these positive qualities. They assume that the violence did not really happen or is an aberration, since only "monsters" could commit such acts - a "good" person would most certainly stop the abuse. But even seemingly normal and nice people may batter and may be very dangerous. Battering stops only when perpetrators are held responsible both for their abuse and for making the changes necessary to stop the violence. Battering stops when perpetrators choose to stop.

V. THE CHILDREN

Children living with domestic violence in the home are often the forgotten victims of domestic violence.

A. Overlap Between Domestic Violence and Child Abuse

Researchers estimate that the extent of overlap between domestic violence and child physical or sexual abuse ranges from 30 to 50 percent (Jaffe, Wolfe, and Wilson, 1990; Straus and Gelles, 1990). Pescott and Letko report 43 percent of women in a shelter had children who were victims of abuse by the domestic violence perpetrator. Roy reports 45 percent of the children of battered women are physically abused (both studies in Roy, 1977). Girls are 5 to 6 times more likely to be sexually abused by domestically violent fathers than by non-battering fathers (Bowker, Arbetel, and McFerron, 1988). Some shelters report that the first reason many battered women give for fleeing the home is that the perpetrator was also attacking the children (New Beginnings, 1990). Victims report multiple concerns about the effects of spousal abuse on children (Hilton, 1992).

B. Perpetrators Traumatize Children In The Process of Battering Their Adult Intimate

Perpetrators of domestic violence traumatize and terrorize children in four ways:

- intentionally injuring the children as a way of threatening and controlling the abused parent (e.g., the child is used as a weapon against the victim, thrown at the victim or abused as a way to coerce the victim to do certain things)
- unintentionally injuring the children during an attack on the abused parent when the child gets caught in the fray, or when the child attempts to intervene (e.g., infant injured when mother is thrown while holding the infant; a small child is injured when trying to stop the perpetrator's attack against the victim)
- creating an environment where children witness the abuse itself or its effects - research reveals that children who witness domestic violence are affected in the same way as children who are physically and sexually abused (Goodman and Rosenberg, 1987); in spite of what perpetrators or victims say, children have often either directly witnessed physical and psychological assaults or have indirectly witnessed them by overhearing episodes or by seeing the aftermath of the injuries and property damage
- using children to coercively control the abused parent either while living with or separated from the victim, with intent to continue the control over the adult victim, with little regard for the damage to the children (Walker and Edwall, 1987)
- Examples of the perpetrator's behavior that traumatizes and terrorizes children include but are not limited to:
 - asserting that the children's "bad" behavior is the reason for the assault on the adult partner
 - isolating the children along with the abused parent (e.g., not allowing the children to enter peer activities or friendships)
 - engaging the children in the abuse of the other parent (e.g., making the children participate in physical, emotional, or sexual assaults against the adult)

- forcing children to watch the violence
- taking a child away after each violent episode to ensure that the adult victim will not flee the perpetrator
- holding the children hostage or abducting them in an effort to punish the victim or to gain her compliance
- engaging in long tirades aimed at the children about the abused parent's behaviors that caused the separation
- demanding unlimited visitation or access by telephone (e.g., insisting that adolescent sons stay alternate nights with the perpetrator after the separation, ignoring the children's needs for time with each other or with their friends)

C. Domestic Violence Can Physically, Emotionally and Cognitively Damage Children

Current research indicates that domestic violence affects children in a variety of ways, and that the effects are both short and long term (Jaffe, Wolfe, and Wilson, 1990). Children may be physically, emotionally, and cognitively damaged as a result of domestic violence. The nature and extent of the damage will vary depending primarily on three factors:

- the type and history of abusive control used by the perpetrator
- the age, gender, and developmental stage of the child
- situational factors, such as other social supports

Consequences of the perpetrator's abuse vary according to the age and developmental stage of the child (Jaffe, Wolfe, and Wilson, 1990). During infancy, the crucial developmental task is developing emotional attachments to others. Being able to make attachments provides a foundation for healthy development. Domestic violence not only interrupts the infant's attachment to the perpetrator, but can also interrupt the child's attachment to the mother. The perpetrator may directly interfere with the victim's care of the young child. The violence may not permit bonding between the child and either parent. This results in the child having difficulty in forming future relationships, and blocks the development of other age-appropriate skills and abilities.

The primary developmental tasks of children between the ages of 5 and 10 are role development and cognitive development. The perpetrator's violence and pattern of control impedes or derails both of these tasks. For example, a child may have difficulty learning basic concepts in school because of his or her anxieties about what is happening at home.

The central developmental task of teenagers is autonomy. This occurs partly as teens separate from parents and establish peer relationships. Often, what is learned in

family relationships is replicated in peer relationships. Consequently, for teens who are coping with the perpetrator's abuse against the other parent, there is no positive role model for learning the skills necessary for establishing mutuality in healthy adult relationships (e.g., listening, support, non-violent problem-solving, compromise). The teenager will sometimes side with the abusive parent, viewing that parent as the one who is most powerful.

The negative effects of the perpetrator's abuse in interrupting childhood development can be seen immediately in cognitive, psychological, and physical symptoms (Jaffe, et. al., 1990) such as:

- fear
- eating/sleeping disorders
- mood-related disorders such as depression and emotional neediness
- overcompliance/clinginess/withdrawal aggressive acting-out/destructive rages
- detachment/avoidance/a fantasy family life
- somatic complaints
- finger biting/restlessness/shaking/stuttering
- school problems
- suicidal ideation

Children's experience of domestic violence also results in changes in perceptions and problem-solving ability, such as incorrectly seeing themselves as the cause of the perpetrator's violence against the intimate partner, or using either passive behaviors (e.g., withdrawal, compliance) or aggressive behaviors (e.g., verbal and/or physical striking-out) rather than assertive problem-solving skills.

There are also long-term effects as these children become adults. Since important developmental tasks are interrupted, they carry these deficits into adulthood. They may never catch up in certain academic tasks or in interpersonal skills. These deficits affect their abilities to maintain jobs and relationships. Male children in particular are affected and are at greater risk of battering intimates in their adult relationships (Hotaling and Sugarman, 1986). And sometimes the children do not wait to become adults before using violence themselves (e.g., against the victim, the perpetrator, their peers, other adults).

However, many children are not harmed irreparably by experiencing domestic violence in their families. A caring, supportive network can lessen the negative effects to the child and children can rebuild their sense of self as caring, competent beings. Once they are safe, they can return to normal developmental tasks.

D. The Most Effective Way To Protect The Children May Be To Protect The Non-Abusing Parent

In the face of overwhelming odds, victims of domestic violence do many things to protect their children from the perpetrator (e.g., intervening in the perpetrator's violence directed at the children, sending the children to others when they are-in danger, teaching the children safety plans, reminding the children that they are not responsible for the domestic violence, being very loving and engaged with the children). Sometimes the victim appears to be acting in ways that do not effectively protect the children from the perpetrator's violence because they are relatively powerless to do so.

One of the goals of intervention for victims with children is for victims to get the support and advocacy necessary to effectively protect their children. Often, the most effective way for the family preservation practitioner to protect the children is to protect and support the non-abusing parent. Removing that child from the care of a loving parent who is being abused herself is not the answer. Nor is putting the child into a treatment program without also ensuring that he/she has a safe home. Holding the perpetrator, not the victim, responsible for the abuse and protecting the abused parent from further violence is critical in protecting both the victim and the children.

V. THE COMMUNITY

Domestic violence ripples out into the community as the perpetrator's violence also results in the death or injury of those attempting to assist the victim, or of innocent bystanders. Examples of the tragic consequences of domestic violence to the community can be seen on a daily basis in newspapers across the country as they recount the latest homicide of an ex-spouse, current partner, the victim's children, innocent bystanders, and those who attempt to intervene. Although rarely identified by the media as "domestic violence" homicides, these cases almost always have a history of abusive and controlling behavior by the perpetrator against the adult intimate.

- In California, a domestic violence perpetrator kills the victim, his daughters, and several of the victim's co-workers, as well as a police officer
- In New York, a nightclub is burned down by the boyfriend of an employee, resulting in numerous deaths of patrons inside
- In Colorado, a lawyer is shot in court by a domestic violence defendant
- In Washington, a lawyer is killed by the husband of a client he was defending in a custody case where domestic violence was alleged
- In Washington, a battered woman, her unborn child, two women friends are shot and killed in Superior court by the husband before closing arguments in an annulment hearing

The financial cost of domestic violence to the community in terms of medical care, absenteeism, and the response of the justice system is phenomenal. The cost in lost lives and resources is a

constant reminder that domestic violence is not a family affair, nor is it merely a private affair. Domestic violence is a community affair demanding a community response.

VII. GUIDING PRINCIPLES AND APPLICATIONS FOR PRACTICE

Domestic violence cases present unique challenges for family preservation practitioners. Intervention in these cases must be based on a thorough understanding of both domestic violence and the role of the societal and familial contexts in reinforcing it. Stopping domestic violence requires a change in how practitioners work with individual families and requires coordination and collaboration with many parts of the community (e.g., child welfare, domestic violence programs, court systems). No one part of a community can do it alone. To be effective, a coordinated community response must share not only a common understanding of domestic violence, but also a common philosophy for responding to it.

A. Three Guiding Principles

There are three principles that provide the foundation of an effective community response to domestic violence. These principles are the outgrowth of our understanding of the nature and etiology of domestic violence. Taken as a group they provide a standard against which current and future policies, procedures, and practices can be evaluated. These guiding principles are as follows:

1. to increase the victim's and children's safety
2. to respect the authority and autonomy of the adult victim to direct her own life
3. to hold the perpetrator, not the victim, responsible for his abusive behavior and for stopping his abuse

This material was excerpted from the manual entitled:
Domestic Violence: A National Curriculum for Family Preservation Practitioners,
produced by the Family Violence Prevention Fund.
Written by Susan Schechter and Anne L. Ganley, Ph. D., 1995.
Understanding Domestic Violence:
PREPARATORY READING FOR PARTICIPANTS
Chapter written by Anne L. Ganley, Ph.D.