Assessment and Evaluation of Men Who Batter Women

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Over the past two decades, awareness and concern about the incidence and severity of domestic violence has increased. Information about men who batter has grown; yet, the literature on assessing and counseling batterers is sparse. This paper reviews the different approaches to assessment that are beneficial in working with batterers. The types of assessments discussed in this paper include a psychosocial history, qualitative techniques, behavioral assessments, testing for substance abuse and mental illness, a review of past client medical and legal records, and victim reports. Counselors need to be sensitive to the cultural issues of batterers as well as ethical and safety issues. The recommendations that follow are based on a review of the literature and a clinical consensus among experts in the field.

Domestic violence is a major social and health problem in America. The National Coalition Against Domestic Violence reports that a woman is beaten by her intimate partner every fifteen seconds. The American Medical Association [AMA] reports that about 50% of all women will experience some type of domestic violence in their lifetime, and the U.S. Surgeon General declared domestic violence the nation's number one health problem (AMA, 1992).

Violence is behavior that includes any action or words that hurt another person. It involves the misuse of power with the intent of controlling or oppressing another person, and may be defined differently by each state. The domestic violence legal definition according to Florida Statutes (1995) is "any assault, battery, sexual assault, sexual battery, or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit". Domestic violence is a pattern of behavior whose purpose is to control (Walker, 2000). This control over another person is gained through fear and intimidation.

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This paper discusses the assessment of males who commit domestic violence crimes, referred to as batterers. Dutton (1995), Gondolf (1996), Tolman and Bennett (1990), and Stith and Straus (1995) have conducted extensive research on the characteristics of batterers. Information gathered can be used to plan effective treatments, interventions, and strategies. Moreover, this paper will examine the importance of utilizing ethnically and culturally sensitive approaches during the initial intake and subsequent assessment sessions with batterers.

Definition of Battering

A batterer is someone who uses not only physical abuse, but emotional abuse, sexual abuse, economic abuse, and other behaviors that assert control and power (Walker, 2000). Physical abuse occurs when one threatens, hits, kicks, pushes, shoves, slaps, punches, or uses a weapon against another. Walker (2000) cites other examples of physical abuse which include refusing to help someone who is injured, sick or pregnant, abandoning someone in a dangerous place, and locking someone out of one's house. Emotional abuse occurs when one continually ridicules, insults, puts down, humiliates, or criticizes another person. Other examples of emotional abuse, according to Walker (2000), include withholding approval or affection, threatening to leave or harm someone or their children, manipulating with lies, and continually finding fault with another. Verbal abuse is also part of emotional abuse (Walker, 2000). Verbal abuse occurs when the abuser says blatantly hurtful things, criticizes one, calls one names, or constantly puts one down.

A large majority of batterers are male (McConnell, 2000; Tjaden & Thoennes, 1998). In fact, it has been reported in the literature that the male is the abuser in 95% of domestic violence cases (Dutton, 1995; Island & Letellier,1991; Walker, 2000). The batterer comes from every social, economic, ethnic, professional, educational and religious group (Selinger, 1996). Most batterers do not have criminal records and are almost never violent with anyone except their partner (Dutton, 1995, Gondolf, 1992). To those outside the family, a batterer usually appears to be a good provider, a loving father, and a law-abiding citizen. Nevertheless,

he usually has a dualistic personality referred to as a Dr. Jekyll/Mr. Hyde personality and is manipulative, unpredictable, possessive, jealous, unrealistic, and controlling (Dutton, 1995). Batterers frequently have low self-esteem and believe others are to blame for their problems. The batterer fears abandonment such as divorce, separation, imagined infidelity, or pregnancy and tends to resort to violence rather than looking for other solutions to the problem (Dutton, 1995).

According to Gondolf (1992), there are three types of batterers. The first type, the typical batterer, usually has no diagnosable mental illness or personality disorder, is no more likely than anyone else to have substance abuse issues, is not violent to people outside the family, and has no criminal record. The sociopathic batterer views violence as an acceptable way of dealing with problems, may have a diagnosable personality disorder, and is likely to have a problem with substance abuse (Gondolf, 1992). However, he is unlikely to have a criminal record because he does not "get caught" very often. His violence is likely to be more severe than the "typical batterer" and he is more likely to use weapons or injure his victims. He is not apologetic, often threatens to kill the victim or do more violence, and has a tendency to make sexual demands after violence. He may justify his violence with religious beliefs and uses power and control in many areas of his life (Gondolf, 1992). The anti-social batterer usually has diagnosable mental illnesses or personality disorders, substance abuse problems, and criminal records (Gondolf, 1992). Their violence is far more severe and frequent. As a result, they are more likely to get caught and to have a criminal record.

Assessment Methods

A detailed assessment of the batterer is essential in order to promote effective treatment (Cohen, Swerdlik, & Smith, 1992; Drummond, 1996). A variety of methods have been used for assessing batterers, including qualitative techniques, behavioral assessments, testing, a review of past client records, and victim reports (Anastasi, 1992; Cohen et al., 1992; Drummond, 1996). Caution must be exercised when using the victims of domestic violence in an assessment as safety issues are of paramount concern. These methods can be used in combination to validate the information from a number of sources thereby promoting a greater understanding of the batterer and his issues.

The Psychosocial Assessment

The psychosocial assessment should include a self-report of the present problem and related history: (a) reasons for referral, (b) previous episodes of violence, (c) duration of violent relationship, (d) most recent incident of violent behavior in current or recent relationship, (e) worst incident of violent behavior in current or recent relationship, (f) violence in past relationships, including child abuse and neglect, and (g) violent behavior in family of origin. Secondly, this assessment should include the client's current work or employment situation, finances, social network or support system, number of children, and current relationship status. Thirdly, any relevant treatment history including previous counseling for domestic violence, medical conditions, medication, hospitalizations, head injuries, psychiatric history, and chemical and alcohol use history.

Similarly, one qualitative assessment that may be beneficial in achieving an extensive history is "The Life Line" (Goldman, 1992), which helps clients reflect upon significant past events that have influenced them. Clients place past experiences, relationships, events or wishes that have impacted their lives along a timeline. "The Life Line" can provide the counselor with important information about the client's developmental history.

Record Retrieval

Past records, including police reports, civil or criminal court cases, past arrest records, injunction for protection orders, and probation records are another important source of information. Past records may link the client's history to the presenting concern. This type of assessment may identify meaningful data which the client may have been unwilling to disclose as self-report information from batterers is often unreliable (Stith & Straus, 1995). Therefore, past records can be a more valid source of information than self-reporting. Gondolf (1996) notes that these records are good predictors of violence. Over half of 840 men studied by Gondolf (1996) had been previously arrested for offenses other than domestic violence.

Role Playing

A qualitative assessment that can be used for batterers is role-playing. The counselor may ask a client to role-play an argument with his wife to give the counselor a sample of the client's behavior during an anxiety provoking experience. This may give the counselor and the client insight into behavior, actions or thoughts that precede the violence and ways to avoid future incidents. During the role-play, the counselor may question clients regarding their thoughts, emotions and beliefs and pick up on illogical conclusions or irrational beliefs. In addition, client self-monitoring in recording the frequency, duration and intensity of marital arguments, controlling behavior, and angry feelings can be used as a behavioral assessment tool (Goldman, 1992).

Assessment Inventory

The irrational beliefs and thoughts of batterers are often related to negative stereotypical attitudes and beliefs toward women. Rationalization of abusive behaviors, and blaming the victim are also frequently reported (Boer, Wong, Templeton, & Christopher, 1993). The Abusive Relationships Inventory (ARI) was developed to assess the attitudes and beliefs of men who have been physically, mentally or sexually abusive toward their partners. It measures the batterers' tendency to rationalize abusive behaviors and to project blame onto the partner. The questions related to rationalization measure excuses that batterers use to justify their abusive behavior toward others. Another group of questions relate to attribution of blame and sexual stereotyping and measures the tendency to project blame onto the spouse and the tendency to stereotype women. These two measures were found to be correlated and are considered to essentially be a single factor. The ARI was found to be internally consistent in a study of 195 male offenders in federal penitentiaries (Boer et al., 1993). However, further research is necessary to establish the ARI's reliability over time, its ability to discriminate batterers from non-batterers, and its relationship to other constructs related to domestic violence i.e., hostility and aggression. In conjunction with the ARI, the Marlowe-Crowne Scale, which measures the tendency to give socially desirable responses in order to make oneself look good,

could be administered to batterers to check for veracity (Boer et al., 1993).

Victim Reports

Batterers tend to minimize and underreport their behavior and may attempt to manipulate the counselor. Therefore, it is often helpful to assess the batterers' non- physically abusive behaviors such as emotional/mental abuse, social isolation, financial abuse, and verbal abuse, which may not have been officially reported. Much of this information can only be obtained from the victim. Research has revealed that evaluations of batterers that included partners and official police/court records more accurately assessed all forms of abuse and victims' perceived safety than self-reports alone (Stith & Straus, 1995). However, it is strongly recommended that counselors carefully consider the safety of the victim when choosing to involve them in the process. During an assessment with the victim, the counselor should identify safety issues that may arise from the disclosure; advise of the need for a safety plan; and refer to a battered women's program for intervention, protection, or shelter (Stith & Straus, 1995). Obtaining information from victims may place them at risk for harm. Any information obtained from the victim must not be shared with the client without the victim's release of confidentiality.

Homicide Assessment

According to the American Medical Association (1992), 52% of female murder victims were killed by a current or former partner. Therefore, it is important for counselors to assess the homicide risk to the potential victim. The Danvers Massachusetts Police Department (1996) reports that the risk of a homicide can be assessed in the following manner. First, one who threatens homicide or suicide is more apt to follow through than one who does not. This includes threats to kill himself, his partner, the children, her relatives, and family pets. Secondly, if the batterer has fantasies of homicide or suicide and has a plan that includes who, when, where, and how, he should be regarded as dangerous. If the batterer has access to weapons, especially guns, and has used them or threatened to use them in the past, the risk for homicide increases. The presence of depression also increases the risk for homicide or suicide. Additionally, the Danvers Massachusetts Police Department (1996) reports that separation is the most dangerous time for the partner of a batterer. Attitudes that indicate homicide risk include: claiming ownership of his partner, stating she will never be free of him, idolizing his partner, depending heavily on her, or believing he is entitled to her obedience and loyalty (Dutton, 1995). Finally, when a batterer disobeys court orders such as injunctions, makes public scenes, and exhibits other socially unacceptable behavior in public, the potential for homicide increases.

Substance Abuse Assessment

If the initial intake assessment indicates drug and/or alcohol abuse, a substance abuse assessment should be conducted. This will determine whether the batterer's use fits the diagnostic criteria for substance abuse or dependence (Buckstein, 1998). If substance use is present, the counselor needs to ascertain what effect the substance use has on the client's life and his psychosocial issues. Buckstein (1998), Bennett (1995), and Dutton (1995), report that many people use alcohol as an excuse for their behavior; however, most professionals recognize that substance abuse does not directly cause domestic violence (Bennett, 1995; Dakis, 1995; Walker, 2000). When drugs and/or alcohol is related to battering, it does so either directly by disinhibiting normal sanctions against violence or indirectly by affecting changes in thinking, physiology, emotion, motivation to reduce tension, or motivation to increase interpersonal power (Bennett, 1995). In fact, studies have shown that most episodes of violence do not involve alcohol or drug use by batterers or victims and many batterers continue to batter without alcohol or drugs (Bennett, 1995).

In order for substance abuse to be considered a problem, there must be some dysfunction in one or more areas of the client's life (Buckstein, 1998). An assessment should include gathering information from a variety of sources, including the client, family members, courts, and previous treatment records. Information from the assessment of alcohol or drug dependency should include the age of onset of use, duration, quantity, consequences, progression of use for specific substances, frequency, variability of use, and types of agents used (Buckstein, 1998). The counselor may also address the client's view of substance use, his expectations of use, the usual times and places of use, peer attitudes and use patterns, as well as past or current attempts to control or stop substance use. Toxicological analyses of bodily fluids, usually urine, may be used to detect the presence of substances for the initial assessment as well as for ongoing monitoring for substance use.

Gondolf (1996) administered the Michigan Alcoholism Screening Test (MAST) to a sample of 840 batterers. The MAST test identified over 50% of the men as having "alcoholic" tendencies. Bennett (1995) states that a large quantity of alcohol can increase one's sense of personal power, and batterers who have power and control issues may be more prone to heavy drinking and aggressive behavior. Batterers who have substance abuse problems tend to be noncompliant regarding domestic violence treatment (Bennett, 1995). Most experts agree that participation in a batterers treatment program or treatment for violence should not be attempted without treating the substance abuse problem first (Bennett, 1995; Harrell, 1991). Therefore, some offender treatment programs such as that in Florida's Dade County, order batterers who have substance abuse problems to participate in a dual diagnostic treatment program (Dakis, 1995). A dual diagnostic program treats domestic violence and substance abuse concurrently.

Mental Health Assessment

Finally, it is important to assess batterers for mental illness (Gondolf, 1996; Stith & Straus, 1995). A comprehensive developmental, social, and medical history can reveal past and present psychiatric disorders. Also, psychological tests may be used to assess the presence of psychiatric and personality disorders. Gondolf (1996) administered the Millon Clinical Multiaxial Inventory (MCMI-II) to 840 batterers and the results revealed that over 25% of the batterers showed evidence of severe mental disorders.

Cultural Considerations

A patriarchal society can influence some men to feel uncomfortable experiencing and expressing emotions such as dependency, fear, and uncertainty (Robinson, 1998). This can result in a hesitancy to seek help from others and be open and honest with their feelings. In addition, counselors may be inclined to stereotype clients based on race, gender, and socio-economic status. This can bias the counselor's assessment. For example, the counselor may fail to see that a white, middle to upper-middle class male client can have feelings of inadequacy associated with being a male, a provider, and a father (Robinson, 1998). Although these clients may appear to be confident and powerful based on their cultural identities and social status, they in fact, can feel powerless and marginalized (Robinson, 1998).

In order to effectively help batterers of different races or ethnicity, counselors must be trained in culturally sensitive approaches to assessment. Although battering is prevalent among African American men, both white and minority counselors must be sensitive to the significance of race and culture in completing an assessment (Hampton, Gelles, & Harrop, 1989; Straus, Gelles & Steinmetz, 1980). For example, if African Americans are viewed as more violent, this can inappropriately influence the opinions and expectations of counselors toward these clients (Williams, 1994). If African American clients perceive their counselors as condescending, rude, and/or rejecting of their race and their behavior, it can negatively affect the assessment and treatment outcome.

Summary

An assessment for batterers should include a comprehensive review of past and present violent and criminal behavior, medical history, relationship and other psychosocial issues, psychopathology, substance use, and homicidal and suicidal tendencies. The assessment should also be cognizant of specific cultural and societal attitudes. In addition, confidentiality, safety, privacy, and voluntary participation is necessary when victims are included in the assessment (Gondolf, 1996). Assessment should be viewed as a continuous process throughout treatment and assessment strategies should be constantly reviewed and modified to accommodate unique circumstances.

Counselors who perform thorough initial and subsequent assessments can improve the effectiveness of the treatment of batterers in private counseling and in intervention programs. Though limited research has been conducted on batterers' intervention programs (Palmer, Brown & Barrera, 1992; Gondolf, in press; Harrell, 1991; Williams, 1994), further research needs to be conducted on both the assessment and treatment of batterers. Additional study is needed to improve rehabilitation practice and reduce domestic violence in our society.

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