

Political Correctness and Practice Effectiveness: Working with Perpetrators of Violence in Relationships

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Significant experiences in the author's work with perpetrators of violence are described, and interpretations of these offered in regard to practice effectiveness. It is proposed that a therapist cannot realistically provide more than a facilitative context for perpetrators who are already involved in transforming their ways of being for themselves. The description of practice effectiveness proposes less therapist control of the therapeutic agenda than appears to be prescribed in the dominant literature. It is argued that therapists need to take responsibility for careful assessment of the suitability of perpetrators for therapy. Further, the responsibility for creating a context which invites perpetrators to consider change for themselves should be shared between agencies in the community, if effective outcomes which encompass the power differences within relationships are to be consistently achieved.

EXPERIENCES

For five years ending in July 1996, I was employed as a therapist with Relationships Australia in Darwin. My work was divided between relationship counselling and running a family violence program which included community work, couple counselling, a training course for therapists, research, and groups for male perpetrators. The ideas presented in this paper have been developed through interpreting significant experiences in this work.

Notwithstanding a growing trend towards more diverse family and relationship structures, the majority of clients consulting me were describing heterosexual relationships wherein men attempted to control women. I subscribe to the view that domestic violence is about the abuse of power in relationships (NCVAW, 1991). Physical assault is one of many tactics of control. I therefore contend that the majority of my clients, as I have described them, were in relationships which were violent according to the above definition, although physical assault was not always among the tactics used by the perpetrator to maintain his control.

My clients did not generally frame their problems in the context of violence. They did not consider their relationships as structured in a manner which restricted the choices of women and children while enhancing

those of men and parents. Even when they did recognise hierarchical structures in their relationships, they did not perceive these structures as problematic, or even as changeable. They generally attributed the anxiety their relationships caused them to personal deficits in either themselves or their partners. It was to change or 'treat' these deficits that they consulted me.

Three years ago, I co-facilitated a perpetrators' group according to our agency's interpretation of Alan Jenkins' (1990) model of working with violent men. Mindful that we could not change people unless they wanted to change, we ensured that each member of this group had undergone a very careful selection process, using criteria designed to assess each man's readiness to discuss his violence in a group, to take responsibility for his violence, and to develop more respectful ways of relating to his partner. According to the evaluation reports obtained from both the men and their partners over a period of two years after termination, the group was successful.

Because my assessment of their relationships was that they were distressing to their partners because of unfair practices, it was difficult for me to accept my clients' presenting constructions of their problems and to respond accordingly. To do so would have required me to ignore my own values and work to support a relationship at the expense of the well-being of the people in it. Following my interpretation of Jenkins, I therefore tended to invite my clients to consider the connections between their complaints and what I perceived to be the established unfairness in their relationships. The outcomes of these therapist-initiated invitations varied. I can recall instances where I was working hard at 'inviting the man to argue for a non-violent relationship', only

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to succeed in having him redouble his arguments for continuing to dominate his wife and children. At times like these I used to find it difficult not to feel depressed, and believed I was a bad therapist.

Last year, I co-facilitated a perpetrators' group following the Duluth curriculum (Pence and Paymar, 1993). We purchased this curriculum because it is highly regarded in the community, and we thought that to successfully attract funding for our program, it would be necessary to become familiar with it in practice. The Duluth model is a comprehensive community initiative which incorporates community cooperation and consistency of response to perpetrators and victims. The men's group, to which men are mandatorily referred as part of the legal sanctions following assault on their partners, is only *part* of the model.

True to the spirit of Duluth, the director of my agency and I engaged in extensive community consultations prior to seeing the men in the group. Our aims were to:

- inform politicians and personnel of other agencies about what we were doing
- begin a relationship between ourselves and other agencies which would promote accountability and the sharing of information
- begin a dialogue between agencies and policy makers, promoting a more consistent and cooperative attitude to cases of domestic violence.

However, I believe our application of the Duluth model was not as effective as it might have been, for the following reasons:

1. Poor community cooperation and failure to achieve consistency of response

Despite our best efforts, there was not enough inter-agency cooperation and consistency in the community within which the curriculum was applied. Feminist critique of the legal system has eloquently described how inappropriately that system may respond to domestic violence (Rathus, 1993). The legal system has at times created a meaning which vindicates the man's assault and situates its causes in factors as far removed from the man as his wife's behaviour (sexual disloyalty, disobedience, nagging), or as intrinsic to him—but equally precluding his development of responsibility—as his consumption of alcohol, job stress levels, and intentions at the time of the offence.

If a perpetrator were referred to therapy after receiving such an interpretation from a magistrate, a therapist would not have the power to undermine the meaning given to the man's violence by the Court process, and or to help him develop a sense of personal responsibility for his actions. The credibility of the therapist as a co-interpreter of the man's violence would not be able to compete successfully with the credibility of the Court, especially as the Court's version of his behaviour would be far more *psychologically* appealing to the man.

At discussions we held as part of our community consultation, the magistrates welcomed our initiative in establishing a group for perpetrators to which courts could make referrals. However, when we invited them to consider the advantages of cooperating with other agencies to achieve consistency in community response to domestic violence, they foresaw some difficulties. Any such proposal, they said, would be an infringement upon their judicial discretion, which should always be privileged to ensure 'fair' outcomes. This suggested an alarming internalisation of judicial rhetoric about impartiality and magistrates' ability to be 'objective'. Thus, judgements made in court may impose a meaning on an act of violence which may or may not be consistent with the objective of promoting a responsible concept of self for the perpetrators of violence. Whether or not a judgement would support this objective would depend on the magistrate's personal views on topics as sensitive as gender, class, race, culture and political affiliation.

2. Looseness of criteria for admitting men to groups

Another reason that our application of the Duluth curriculum was less than fully effective was that we were not stringent enough in our assessments of the suitability of the men referred to our program. The curriculum had been designed to be used with men who have been court mandated to attend an educational group for violent men, and consequently we accepted into the group a number of men whose suitability was questionable. I am not arguing against referral by courts; however the fact that courts are well situated to refer should not override the responsibility of program managers to conduct careful assessments.

3. Educational focus too limiting

Although the Duluth curriculum materials stress that it is important to connect well with the men attending the group, the 'lesson plans' impose a paradox: joining with a man, while at the same time telling him that what he is doing is wrong, and teaching him the right way to do it! This is a process which did not generate many 'unique outcomes' for our clients. The men attending were not able to consider what the exceptions to their violence might be telling them about alternative, more responsible ways of being. In the Duluth curriculum, the authors warn facilitators that men will attempt to avoid the painful issue of talking about their violence, perhaps by trying to tell the facilitators about times when they were not violent. The facilitators are admonished to confront such evasions directly. The process of confessing and owning up to violence is considered a highly valuable process in the Duluth materials, and in Jenkins' (1990) model of working with perpetrators. My concern is not with the value of men addressing their violence, but with who takes responsibility for its happening. As in our earlier groups, it did not seem to contribute to effective outcomes when the *therapist*

took responsibility for ensuring the men confronted their violence.

I was dissatisfied with the effectiveness of the Duluth curriculum, as implemented in our group last year. But some effective pieces of work occurred, outside the model's prescriptions. My critical thinking about these experiences, together with some feedback from clients and colleagues as to which of my contributions had been helpful and which had not, sparked off a sense of experimentation in me. Up to this period of experimentation, I would say that my usual model was my interpretation of Alan Jenkins' model. The experience of working both within Jenkins' model and within the Duluth model has shaped and changed my views about what constitutes effective work with violent men, to the point where my ideas no longer comply with the descriptions within the dominant literature. In the concluding section of the paper I will critically consider these experiences and offer the interpretations I have made of them.

Since writing this paper, I have changed jobs and am now working with Family and Children's Services in Mirrabooka, Perth. This agency specifically concerns itself with the protection of children, resourcing families to effectively address power issues, and importantly, contributing to community work through developing discourse and awareness about power and its abuse in families, and through developing interagency cooperation. Being a statutory agency, Family and Children's Services has the mandate to employ statutory means to protect victims of family violence. This assists the therapist to stand by victims' naming of abuse in the face of opposition within the family and culture at large.

EXPERIMENTS AND REFLECTIONS

New Audiences for the Authentication of Meaning

Influenced by the narrative epistemology of Epston and White (1992), I have come to regard therapy as a process of clients defining themselves by interpreting the meaning of their experience of life and relationship. This process happens between the therapist and clients within a common culture. The therapeutic context is one of many sites within the culture for the interpretation of meaning. Others include the media, as well as institutions specifically created to 'authentically' interpret experience, for example the Church, the Courts and medical science. In all interpretative institutions, two factors can be observed which are particularly effective: the actual *expression* of the proposed interpretation, and the existence of an audience to *witness* that expression. It appears that the larger the audience witnessing the expression of a narrative, the more authentic the meaning of the narrative is rendered to the performer. I propose that this greater authenticity is a result of the legitimacy created by having a large number of a person's peers concur with the proposed interpretation.

Much of the power of therapy to render meanings

authentic for clients comes from the invisible audience which stands behind each therapist, witnessing the client's expression. Therapists are not only individuals, but endorsed representatives of a community. They are known by clients to be trained and expert practitioners. Their views have been examined and deemed to be objectively correct by the institutions which have trained them and conferred expert status upon them. My objective as a therapist has been to invite my clients to consider interpretations of their relationship which render relationship politics and violence visible, thereby allowing them to create more equity and well-being. But the dominant culture proposes that what I am calling 'relationship politics' is actually 'human nature'. Patriarchy justifies male domination of women by reference to biological and innate psychological differences. I have said that my clients generally did not see their relationships as violent. The interpretations they had made rendered the gender politics of their union invisible to them, in accord with modern culture's views of gender. My therapy therefore, *has attempted to authenticate for my clients an interpretation of their relationships which has been in direct opposition to the interpretations offered by the dominant culture.*

The effect of this has been to limit my effectiveness as a therapist by restricting the audience available to witness the expression of unique interpretations of relationship, in so doing restraining the authenticity of those emerging narratives. To render my therapy more effective I began recruiting wider audiences, outside the therapeutic domain, to witness clients' expressions.

This is why, as a result of attending training courses with Michael White at Dulwich Centre in Adelaide, I decided that I would incorporate a reflecting team into the running of our Duluth curriculum group for violent men. I thought that this would be useful in assisting clients to make sense of their unique outcomes, and to render the work of my co-facilitator and myself more visible, more open to feedback. I advertised for people interested in attending a training course to develop skills and ideas about working with domestic violence cases. The trainees became the reflecting team, observing the perpetrators' group as it unfolded, and reflecting their observations to the men participating. Both trainees and perpetrators were interviewed each week about what the co-facilitators were doing to promote or hinder the work that the perpetrators were engaged in. In this way we were able to mitigate our tendency to privilege our own views over those of our clients, which was the very tendency that this group was designed to assist the participants to overcome in *their* relationships. Each week for 26 weeks the reflecting team and group facilitators met to discuss the most positive outcomes of the project. Many useful ideas about effective intervention in the culture, community, and with clients directly, emerged from these discussions and from the Darwin Project as a whole.

A More Realistic View of 'Therapeutic Expertise'

I no longer see therapy as a process dependent on skill and technique, but as a more humble process based on the therapist's openness and receptivity. Research (Lipchik, 1995) shows that the most important thing that a therapist can do is to listen to the client in the context of an accepting relationship. The therapist accepts that all clients are valuable individuals doing their best according to their knowledge of how to be as a person. To know that what one has spoken about has been understood and heard by a therapist authenticates what has been experienced and expressed. If what one has described is one's own weaknesses and failings, then this is mainly what will constitute one's self view, and this self view will be significant in its effects on one's life. I need to be mindful of what it is that I am letting my clients know that I have heard about them.

I see therapy as an ancient ritual of authentication and meaning making. It is a context wherein people come to express the most positive developments in their lives; in expressing them, they render them more authentic. If what a client comes to express leads the therapist to believe that the client is likely directly or indirectly to harm himself or others, I don't believe the therapist can change that person by use of technical ability, and I believe that to attempt to do so is harmful for reasons I list below. My view requires that therapists screen from therapy those persons whom they assess as inappropriate for it. Basically, this assessment ensures that *therapists only provide the authenticating experience of counselling for the perpetrator who defines the problem as his violence, takes responsibility for it, and demonstrates in words and action that he is committed to developing responsible ways of relating to others.*

There is a dangerous notion in the dominant literature about working with men who have been violent. It states that all men can benefit from therapy and argues that all perpetrators convicted of assault should be required to attend therapy. As we have already seen, the Duluth curriculum is based on such an assumption. Jenkins (1990) also advocates counselling for men without assessing their suitability, proposing that men's motivation, or lack of it, is a myth which might well be challenged. There appears to be an assumption in Jenkins' writing that if the therapist effectively uses an 'invitational' approach, the man will recognise motivation for responsibility hitherto hidden from him, and *develop* this responsibility.

However, I observed a common factor in the therapeutic conversations I had with those of my clients who reported significant improvements in their relationships: *it was the clients themselves who took the initiative to discuss the power structures of their relationships.* This enabled them to have a metaperspective on habitual relationship dynamics and to consider the fairness of these. It was when people implemented the insights resulting from these discussions that a greater diversity

of views and practices were welcomed within their relationships and this in turn improved the satisfaction of people in these relationships.

The Necessity for Assessment of Suitability

I propose that it is far more effective for the therapist to be occupied with assessing the man's appropriateness for therapy than for the therapist to use the meeting with the man as an opportunity to *render* him appropriate. By being receptive to evidence that the man is naming the problem as his violence and taking responsibility for it, the therapist allows an *authentic interpretation of the man's expression* to occur. If on the other hand the therapist works actively—through questioning—at having the man express these same viewpoints, the ensuing meaning is in my view significantly less authentic for both the man and his therapist. If the therapist's judgement is that the man is not ready for therapy, then it should not proceed. In this context, *assessment is the therapist's judgement about whether or not the man intends to acknowledge his violence and address it.* Men who have been violent, and who accept responsibility for their violence, experience shame, remorse, and a desire and ability to change. All of these experiences can be expressed by men, and their expression in words and feelings should be a pre-required condition for the therapist to endorse the appropriateness of therapy. Therapy when the man is not ready for it (for example in situations where he denies his abuse) is dangerous and inappropriate for the following reasons:

- Testaments to his desire to take responsibility are less authentic to the man when they are wrested from him by the therapist.
- Counselling involuntary perpetrators inadvertently authenticates a psychological excuse for violence. If the therapist insists on the man participating in a process he does not feel invested in, a possible effect on the client is that he will consider himself a passive participant in his therapy. He may consider that therapy is a process where the therapist is better informed to set the agenda. The myth that therapists are better informed is, as we have seen, very much a part of the dominant culture and it has almost irresistible appeal to a man experiencing shame: he did not behave responsibly because he did not know better.
- Being involved in counselling may be diverting the man from other experiences—like being charged for assault—which may provide him with a more effective invitation to consider unique interpretations of his behaviour which differ from his own.
- Any intervention which colludes in a victim renaming violence as anything else is an abuse of the interpretative process of the therapy. If a perpetrator is denying his violence or blaming his partner, he should not be in counselling at all. The interpretation of violence the therapist may otherwise be implying is that because it happens in the context of a 'loving' relationship it is acceptable.

- When therapists see perpetrators who deny their violence, the former are making an inappropriate contribution to the cultural discourse about violence. The implication is that family therapy is a technical science, standing outside of the dominant culture, whose practitioners have the expert knowledge and ability to change perpetrators against their will, without the assistance of other agencies. This myth psychologises violence, gives therapists the responsibility of being skilled enough to change any person—even against his will—leads to therapist burn out, and undermines the community work of redefining violence as a criminal act at a broader cultural level.

Greater Cooperation and Consistency at Community Level

In attempting to institute the Duluth model, I started to see the potential of community intervention to create a truly compelling alternative to conservative patriarchal culture. It is possible for the powerful agencies and institutions which constitute our culture to work in concert to promote rather than restrain the appeal of justice in relationships and to authenticate responsibility as an essential trait in all human beings. As we have already seen, the Duluth Abuse Intervention Project (Pence and Paymar, 1993) has put this commitment to intervention at a cultural level into practice for over a decade. Yet, as explained above, our own attempts to promote cultural intervention encountered opposition, particularly from the justice system. It is important to remain mindful that all agencies are part of the dominant culture with its modernist ideas about expert objectivity and impartiality, into which professionals are thoroughly recruited through their training.

I remain convinced about the importance of community work in addressing the problem of men's violence. My goal as a family therapist is to promote in families the respectful acceptance of greater individual diversity and relationship equity. Dominant patriarchal culture is a significant restraint to that goal. Intervening at the cultural level to promote responsibility and diversity is therefore indicated. It is imperative that there be consistency between agencies. This consistency should be informed by an awareness within each agency of the powers it has to create meaning, and by a commitment to keeping this power in check. In this way, agencies can counter the tendency for their personnel to equate *their understanding* of someone's *description* of their experience with the experience itself. Only in this way can an agency's power be responsibly applied, and until this happens, it is difficult to imagine these agencies consistently succeeding in assisting men to behave more respectfully. I cannot stress enough that until more

cooperation and consistency exist between providers of perpetrators' groups and agencies such as the courts, these groups will fail, irrespective of the model used.

SUMMARY

Reading current books and papers and attending conference presentations, one is informed of a myriad supposedly effective techniques to transform any violent male client into a responsible non-violent person. I am now far more humble about my own expectations as a therapist and far more aware of the culture I am working within and what role it has in working with me and my client to interpret his violence. The two main areas where my work appears to diverge from dominant descriptions of effective practice are in the greater emphasis I place on community work and the less ambitious definition I have of therapy. Both these points of divergence are informed by my application of narrative epistemology to address violence in relationships.

Family therapy is not a technical science practised in a contextual vacuum. Therapeutic conversations form part of the interagency traffic of meaning about violence. We cannot expect the cooperation of other agencies in managing that meaning at a cultural level, unless we can take responsibility for our contribution. I have presented some of my ideas for how therapists and family therapy agencies can take up that responsibility. The current discourse in family therapy about effective practice with violent men prescribes therapy as appropriate with all perpetrators. Mindful of therapy's limited power to effect change, I have argued it is too much to ask any therapist to function in isolation. This expectation blinds therapists to the implications of their practice for others and for the cultural discourse about violence.

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