The Evolution of Services for Male Domestic Violence Victims at WEAVE

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Abstract

Domestic violence victim service providers are challenged to create programs that are responsive to a broad range of clients who are diverse in gender and sexual orientation, present with a spectrum of abuse histories and complex co-occurring conditions. The scope of victim services needs to be examined and adjusted into order to better address the complicated issues that these clients present. This necessitates expanding beyond the feminist based peer counselor model that most domestic violence agencies are founded upon and integrating a gender inclusive clinical approach that addresses the relational dynamics of the abuse and underlying psychotherapeutic issues. WEAVE, Sacramento County's primary provider of domestic violence services, is successfully modifying its culture and programs to be more responsive to clients of both genders accessing services with various trauma histories

Keywords: Domestic violence, gender inclusive programs, male victim services, co-occurring disorders, shelter services

At a recent community presentation, three domestic violence survivors, graduates of WEAVE's counseling program, discussed their past experiences. One client was a Middle Eastern woman in her twenties who had experienced abuse in an arranged marriage after she migrated to the United States; the second was an African American woman, a hair stylist who had been married for 30 years; and the third was a Caucasian man with a PhD who was recently retired from government work. Their stories, like their ages, genders and ethnicities were varied. There were; however, common themes such as their experience of being abused by their intimate partners and the help they received from WEAVE. Five years ago, this panel would not have occurred at WEAVE. Male victims lacked access to the programs and services needed to address the violence they were experiencing

A female panelist articulated the reality of domestic violence succinctly, "Domestic violence is not a gender thing, it is a people thing". Reconciling this reality with the feminist based philosophy on which most domestic violence programs are founded creates an ongoing dialogue and tension.

WEAVE is the primary provider of domestic violence services in Sacramento County and has been a well respected non-profit in the area for over 30 years. WEAVE's origins follow a path similar to most domestic violence programs. WEAVE originated when three Hispanic women brought female victims of domestic violence into their homes. In 1978 they started the organization, which at that time was called Women Escaping a Violent Environment. Today, WEAVE serves over 20,000 domestic violence and sexual assault survivors through a support and information line, shelter, emergency response, counseling and legal services. While women

represent the majority of primary victims seeking WEAVE services, 328 men received assistance from WEAVE through one or more of these services in 2008.

I am writing this article on services for male victims of domestic violence from the perspective of being a feminist, a Licensed Marriage and Family Therapist and the Director of Programs at WEAVE. My understanding of how to address the issue of serving males in this movement has evolved over the last 10 years and I am sure will continue to do so as more research is completed and experience is gained.

The dilemma that many of us face regarding providing appropriate services to male clients is how to honor the global gender inequities that exist for women and, at the same time, recognize that males also are victims of domestic violence needing assistance. These issues somehow mirror another convergence in the field which is the grass roots feminist foundation of many domestic violence agencies that are based on a peer counseling model, in contrast to professional psychotherapeutic models, that are based in family system theory and clinical research.

When I first started working at WEAVE in 2003, it was apparent from the peer counselor training model that domestic violence was a societal and political issue exclusively based on gender power differentials. The crisis intervention approach was presented as a one size fits all response. The curriculum was taught through a single lens of 1) women being victims; 2) men being perpetrators; and 3) little hope of perpetrator rehabilitation or family reunification.

The gray areas between perpetrator and victim were not addressed (McDonald, Jouriles, Tart & Minze, in press). The contributing factors to violence in relationships, like addiction and mental health issues, were discarded as excuses for the violence. The model does not allow for the consideration of contributing factors as directly relevant conditions which if treated successfully could positively impact the relationship dynamics.

The issue of lesbian and gay violence was mentioned, but it did not fit the framework of the gender based philosophy. Because violence in same sex relations created disparity with the singular focus, it was downplayed.

The absence of a comprehensive approach which considered multiple contributing factors and options did not resonate with what I knew to be true clinically. Coming from a systems-based, clinical background, this did not make sense knowing the complexity of relationship dynamics. As a victim services provider we were only getting half the story and seeing half of the picture, which did not allow us to assess the whole family and possibly intervene in a more productive manner.

After working in the field for a time, the simplistic view of gender based violence was found even more inadequate because some clients were coming in with stories of mutually combative relationships. Other clients were the victim in their first relationships and now were the primary aggressor. Many times Child Protective Services would refer both parties in a domestic violence dispute. Both partners were victimized and both had perpetrated violence so the male and the female were mandated to victim and perpetrator services. If reunification therapy was the goal,

it was rare that the domestic violence counselor was part of that process because victim services providers were not viewed as marriage counselors.

In order to address safety concerns and stay within funding stipulations, we were forced to create a first come, first served policy that resulted in the first "victim" in a couple who received counseling would need to complete services prior to the second "victim" receiving his or her services. There were too many variables to have the simple theories set forth in the peer training to be clinically useful for the diversity in our clients' experiences.

Victim services are presently intertwined with the issue of gender but as the complexity unravels, it is apparent that either party in a couple, either heterosexual or gay, can experience a power differential that ignites violence. The abuse is not necessarily related to gender but can be. In order to welcome and serve LGBTQ victims, a philosophy other than one that is gender based needs to evolve. The question is how to acknowledge the aspects that are related to gender and serve all victims irregardless of gender in the most effective way. In the last five years we have worked to create a program that acknowledges the gender issues that arise without creating an unfair bias towards one or the other.

How to evolve from being a grass roots, feminist based organization to a professional, clinically sound model while honoring the best of both worlds is a challenge with which we have struggled. The internal conflict has created an opportunity to develop a new paradigm. There are strengths and drawbacks to each modality. The underlying question which must be asked is *"Does serving male victims exclude feminist theory?"*

At the foundation, feminism is about the equality of both genders. Feminism does not require or seek greater power but rather a balance of power. To provide a needed service for one gender to the detriment of the other is not in alignment with feminist ideals. To dismiss the larger issue of violence against females as a global, political issue would be doing an injustice to females everywhere. However, serving male victims does not deny or exclude the issue of women's rights. Somehow these issues become co-mingled and appear to be exclusionary. Some of the controversy is due to concern over limited funding and various interest groups wanting their primary interest to have the maximum resources available. This conflict turns the issue into a polarizing debate which is not helpful for victims.

Depending on what research is done by what interest group, the case is made in their favor. Between 600,000 and 6 million women are victims of domestic violence each year and between 100,000 and 6 million men, depending on the type of survey used to obtain the data (Rennison, 2003: Straus & Gelles, 1990; Tjaden & Thoennes, 2000). The debate over female aggression being exclusively linked to self defensive behavior is being disputed according to national representative sample surveys that indicate mutual combat is the norm in violent households. (Morse, 1995; Straus, 1993; Whittaker, Haileyesus, Swahn, & Saltzman 2007) Crime studies and shelter surveys support the traditional feminist view while clinical data and national surveys support a gender inclusive approach.

It is still widely agreed that female victims in domestic violence situations are in greater danger of serious injury or death. In 2002, 76% of intimate partner violence homicide victims were female and 24% were male (Fox & Zawits, 2004). Also due to pay disparities and traditional

gender roles in which the woman is responsible for the home and child care, female victims have less monetary resources to become financially independent of their abuser. According to the US Census Bureau in 2004, women earned 23.5 % less than men earned (Longley, 2004).

These factors should not invalidate the need for domestic violence services for men who are victimized by their partners; who are at risk of injuries; and who need assistance in creating a safe, violence free life for themselves and their children.

Traditionally, domestic violence victim services have been designed to address the needs of a female victim in a patriarchal relationship. This approach only addresses a portion of relationships in which domestic violence occurs to the exclusion of all the other types of abuse dynamics that happen between intimate partners. The opportunity for feminist based domestic violence victim services providers is to create programs that take the multifaceted dynamics into account without losing sight of the larger women's rights issues. The issue of treating abuse in a specific relationship does not need to be linked to an ideology that is gender based. We lose sight of the human element whenever we categorize clients and attempt to intervene based on our preconceived understanding of their experience.

The father's and men's rights movements are gaining momentum in response to concern over some men being abused not only by their partner, but also by the system that was created to protect women. They are advocating for men to have equal services and to be recognized as victims. The barriers to leaving an abusive relationship for men include fear of failure, fear for the children, few resources, shame, stigma and discrimination. Men are often reluctant to report

abuse because of gender conditioning and the concern of being ridiculed (Cook, 1997; Hamel, 2007; Hines, Brown & Dunning, 2007.)

Unfortunately, either partner in a couple, of either gender, can attempt to manipulate the system in their favor or have the children used as pawns in their struggle to maintain control in a relationship. The key for service providers is to assist victims, regardless of gender, based on what is known today according to research and best practice. It is important to recognize and address the many complexities in relationships including co-combative violence, severity of abuse and the risk factors that contribute to domestic violence.

What is known about trauma in either gender is that it can create issues that require long term therapeutic intervention:

> The experience of violence and trauma can cause neurological damage and can result in serious negative consequences for an individual's health, mental health, self esteem, potential for misuse of substances, and involvement with the criminal justice system. Indeed, trauma survivors are the least well served by the mental health system, as they are sometimes referred to as difficult to treat – they often have co-occurring mental health and substance abuse disorders, can be suicidal or self-injuring and are frequent users of emergency and in-patient services" (National Association of State Mental Health Program Directors, 2005, as cited in Akers, Schwartz & Abramson, 2007, p44) .

Forty hours of peer counseling training is not sufficient to assess and address the level of trauma most clients have who access domestic violence victim services.

In order to bridge the divide between the feminist based peer counseling approach and the gender inclusive psychotherapeutic model, services at WEAVE have evolved to include training at the peer level about the continuum of violence that defines a range of abuse from unilateral to mutual. The possible contributing factors in domestic violence such as unemployment, addiction, immigration status, and mental health issues are acknowledged not as specific causes but as correlative factors that cannot be ignored in the broader objective of sustainable wellness for the clients.

We now discuss the barriers to receiving services for male and female victims and how to serve both effectively. Our 15 week group curriculum has been modified to be gender inclusive, including teaching about how gender socialization for some men can contribute to them staying in abusive relationships and be reluctant to seek help (Cook, 1997; Hamel, 2007). We have offered male only groups and coeducation groups using the modified curriculum, both with positive results. One male client recently stated, "Although I was the only man in group at times, it was valuable to hear the women's stories because they reflected my own experience. I hope it was valuable for them to hear my perspective, to know that not all men are violent and abusive." We also provide CEU training to professionals regarding clinically relevant aspects of domestic violence including assessment of couples, mental health diagnoses for victims and perpetrators, as well as treatment options based on the severity and types of abuse.

We recognize that the peer based, crisis intervention model that we are funded to provide, is a start in helping to provide a victim safety but it is rarely enough to be the solution for creating a

lifetime free from violence. Peer counselors at WEAVE work on the Support and Information Line; provide triage assessments and some shelter services. These are enhanced by master's level staff and field study students providing therapy and all are supervised by a licensed professional.

We now offer private pay mental health services by licensed and prelicensed therapists who can address the larger issues of complex trauma, addiction and mental health that many of our clients need. This new model allows us to assess and treat couples and families when it is safe and appropriate to do so. We can address issues that may be precursors to domestic violence and educate about healthy relationship dynamics.

Our literature and outreach materials have been revised to be gender inclusive and we are more aware of how we articulate the issue so we are not assuming a heterosexual couple or a female victim. Men are welcome to seek assistance in our orientation workshop, counseling sessions, and legal services. We are researching how we can provide more equal opportunities for male shelter services. In 2008 we provided shelter for 13 men. They are presently sheltered in a hotel for three nights. We know that there are men who would benefit from a more comprehensive shelter services program (Ensign & Jones, 2007), and we are exploring possibilities on how we can provide that to them.

Because of the complexity of family dynamics, effective interventions for offender treatment should also be the purview of victim services providers. If the goal is to reduce domestic

violence in families and secure victim safety, the one size fits all approach needs to be replaced with a more responsive approach to the needs of the clients who are presenting for treatment.

The present model is a risk to victims because batterer's treatment has proved itself of only limited effectiveness in curbing the recidivism of abuse. Sometimes victims feel a false sense of security because their partner has completed a batterer's treatment program and research on repeat violence finds that subsequent violence is often more severe. Placing all abusers into one category does not serve them or the family. Assessment to determine what type of abuse is happening, responding by holding perpetrators accountable and treating those who are motivated to change, will decrease safety risks and allow for the possibility of family reunification if it is safe to do so.

When both partners are engaged, therapists can explore emotional build ups that lead to domestic violence and develop strategies to diffuse the explosions before they happen (Goldner, 1998). This approach requires therapists to move treatment out of the blame mentality and work with proven methods for nonviolent conflict resolution with those clients for whom that model is appropriate. When looking at relationship dynamics, therapists must make the distinction between understanding and condoning the behavior. When there is no compelling safety concern, conjoint counseling has a place. Alternative intervention programs like the restorative justice circle model are presently being implemented to offer options for abuser accountability and systemic intervention. It is too early to draw conclusions on the effectiveness of these alternative programs, however, the need for new solutions is apparent.

Due to the current victim services funding, we are limited in how we can intervene in the family system. While these funding models may affect specific service provision with particular funds, the models do not restrict organizations from exploring more inclusive program models, if the organization is willing. The vision of a more expanded scope in which clients can access systemic assessment and intervention is a possibility. The model would include private intakes with each partner, clinical assessments administered, and treatment recommendations made based on the findings.

We know that more outreach and education to male victims is necessary to reduce the stigma and the barriers for them to access services in a predominately female oriented field (Hines et al., 2007). More relevant, unbiased research is also needed regarding effective practices for reducing domestic violence and creating safe, healthy families.

In 1978 when WEAVE was founded, the study of domestic violence was just beginning. We now have more information based on years of practice, research and case studies. We have done our best to integrate the best of the foundations of the feminist based domestic violence movement with what is known to be clinically and statistically relevant today. This is not a stagnant picture but rather a work in process.

Returning to the question of if domestic violence is a people thing or a gender thing; it is both. Domestic violence is an issue for both genders for different reasons. To be part of reducing domestic violence in families and communities, a new approach that is clinically relevant to the specific dynamics within the relationship is necessary.

The political cause of violence against women is an important one that must be recognized on a cultural level but may not have significant clinical relevance to treating a relationship that does not include patriarchal issues. A new paradigm that honors the challenges of gender socialization in specific clients, offers diverse treatment options and supports systemic change in families will ultimately have the desired effect of social change.

Not long ago, a WEAVE educator was in a fourth grade classroom presenting on healthy families. She asked the students what they thought WEAVE should stand for since we serve women, men and children. A child responded, "When Everyone Acts Violence Ends". This is the spirit with which we progress. We continue to mobilize the motivation in all people to put an end to domestic violence. This includes gender equity in services so that the solution to the violence is addressed to the best of our ability. It allows us to evolve and grow based on the lessons learned over the past 31 years and challenges the community to learn from past while creating new paradigms which are relevant to the broad spectrum of clients who are seeking assistance.

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