

**Management of Domestic Violence:
Risk-based Assessment and Intervention
Guidelines with Perpetrators of
Intimate Violence**

by

Marcel P. Londt

Submitted in fulfilment of the requirements for the degree of



Doctor Philosophiae

In the Faculty of Community and Health Sciences

at the

University of the Western Cape

November 2004

Promoter: Professor S. Terblanche

Co-Promoter: Professor Theunis Kotze

Keywords

- Batterer history
- Batterer personality
- Gender-based analysis of domestic violence
- Spousal Assault Risk Assessment
- Risk assessment
- Risk marker
- Risk assessment instruments
- Emotional and psychological abuse
- Physical and sexual abuse
- Homicide and suicide threats
- Batterer intervention programmes
- Court-mandated treatment
- Intervention guidelines
- Psycho-social problems
- Anger and Impulsivity problems

Abstract

Violence against women takes on many forms and we know that it is much more pervasive, injurious and lethal than we had realised (Matthews, Abrahams, Martin, Van de Merwe & Jewkes, 2004; Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Glass, McFarlane, Sachs, Sharps, Ulrich, Wilt, Mangello, Xu, Schollenberger, Frye & Laughton, 2003.) Domestic violence is the leading cause of injury to women, causing more physical damage than muggings, stranger rapes, and car accidents combined. Current findings of research in South Africa is alarming, in that it suggests that we have the highest incidence of violence against women and that a woman is killed every six hours by an intimate partner. (Matthews et al., 2004). Furthermore, Vetten (1998) concurs that women in South Africa are more likely to be killed by an intimate partner than a stranger. It seems apparent that not much is known about the men who will continue to use violence in an intimate relationship or those who would kill their partners.



The increasing statistics and the gloomy picture that appear to be emerging from research suggest that earlier strategies have not been that effective in its entirety. The question “What are we missing?” begs a response, especially since South African women are widely respected for their activism in tackling issues that oppress or are unjust.

The goal of this study was the development of a social technology, namely guidelines for the risk-based assessment and intervention with batterers. This framework is intended to guide treatment providers in compiling a batterer intervention programme as an intervention to address the problem of continued domestic violence.

Therefore, this study used the methodological framework of Rothman & Thomas (1994) intervention research and design to develop a technology for intervening with the batterer himself. The different phases of this methodological framework was used to analyze the problem, gather and synthesize information through a

literature review, study functional elements of successful batterer intervention programmes and then to design a risk-based assessment and intervention guidelines. The writer implemented an existing risk assessment guide, called the Spousal assault risk assessment guide (*SARA*) to this end and the outcomes informed the design of the framework. The writer used purposive sampling to include the 53 male respondents and 47 female respondents in this study. The respondents were recruited from various sites, namely, an existing batterer intervention programme at FAMSA (Western Cape), referrals to the Kenilworth psychiatric clinic, referrals from magistrates, psychiatrists and other treatment providers. The data collected in this study is analyzed using both the qualitative and quantitative approaches in order to further enhance trustworthiness, credibility and reliability.

This study provides the argument that there are benefits of using risk-based assessments with perpetrators of domestic violence. Some of the benefits include assisting victims and treatment providers to develop more realistic safety plans, identifying those perpetrators who may not be suitable for community-based intervention, as well as to determine what the nature of batterer intervention programmes should be. The writer argues that batterer intervention programmes have to be based on risk-based assessments and that an integrated approach to intervention appears better suited.

The following objectives were identified as paramount in order to achieve the goal of this study:

- To gather and synthesize information relating to the understanding of domestic violence *per se*, theoretical perspectives on the management of the perpetrator and models for interventions.
- To implement a risk assessment instrument called the *SARA* guidelines to identify risk markers that pre-dispose towards continued acts of domestic violence.

- To develop an assessment and intervention framework and guidelines that could inform the implementation of a batterer intervention programme.
- To compile a research report that will provide the findings and outcomes of this study and that could serve as a basis for ongoing research activity on the topic of domestic violence.

The implementation of the Intervention research design and development model by Rothman and Thomas (1994) enabled the writer to achieve the stated objectives. This methodological model, as well as techniques from basic research, contributed to the goal of the study being achieved. Therefore the following activities were undertaken in the different phases of the Rothman & Thomas (1994) model.

During phase one the problem analysis was achieved by a qualitative research approach using focus groups with batterers, meetings with magistrates, informal interviews with local as well as international stakeholders and attending local and international conferences. Papers were also presented internationally and locally.

During phase two the information gathering and synthesis was achieved by doing an extensive literature review, locating definitions of domestic violence, identifying the main theories of causality and the implications for intervention, examining elements of successful models and site visits to international batterer intervention programmes. Attention was paid to the presence and analysis of domestic violence in the African literature in order to ensure that all the nuances of both national and international trends were considered. The legislative intervention of specific countries was described in order to create a context for the management of the batterer internationally.

Phase three addressed the design, early development and pilot testing activities that included observations of groups to test the intervention and training in Ghana, as well as with local non-government agencies, using the technology as ‘a work in

progress' product. These activities resulted in valuable feedback that served to refine and modify the technology.

Phase four reported on developments undertaken when two new groups were established at Kenilworth clinic - a batterer intervention group and a women's support group. This phase also refers to the recruitment of one hundred respondents to implement the *SARA* guidelines, as well as to pilot tests of both the assessment and intervention guidelines by NICRO, one of the non-governmental agencies that received training.

The main findings of this study concur with the overall trends reflected in literature on domestic violence and the management of batterers. The implementation of the *SARA* guidelines further confirmed that treatment providers must assess batterers very thoroughly prior to the commencement of batterer intervention programmes. The identification of risk markers must clearly be taken into consideration when programmes are developed to manage the batterer as a means to stop ongoing domestic violence. Specific findings that emerged from the different phases of the research methodology are presented in greater detail in this final research report.

Thus, the objectives of the study were achieved and culminated in the development of guidelines for risk-based assessment and intervention of batterers. Furthermore, a final research report was compiled and although the evaluation and advanced development are not embarked upon, the technology remains a work in progress, that will be developed further upon completion of this research project.

The study was concluded in a research report that outlined the different operational steps that were taken, based on the methodological framework of Intervention Research: Design and Development.

Declaration

I declare that :

Management of Domestic Violence:

Risk-based assessment and intervention

guidelines with perpetrators of intimate violence

is my own work, that it has not been submitted for any degree or examination to any other university, and that all the sources I have used have been indicated and acknowledged by complete references.



Marcel Patricia Londt - 19 November 2004

Signed:

Acknowledgements

My gratitude and appreciation to the following persons who assisted and supported me in the realization of this project:

- Professor Terblanche, my promoter who provided me with the necessary guidance, direction and support.
- Professor Theunis Kotze for his input with the statistical processing and data analysis.
- Mike Kantey for his editorial assistance.
- Family, friends, colleagues and clients who believed in this project and its relevance. 
- Eddi for his technical support, input with the formatting, presentation and overall completion of this document as well as his loving support and patience.
- Sam and Purdi, my two dogs, for teaching me that “Dogs never lie about love” and for keeping us company from chapter to chapter.
- Roger and Florence Wolfe from Northwest Treatment Associates, Seattle, U.S.A, who introduced, trained and supervised me in developing a risk-based assessment and practice with batterers and sex offenders.

TABLE OF CONTENTS

	PAGE
SECTION A: ORIENTATION TO THE RESEARCH	1
CHAPTER 1: BACKGROUND AND INTRODUCTION	2
1.1. INTRODUCTION	2
1.2. STATEMENT OF THE RESEARCH PROBLEM	10
1.3. GOALS AND OBJECTIVES OF THE RESEARCH	11
1.3.1. Goal of the research	11
1.3.2. Objectives of the research	11
1.4. RESEARCH METHODOLOGY AND DESIGN	13
1.5. SIGNIFICANCE OF THIS STUDY	14
1.6. LIMITATIONS OF THIS STUDY	15
1.7. DEFINITION OF KEY CONCEPTS	16
1.8. ETHICAL CONSIDERATIONS	18
1.9. OUTLINE OF THE REPORT	19

SECTION B: PROBLEM ANALYSIS PHASE	35
CHAPTER 3: PROBLEM ANALYSIS AND PROJECT PLANNING	36
3.1. INTRODUCTION	36
3.2. IDENTIFYING AND INVOLVING CLIENTS	39
3.2.1. Population and Sampling for exploring the problem	39
3.2.2. Focus group – The interview guide	40
3.2.3. Data analysis	41
3.2.4. Themes	42
3.2.5. Discussion	44
3.3. GAINING ENTRY AND CO-OPERATION FROM SETTINGS	45
3.3.1. Introduction	45
3.3.2. Findings of collaborative meetings	46
3.3.3. Outcomes	47
3.4. IDENTIFYING AND ANALYSING CONCERNS OF THE POPULATION	47
3.5. ANALYSING IDENTIFIED PROBLEMS	50
3.6. SETTING GOALS AND OBJECTIVES	51
3.7. SUMMARY	52

SECTION C: INFORMATION GATHERING AND SYNTHESIS – EXISTING KNOWLEDGE AND IDENTIFYING SUCCESSFUL ELEMENTS OF EXISTING MODELS	54
CHAPTER 4: THEORETICAL PERSPECTIVES ON DOMESTIC VIOLENCE	56
4.1. INTRODUCTION	56
4.2. WHAT IS DOMESTIC VIOLENCE? KEY CONCEPTS AND DEFINITIONS	57
4.3. DIMENSIONS OF DOMESTIC VIOLENCE	60
4.3.1. Relationship context	60
4.3.2. Domestic Violence: A pattern of assaultive behaviour	62
4.3.2.1. <i>Physical abuse</i>	63
4.3.2.2. <i>Sexual assault</i>	64
4.3.2.3. <i>Psychological abuse</i>	66
4.3.2.3.1. <i>Threats of violence and harm</i>	66
4.3.2.3.2. <i>Attacks against property or pets</i>	67
4.3.2.3.3. <i>Emotional abuse</i>	68
4.3.2.3.4. <i>Isolation</i>	69
4.3.2.3.5. <i>Use of children</i>	70
4.3.3. Domestic Violence: Purposeful and coercive behaviour	71
4.3.4. Summary	71
4.4. THEORIES OF CAUSALITY – A THEORETICAL ANALYSIS	72
4.4.1. Individual Psychopathology	76

4.4.1.1.	<i>Implications for treatment and rehabilitation</i>	80
4.4.2.	Systems theory	81
4.4.2.1.	<i>Implications for treatment and rehabilitation</i>	83
4.4.3.	Feminist theories	84
4.4.3.1.	<i>Implications for treatment and rehabilitation</i>	88
4.4.4.	Social learning theories	86
4.4.4.1.	<i>Implications for treatment and rehabilitation</i>	83
4.4.5.	Biological and Organic theories	88
4.4.5.1.	<i>Implications for treatment and rehabilitation</i>	90
4.4.6.	Summary	90
4.5.	THEORIES OF DOMESTIC VIOLENCE IN AFRICAN SCHOLARLY LITERATURE	94
4.5.1.	Introduction	94
4.5.2.	Definitive theories of Domestic Violence in African literature or simply explanations of domestic violence?	94
4.5.2.1.	<i>Rights theories</i>	95
4.5.2.2.	<i>Feminist explanations</i>	96
4.5.2.3.	<i>Cultural explanations</i>	97
4.5.2.4.	<i>Society in transition explanations</i>	99
4.5.2.5.	<i>Culture of violence explanations</i>	100
4.6.	ABSENCE OF PSYCHOLOGICAL AND ECONOMIC EXPLANATIONS FOR DOMESTIC VIOLENCE IN AFRICA	100
4.7.	SUMMARY	102

CHAPTER 5: LEGAL REFORM AS AN INTERVENTIVE STRATEGY FOR DOMESTIC VIOLENCE	103
5.1. INTRODUCTION	103
5.2. SOUTH AFRICAN LEGISLATION	104
5.2.1. Historical review of domestic violence legislation	104
5.2.2. Salient features of the Domestic Violence Act 116 of 1998	105
5.2.3. Provision of court orders	107
5.2.4. Definition of the relationship	107
5.2.5. Definition of violence	108
5.2.6. Management of the perpetrator	108
5.2.7. Summary	109
5.3. UNITED STATES OF AMERICA	109
5.3.1. Historical context and review	109
5.3.2. Provision of court orders	112
5.3.3. Definition of the relationship	112
5.3.4. Management of the perpetrator	113
5.4. GHANA	114
5.4.1. Historical context and review	114
5.5. NIGERIA	117
5.5.1. Historical context and review	117
5.5.2. Definition of domestic relationship	119
5.5.3. Definition of violence	119
5.5.4. Management of the perpetrator	120
5.6. SUMMARY	122

CHAPTER 6: FUNCTIONAL ELEMENTS OF SUCCESSFUL MODELS: RISK ASSESSMENT TO DEVELOP BEST PRACTICE	123
6.1. INTRODUCTION	123
6.2. RISK ASSESSMENT MEASURES IN DOMESTIC VIOLENCE PREDICTION	126
6.2.1. What is risk?	127
6.2.2. How should risk assessments be conducted?	127
6.2.3. What should the role of the victim be in risk assessment?	128
6.2.4. Who should conduct risk assessment?	128
6.2.5. How should risk be communicated and managed?	129
6.2.6. How should risk assessment be evaluated?	129
6.3. LETHALITY RISK ASSESSMENT	129
6.4. SUMMARY	131
6.5. THEORETICAL MODELS IN RISK ASSESSMENT AND PREDICTION	132
6.5.1. Linear Model	133
6.5.2. The Hypothetico-deductive Model	134
6.5.3. Risk Assessment Model	134
6.6. EMPIRICAL-BASED RISK ASSESSMENT AND PREDICTION INSTRUMENTS	135
6.6.1 Spousal Assault Risk Appraisal guide - <i>SARA</i>	136
6.6.2 Application of the <i>SARA</i>	137
6.6.3 Assessment Procedure	138
6.6.4 Danger Assessment (<i>DA</i>)	139

6.6.5	Domestic Violence Inventory (<i>DVI</i>)	139
6.6.6	Partner Abuse Prognostic Scale (<i>PAPS</i>)	139
6.6.7	Kerry's Femicide Scale	140
6.6.8	Domestic Violence Evaluation (<i>DOVE</i>)	140
6.6.9	Propensity for Abusiveness Scale (<i>PAS</i>)	140
6.6.10	Other	141
6.7	Summary	141



CHAPTER 7: IDENTIFYING FUNCTIONAL ELEMENTS OF SUCCESSFUL MODELS OF BATTERER TREATMENT PROGRAMMES: AN INTERNATIONAL PERSPECTIVE	143
7.1. INTRODUCTION	143
7.2. DULUTH MODEL (DULUTH DOMESTIC ABUSE INTERVENTION PROJECT): USA	146
7.2.1. Group-based programme	149
7.2.2. Programme goals and philosophy	149
7.2.3. Participation	151
7.2.4. Lethality Assessment	151
7.2.5. Power and Control Wheel	152
7.2.6. Equality Wheel	153
7.2.7. Cycle of Abuse	154
7.2.8. Summary	154
7.3. CANADIAN MODELS: RISK ASSESSMENT TOOLS	155
7.3.1. Group-based programme	157
7.3.2. Risk Assessment	157
7.3.3. Summary	158
7.4. NEW ZEALAND MODELS: FUNCTIONAL ELEMENTS OF SUCCESSFUL INITIATIVES	159
7.4.1. Programme principles and guidelines	160
7.4.2. Programming – women and men	161
7.5. SUMMARY	161

SECTION D: DESIGN AND EARLY DEVELOPMENT 164

**CHAPTER 8: IMPLEMENTATION OF THE
SARA ASSESSMENT GUIDE:
DATA COLLECTION
AND ANALYSIS 165**

8.1.	INTRODUCTION	165
8.2.	RESEARCH METHODOLOGY AND DESIGN	166
8.2.1.	Sampling	166
8.2.2.	Data Collection	166
8.2.3.	Research Instrument	167
8.2.3.1.	<i>Description of the Spousal Assault Risk Assessment Guide (SARA)</i>	168
8.2.3.1.1.	<i>Criminal History</i>	169
8.2.3.1.2.	<i>Psychosocial Adjustment</i>	169
8.2.3.1.3.	<i>Spousal Assault History</i>	170
8.2.3.1.4.	<i>Index Offence</i>	171
8.2.3.1.5.	<i>Other Considerations</i>	171
8.2.3.2.	<i>Application of the SARA</i>	172
8.2.3.2.1.	<i>Bail Conditions</i>	172
8.2.3.2.2.	<i>Sentencing</i>	172
8.2.3.2.3.	<i>Warning Third Parties</i>	172
8.2.3.2.4.	<i>Coding</i>	173
8.2.3.2.5.	<i>Presence of individual items</i>	173
8.2.3.2.6.	<i>Presence of Critical Items</i>	174

	8.2.3.2.7. <i>Summary Risk Judgements</i>	174
	8.2.3.3. SARA Reliability and Validity	174
8.3.	IMPLEMENTATION OF THE SARA ASSESSMENT GUIDE: DATA ANALYSIS	175
	8.3.1. Occupational Analysis	175
	8.3.2. Marital Status	176
	8.3.3. Source of Referral	176
	8.3.4. Statistical Methods applied	177
	8.3.5. Criminal History	177
	8.3.5.1. <i>Assault of other Family members</i>	178
	8.3.5.2. <i>Assault of Friends & Acquaintances</i>	179
	8.3.5.3. <i>Violation of Protection Orders, “No Contact” Agreements or Bail Conditions</i>	180
	8.3.6. Psycho-social Adjustment	181
	8.3.6.1. <i>Relationship Problems</i>	181
	8.3.6.2. <i>Recent Employment Problems</i>	181
	8.3.6.3. <i>Victim of and/or Witness to Family Violence as a child</i>	182
	8.3.6.4. <i>Substance Abuse and Addiction</i>	183
	8.3.6.5. <i>Suicide and Homicide</i>	185
	8.3.6.6. <i>Mental Health/Psychiatric Problems</i>	186
	8.3.6.7. <i>Impulse Disorder and Anger Management Problems</i>	187
	8.3.7. Domestic Violence History	188
	8.3.7.1. <i>Past Physical Assault</i>	188
	8.3.7.2. <i>Past Sexual Assault and Sexual Jealousy</i>	188

8.3.7.3. <i>Past Use of Weapons and Credible Threats of Death</i>	189
8.3.7.4. <i>Recent escalation in Frequency or Severity of Assault</i>	190
8.3.7.5. <i>Past Violation of Protection Orders or “No Contact” Contracts</i>	190
8.3.7.6. <i>Extreme Minimization or Denial of Spousal Assault History</i>	191
8.3.7.7. <i>Attitudes that Support or Condone Spousal Assault</i>	192
8.3.8. Current Offences	193
8.3.8.1. <i>Severe or Sexual Assault</i>	194
8.3.8.2. <i>Use of Weapons</i>	194
8.3.8.3. <i>Death Threats</i>	195
8.3.9. Violation of Parole Order or Bail Conditions	196
8.3.10. Physical Assault	196
8.3.11. Summary - Prevalence of Risk Factors addressed in the SARA	197
8.4. DISCUSSION OF QUANTITATIVE FINDINGS OF THE IMPLEMENTATION OF THE SARA ASSESSMENT GUIDE: MALE RESPONDENTS	202
8.5. CRIMINAL HISTORY	202
8.6. PSYCHO-SOCIAL ADJUSTMENT	203
8.7. DOMESTIC VIOLENCE HISTORY	208
8.8. CURRENT OFFENCE	212
8.9. ATTITUDES THAT SUPPORT OR CONDONE SPOUSAL ASSAULT	213
8.9.1. Summary	214

8.10.	ANALYSIS AND DISCUSSION OF QUALITATIVE FINDINGS: FEMALE RESPONDENTS	215
8.10.1.	Introduction	215
8.10.2.	Research Methodology and Design	215
	8.10.2.1. <i>Sampling</i>	215
	8.10.2.2. <i>Data Collection</i>	216
8.10.3.	Data Analysis: Semi-structured Interviews	216
	8.10.3.1. <i>Criminal History</i>	217
	8.10.3.2. <i>Psycho-social Adjustment</i>	218
	8.10.3.3. <i>Domestic Violence History</i>	220
	8.10.3.4. <i>Current Offence</i>	221
	8.10.3.5. <i>Attitudes that Support/Condone Domestic Violence</i>	221
8.10.4.	Summary	222



CHAPTER 9: MANAGEMENT OF DOMESTIC VIOLENCE: RISK-BASED ASSESSMENT AND INTERVENTION GUIDELINES WITH PERPETRATORS OF INTIMATE VIOLENCE		224
9.1.	INTRODUCTION	224
9.2.	APPLICATION AND SUMMARY OF THE DESIGN AND DEVELOPMENT MODEL	225
9.3.	SUMMARY	226
9.4.	OUTCOME OF THE STUDY: Risk-based Assessment and Intervention Guidelines with Perpetrators of Intimate Violence	229
9.4.1.	Preface	229
9.4.2.	Programme Framework	231
	9.4.2.1. <i>Proposed Framework</i>	232
	9.4.2.2. <i>Theoretical Approach and Definitions of Batterer Intervention</i>	232
	9.4.2.3. <i>Assessment</i>	233
	9.4.2.3.1. <i>Assessing Dangerousness</i>	235
	9.4.2.3.2. <i>Partner Involvement – Assessment</i>	237
	9.4.2.3.3. <i>Evaluation/Continuous Assessment</i>	237
	9.4.2.4. <i>Programme Principles, Philosophy and Approach</i>	238
	9.4.2.4.1. <i>Programme Integrity</i>	240
	9.4.2.4.2. <i>Programme Structure</i>	241
	9.4.2.4.3. <i>Use of Group-based Intervention</i>	243
	9.4.2.4.4. <i>Staff and Facilitators</i>	243
	9.4.2.4.5. <i>Criteria for Evaluators/Practitioners</i>	244

9.4.2.4.6. <i>Collaboration/networking</i>	245
9.4.2.5. <i>Suggested Programme Content</i>	245
9.4.2.5.1. <i>Suggested Outline for a Group Session</i>	248
9.4.2.5.2. <i>Additional Self-report and Self-evaluation exercises</i>	249
9.4.3. <i>Summary</i>	253



CHAPTER 10: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	254
10.1 INTRODUCTION	254
10.2 GOAL AND OBJECTIVES OF THE STUDY	254
10.3 SUMMARY OF THE RESEARCH METHODOLOGY	255
10.4 SUMMARY OF THE FINDINGS	257
10.5 CONCLUSION AND ULTIMATE OUTCOME	259
10.6 RECOMMENDATIONS	259
10.7 LIMITATIONS OF THE STUDY	261
10.8 RECOMMENDATIONS FOR FUTURE RESEARCH	262
10.9 CONCLUDING COMMENTS	263
	
BIBLIOGRAPHY	264
APPENDICES	283
A. INFORMATION ON THE SPOUSAL RISK ASSESSMENT GUIDE (SARA)	283
B. ORDER FORM FOR RESEARCH PROJECT	287
C. INFORMATION FORM FOR RESEARCH INSTRUMENT	288
D. ARTICLE WRITTEN BY C.CUSACK, SEPTEMBER 2002 AND PUBLISHED IN DAILY GRAPHIC, NATIONAL NEWSPAPER, GHANA	289
E. COMMUNICATION TO MEN STOPPING VIOLENCE (KATHLEEN CARLIN – EXECUTIVE DIRECTOR) – ATLANTA, USA – AUGUST 1994	293
E. RISK ASSESSMENT FORM – ADAPTED BY NICRO AFTER TRAINING WORKSHOP	294

LIST OF FIGURES

FIGURE 1 - INTERVENTION RESEARCH: DESIGN & DEVELOPMENT	22
FIGURE 2 - SUMMARY OF THE RESEARCH PROCESS, APPLICATION & OUTCOME	225A
FIGURE 3 - PROPOSED FRAMEWORK	231A
FIGURE 4 - CYCLE OF ABUSE	238

LIST OF TABLES

TABLE 1: IDENTIFYING AND INVOLVING CLIENTS – FOCUS GROUPS	43
TABLE 2: IMPLICATIONS FOR ASSESSMENT AND TREATMENT OF THE BATTERER	93
TABLE 3: ASSAULT OF OTHER FAMILY MEMBERS AND WHETHER THE ASSOCIATED INCIDENTS QUALIFIED AS CRITICAL ITEMS	178
TABLE 4: ASSAULT OF FRIENDS AND ACQUAINTANCES AND WHETHER THE ASSOCIATED INCIDENTS QUALIFIED AS CRITICAL ITEMS	179
TABLE 5: VIOLATION OF PROTECTION ORDERS/BAIL CONDITIONS OR NO CONTACT AGREEMENTS AND WHETHER THE ASSOCIATED INCIDENTS QUALIFIED AS CRITICAL ITEMS	180
TABLE 6: RECENT EMPLOYMENT PROBLEMS AND WHETHER THE INCIDENTS QUALIFIED AS CRITICAL ITEMS	182
TABLE 7: VICTIM OF AND/OR WITNESS TO FAMILY VIOLENCE AS A CHILD	183

TABLE 8:	SUBSTANCE ABUSE AND ADDICTION	184
TABLE 9:	SUICIDE AND HOMICIDE	185
TABLE 10:	MENTAL HEALTH OR PSYCHIATRIC PROBLEMS	186
TABLE 11:	PERSONALITY (PD) AND IMPULSE DISORDER OR ANGER MANAGEMENT PROBLEMS	187
TABLE 12:	PAST PHYSICAL ASSAULT OF PREVIOUS PARTNERS	188
TABLE 13:	PAST SEXUAL ASSAULT/JEALOUSY	189
TABLE 14:	PAST USE OF WEAPONS AND CREDIBLE THREATS OF DEATH	190
TABLE 15:	PAST VIOLATION OF PROTECTION ORDERS OR “NO CONTACT” CONTRACTS	191
TABLE 16:	EXTREME MINIMISATION OR DENIAL OF SPOUSAL ASSAULT HISTORY	192
TABLE 17:	ATTITUDES THAT SUPPORT OR CONDONE SPOUSAL ASSAULT	193
TABLE 18:	SEVERE OR SEXUAL ASSAULT	194
TABLE 19:	USE OF WEAPONS	195
TABLE 20:	DEATH THREATS	195
TABLE 21:	VIOLATION OF PAROLE ORDER OR BAIL CONDITIONS	196
TABLE 22:	PHYSICAL ASSAULT	197
TABLE 23:	MEASUREMENT DESCRIPTIONS AND UNIVARIATE BINARY DISTRIBUTIONS OF EACH DIMENSION AS WELL AS A COLUMN TO DESCRIBE THE DEPENDENCY	198
TABLE 24:	RELATIONSHIP BETWEEN THE ELEMENTS OF THE <i>SARA</i>	200

TABLE 25:	MEASUREMENT DESCRIPTIONS AS WELL AS A COLUMN TO DESCRIBE THE ASSOCIATION (DEPENDENCY) WITH THE REMAINING MEASUREMENTS	201
TABLE 26:	SUGGESTED PROGRAMME CONTENT	246
TABLE 27:	THE TOOLBOX UNPACKED: READINGS AND RESOURCES	247



*In Memory of
Ruth,
Heather,
Willie M
& Colin*

SECTION A

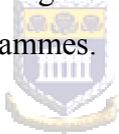
ORIENTATION TO THE RESEARCH

This section is composed of the first two chapters.

Chapter One

This chapter deals with the nature of domestic violence *per se* as well as the need for in-depth enquiries about perpetrators of domestic violence. Introductory statements and arguments are offered in this chapter, as well as the major goals and objectives of the study.

Rationales are provided for examining risk factors assessment(s), as well as the need for batterer intervention programmes.



Chapter One addresses the limitations and significance of this study and introduces the main concepts that underpin the study itself.

Chapter Two

Intervention research, design and development is described in a theoretical overview and its application in this study. This chapter therefore offers an explanation of this model as well as a graphic representation of this approach.

The model is also discussed in its relevance to this research project.

Chapter One: Background and introduction

1.1. Introduction

A research report in Cape Town opened its findings with the following statement: “In South Africa, in 1997, violence against women has become a national priority. The women’s organisations, who have tried for years to have their voices heard, are finally being given national recognition and many Government Departments are now developing joint working relationships with non governmental organisations to tackle gender violence.” (Abrahams, Jewkes & Laubscher, 1999:21)

During a strategic plan and development workshop, the Minister for Welfare, Population and Development stated as part of his Ten Point plan for the next five years, “We must respond to the brutal effects of all forms of violence against women and children as well as the effective strategies to deal with perpetrators.” (White Paper on Strategic Plan Policy, 2000, Department of Welfare). Although the incidence of violence within an intimate relationship is no longer a surprise to writers, scholars, policy-makers and activists, it is important to remember that only twenty–five years ago little information on domestic violence existed. Most research before that time was mainly concerned with child abuse and few writings dealt with violence between intimate partners. (Helfer & Kempe 1968; Gil 1969 & 1970). This thesis, moreover, seeks to draw attention to the abuse of women by men in intimate relationships. Tolman & Edleson (1995:17) concur that: “In the 1970’s a resurgent women’s movement focused attention on the lack of resources available to battered women and the lack of sanctions against men who raped or beat their female partners as the most dramatic example of how women’s rights were violated in our society. Intervention with male batterers developed as part of this larger movement addressing the rights and needs of battered women.” The responses from women in shelters and those who worked with them clearly supported the notion that many women did not necessarily want to leave the relationship but they wanted the violence to stop. This also accounted for the many victims who returned to their homes and their abusive partners.

According to Pence & Paymar (1993:6) and Shepard (1992:169), domestic violence can be defined as “any means of establishing power and control over the victim by both physical and psychological methods of coercion.” These authors confirm that domestic violence is the recognition of destructive behaviour intended to control women, which repeatedly punishes or victimizes her. Russell (1982:5) argues that it is a myth that men treat women with kid gloves, but that the violence is used by some men to maintain, advance or protest a setback in their power relations regarding women and that society allows these men to get away with their violent behaviour towards women. This targeted behaviour inevitably results in harm for the victim and escalates both in frequency and intensity. Domestic violence forms a progression from minor to major lethality and includes physical, economic, sexual, emotional and social abuse (Edleson & Tolman, 1992:6). Nonetheless, despite the increasing fatalities as a result of domestic violence in South Africa, much ignorance has prevailed regarding the more subtle nuances of domestic violence. Since domestic violence is not only about hitting a partner, the current legislation in South Africa has helped to illuminate the full scope and nature of what constitutes domestic violence. (Domestic Violence Act No. 116 of 1998). This violence, although often perpetrated behind the walls of the family home, impacts on all levels of society. The victim, their support networks, extended families, as well as society at large are all damaged by the subsequent harsh toil and despair.

In this context, it is important to note that no discussion on the issue of domestic violence can be conducted without linking it to the practice of femicide or the misogynist killing of women by men. These practices are as old as patriarchy itself, and have been contextualised within cultural practices and a culture specific paradigm (Kelkar, 1992:77). When dangerous behaviour is enshrouded in terms which suggest that it forms part of one’s culture, society is absolved from recognizing the urgency and pervasiveness of this practice. Anti-feminist thinkers have dismissed the above perspective as an overreaction or hysterical response to provoked aggression. Unfortunately, society continues to limit the range of aggressive behaviour to extreme physical assault only.

The Department of Justice in the United States found that intimate partners killed 1,247 women during the year 2000. Yet in more recent years it was found that intimate partners killed about 33% of female murder victims (Rennison, 2003:1). Other surveys by the same department have shown that there were 691,710 non-fatal acts of violent victimization that were committed by current or former spouses. At least 85% (588,490) of these attacks during 2001 were against women. The statistics gathered by various departments housed in Justice confirmed that, during 2001, intimate partner violence accounted for at least 20% of the violent crimes that were committed against women. Among other factors these statistics evidently contributed to the view that the incidence of reported violence against women was on the decline. Yet, the findings from the Washington State Domestic Violence Fatality Review (Hobart, 2002) revealed that a total of 122 people died in domestic violence fatalities between 1 September 2000 and August 2002, also citing that 64% were domestic violence victims, their children, friends or family who were killed by batterers. Similarly, between 1 January 1997 and August 2002, a total of 308 people died in domestic violence fatalities, of which 68% were domestic violence victims, their children, friends and family, killed by the perpetrators of domestic violence (Hobart, 2002. Washington State Coalition Against Domestic Fatality Review).

A study by Matthews, Abrahams, Martin, Vetten, Van de Merwe & Jewkes (2004) confirmed that 8.8 per 100 000 females of 14 years and over are killed in South Africa and that this is the highest rate of femicide reported in research anywhere in the world. There is no evidence to suggest that the abuse and killing of women or children is on the decline in South Africa, in fact the contrary appears to be true and validated in this study. Newspaper coverage of the topic of domestic violence suggested that at least forty percent of women murdered in South Africa are killed by their partners, while in Khayelitsha, one residential area in the Western Cape, it was estimated that at least five women were murdered by their partners between Christmas and New Year of 1997/8 (*Sunday Times*, March 22, 1998). During ongoing advocacy and awareness campaigns, “memorial symbols” to reflect the identities of deceased women and children form an integral

part of such gatherings. The recent Women Demand Dignity meetings (Cape Town, 2003), the Men's March (November 2002) and the Sixteen Days of activism that are held annually all bear testimony to these increasing fatalities.

The reality is thus, that domestic violence ends in mortality for far too many women. We also know that there are many graves in South Africa that hold the remains of women and girls who were murdered by husbands, boyfriends, lovers and former partners. From the current statistics on the incidence of domestic violence and the increase in fatalities in South African police statistics, it appears that domestic violence is one of the most common forms of assault. Motsei (in Glanz and Spiegel, 1996:151) substantiates this phenomenon and estimates that one in four women in South Africa are subjected to violence from their intimate partners.

Perhaps the most complex aspect of this aggression in our present century is that perpetrators are mostly male family members or close, trusted people. It is ironic that those men from whom women are encouraged to seek love and protection, often pose the greatest risk to their safety and well-being. This phenomenon radically alters the way the affected individuals, families and communities experience this violence.

We are therefore confronted with the dilemma of our own ignorance when dealing with perpetrators of domestic violence. Except for the very obvious, often we do not know how to assess perpetrators of domestic violence. It becomes difficult to establish whether the unacceptable responses towards the spouse are merely once off situations, or whether there are other indicators that alert one to more entrenched histories of violence, with a higher risk of continued violence against the partner. The current legislation in South Africa also allows for the perpetrator to seek legal support. In this respect, the courts are relying more heavily on professionals to provide guidance regarding risk assessment and management of the perpetrators. The implications of this are that batterers may request reports from treatment providers that report on their progress or level of risk to their partner.

Although a considerable body of evidence does exist to indicate linkages between various factors and the occurrence of domestic violence, further research is still required in developing standardized risk assessment tools. One such tool, called the *SARA* guide (Spousal abuse risk assessment guide, Kropp, Hart, Webster & Eaves, 1995) was used in this study to examine the factors associated with the risk of ongoing intimate violence. As those who use violence in an intimate relationship are confronted with the consequences of such actions, further demands may develop regarding intervention. The writer is of the opinion that several programmes for such men have been developed over the last few years and as a result victims assume that the problem will cease. Shelter workers and advocacy groups are confronted with their own frustration with women who leave the shelter and return to their abusive partner simply because he had participated in a men's programme.

International trends have indicated that intervention with either the survivor or the batterer in isolation is futile and greater recognition has been given to the development of comprehensive and co-ordinated responses (Schechter, 1982). These co-ordinated responses must include community, social as well as criminal justice interventions. Yet, intervention programmes for batterers are in their infancy in Africa, with a special interest developing really only over the last five years. The initial development of any intervention for batterers emerged from the observation that the beatings or killings did not stop simply because the survivor received an intervention. Yet the batterer programmes that developed were not always in the best interest or safety of the women.

During 1999, in a research project carried out in Cape Town (Abrahams, Jewkes & Laubscher, 1999), which involved subjects from two municipalities, the writers conceded that, in order to plan any preventive strategies, one had to expand research into abusers and to examine the individual and social characteristics of South African men who are prone to abuse. The writers also agreed that the information gleaned would be valuable in terms of securing the safety and protection of women and children.

Although the study only involved working men and could not be generalized to all South African men, it pioneered the discussion and recognition of identifying risk factors. The writers conceded that the essential role of men in gendered power relations and violent interactions has been substantially ignored as interventions have focused only on support for abused women. Yet the research undertaken in Cape Town in 1999 was promising in its exploring of the conversation about perpetrators and their violence (Abrahams et al., 1999). The above-mentioned writers emphasized that very little was known about men who batter or whether any aspects of their behaviour have the potential for effective intervention. An outcome of this research also pointed out that the neglect of this area of information is counterproductive since reductions in the levels of gender violence depend critically on changing male behaviour. This writer by no means wishes to use research as a means of advocacy in this regard, rather she wishes to use it as a means to develop understanding and impart knowledge, which could empower more practitioners towards a practice of greater significance with regard to perpetrators of violence.



Yet such scholarly enquiries and explorations force us to reflect conceptually on the kind of controversies or similarities which might exist and may eventually provide some insight on the expected outcome, namely the type of intervention. This is of particular importance, especially if we desire to use our ideas, experiences and enquiries to empower victims responsibly and guide offenders into a cessation of their violence.

Men who have used violence in their intimate relationships do seek help, albeit after their partners have left them or threatened to seek a divorce. The new Constitution of South Africa entitles a person who has experienced problems to an effective, fair and accountable rehabilitation. Although the violence that is used to control intimate partners is unfair and can lead to a fatality, it is the responsibility of those who have the task of intervening with perpetrators of the law to provide the most effective and humane service possible. The ethos of collaboration and capacity building that currently exists in South Africa enables the various role

players to collectively address problems that impact on our society. The rehabilitation of the domestic violence perpetrators cannot occur in isolation, must be based on empirical knowledge and does demand collaboration from mental health workers, criminal justice systems as well as the police services.

In order to find solutions for domestic violence, as a society, we need to develop an urgent curiosity about this problem and the true impact on the victim, society and the perpetrator. Many scholars and activists have already shattered the notion that the home is a safe haven and have painted the grim reality that many abusive partners do feel entitled to rule as they wish as the “kings of their castles”.

The high incidence of domestic violence in South Africa and its impact on all the parties that are affected by this type of violence has prompted the writer to explore avenues that could provide guidance in reducing this unacceptable behaviour (Vetten, 1998). Limited resources have forced practitioners in South Africa to become innovative in their efforts to intervene in the main problems of our society. Unfortunately, many of the programmes appear to be derived from some of the myths that continue to exist. For instance, some practitioners and the members of the general public have believed that men who commit such acts of intimate violence do so because of their inability to manage their tempers. The reality seems to be that more focus should be on the other factors that impact on men who use violence in an intimate relationship or this will lead to a proliferation of programmes that are merely based on anger management.

The writer agrees with Jackson, Feder, Forde, Davis, Maxwell & Taylor (2003) that as batterer programmes proliferate around the world, they often become touchstones for disagreement over the source of battering. Is battering a psychological problem, an anger management problem, or a communication problem? How a community understands the source of battering in many ways determines the type of programme it will support.

In addition, the factors that predispose certain men to intimate violence as well as the factors that maintain this behaviour must be illuminated in order to inform how batterers will be managed and by whom. The central focus of any study about the violence men inflict on their partners should always be the goal to change the dangerous behaviour. The literature clearly cautions against using typologies and classification systems, which provide limited benefit for intervention, since the goal is to end the violence and not merely describe individual psychopathology (Stordeur & Stille, 1989).

We must recognize that husband-to-wife assault is considered the most serious form of spousal abuse, although the partners may not be in a formalized marriage, but in a similar, intimate relationship (Kropp et al., 1995). This is arguably very serious because of the incidence and the alarming increase in fatalities as a result of this type of violence. Matthews et al., (2004) state that the killing of women by intimate partners (also known as female homicide or intimate femicide) is the most extreme form and consequence of violence against women. These authors state that a woman is killed by her intimate partner every six hours and that this is the highest rate (8.8 per 100 000 female population 14 years and more) that has ever been reported in research anywhere in the world. However, the writer recognizes that violence in an intimate relationship is not only limited to heterosexual relationships, as it may also occur in same sex relationships and be perpetrated by women, although, the overwhelming evidence substantiates that men are more prone to use battering in an intimate relationship.

The decision to pursue this research project by the writer was further informed by the following factors that also influenced efforts to identify and involve clients in the selection of this problematic issue:

- Prior to the findings of the Matthews et al., (2004) study, no reliable statistics existed on the scope of domestic violence, since no incidence report existed at the time. The only available statistics at that time were based on reported cases to the South African Police Services as well as the numbers of

protection orders or interdicts that were issued on a monthly basis at the various magistrates courts that dealt with domestic violence (1990 – 1998);

- An increase in community awareness of the impact of domestic violence on society;
- Lobbying and advocacy by women’s rights groups to develop appropriate legislation to address the problem of domestic violence. The emergence of the Western Cape Network on Violence Against Women (Newave) was established in response to the need for legislative protection of women and children in domestic violence situations;
- The writer’s involvement in a rehabilitation programme for perpetrators of sexual violence (1989 – 1996, Safeline, Cape Town);
- The writer’s involvement in providing direct counseling services to victims of violence, including a women’s support group (1996 – 2004, Kenilworth Clinic, Cape Town); and
- Ongoing requests by several organisations to provide training programmes, based on the experience and knowledge that the writer acquired over an extended period: NICRO (National, 2001/2), FAMSA (National, 1995), WISE (Ghana, 2002/3/4).

Therefore, it is important that we begin to explore the significance of risk-based assessment and intervention. The implementation of practice and intervention that is risk-based is clearly needed in the light of the seriousness of this problem. This study will culminate in ideas on how to conduct such risk-based assessments and intervention.

1.2. Statement of the research problem

It is the writer’s contention that, since its inception, the battered women’s movement has been forced to take responsibility for the violence of men. Although women involved in the area of domestic violence have persistently been challenged with the refrain, “what about the men?” they have had to first secure

the safety and protection of battered women and children, against the realities of limited funding, inadequate resources and the subtle ridiculing by society.

Providing shelter, support systems and advocacy for women in domestic violence is essential and has been carried out by women's movement activists for other women and children. It is the writer's contention that once again, the perpetrators have thus been enabled to avoid taking responsibility for their own violence.

The problems around an investigative exploration of the perpetrators of violence are immense, since the general public as well as funders have shown more interest in victimology. The interest of the public and society around perpetrators of most crimes is usually galvanized to secure stiffer sentencing and imprisonment terms, rather than any attempt to institute rehabilitative initiatives.

There is a pressing need for social workers to develop the necessary knowledge and techniques to implement risk-based assessment and intervention in the management of domestic violence. The management of the batterer does require specialized skills, knowledge and values in order to address the problem of domestic violence. The inclusion of batterers in programmes that are effective and appropriate may be a strategy in securing the safety and protection of women and children.

1.3. Goals and objectives of the research

1.3.1. Goals of the research

The main goal of this research study was to develop assessment and intervention guidelines that will provide practitioners with a framework to develop and implement batterer intervention programmes. The development of batterer intervention programmes must be informed by risk-based assessment and the study has identified this as a priority.

This priority was informed by the popular notions that batterer intervention *per se*, is futile and that intervention efforts were misdirected and useless. The writer was of the opinion that if specific risk markers were identified, the batterer intervention efforts could be a tool to influence the values, beliefs and dangerous behaviours of abusive men.

This study attempted to formally identify those risk factors that should be considered with batterers so that appropriate guidelines for assessment and intervention could result.

Consequently, research efforts were directed at studying those risk markers that predispose batterers to recidivism and ongoing violence in an intimate relationship. The information that was obtained was used to develop guidelines and a framework for the implementation of a batterer intervention programme.

1.3.2. Objectives of the research



The following objectives form the underpinning of this research study. Rothman & Thomas (1994:31) define objectives as those more specific changes in programmes, policies, or practices that are believed to contribute to the broader goal. These objectives have been juxtaposed with the main phases of the Rothman & Thomas Model: Intervention Research: Design and Development (1994) that informs this study.

Objective 1.

To analyze the problem of the management of perpetrators of domestic violence and the need for batterer intervention programmes from a local and international perspective. This objective correlated with the phase referred to as problem analysis and project planning of the Rothman & Thomas (1994) research model.

Objective 2.

To gather and synthesise information that could inform the ultimate goal of this study, by means of a comprehensive literature study as well as an examination of the functional elements of successful models of intervention with batterers and exploring legal initiatives to determine how batterers were dealt with by legal systems in several countries.

Objective 3.

Objective three of this research was to design and develop a preliminary assessment and intervention guide for extensive pilot testing in different settings. For the purposes of this study the writer decided to link the first two objectives with the third and fourth phases of the research model.

Objective 4.

The fourth objective was to refine the early development, develop guidelines for assessment and intervention with perpetrators. The technology would consider those factors that maintain ongoing domestic violence and could influence the values, attitudes and beliefs that inform violent responses in an intimate relationship.

1.4. Research methodology and design

The framework of this research project has been informed by the work of Rothman & Thomas (1994) and is referred to as Intervention Research: Design and Development.

This model is a phase model that consists of the following six phases:

- Problem analysis and project planning;
- Information gathering and synthesis;

- Design;
- Early development and pilot testing;
- Evaluation and advanced development; and
- Dissemination.

The above is merely a brief reference to the phases of Intervention Research that informed this study since these different phases will be addressed in greater detail in chapter two.

Rothman & Thomas (1994:12) postulate that this model of research can be conceptualised as a problem-solving process for seeking effective interventions and helping tools to deal with given human and social difficulties. Yet, unlike other types of problem-solving, this model provides a process that is systematic, deliberate, and immersed in research procedures, techniques, and other instrumentalities. This methodological framework was appealing because the model of research in social work is often referred to as the behavioural science model, since its objective is to make contributions to the knowledge of human behaviour. Also the applied research methodology does provide opportunities to remedy social problems and situations that practitioners are confronted with in their intervention(s) (De Vos, Strydom, Fouche, Poggenpoel & Schurinck, 2002:392).

It is the writer's contention that the current interventions with batterers is fragmented, haphazard and based on anecdotal information, hardly a basis upon which to build sound practice.

1.5. Significance of this study

This study makes a significant contribution to social work intervention and knowledge by providing risk-based assessment and intervention guidelines that can inform batterer intervention programmes. Therefore the main areas of significance have been identified as:

- To identify the risk factors that predispose to continued acts of domestic violence;
- To provide essential components that culminate in a framework or guideline for batterer intervention programmes; and
- To provide specific resources that could be consulted in the planning and implementation of risk-based assessment and intervention with batterers.

1.6. Limitations of this study

The writer views the following as limitations in this study, although every effort has been made to ensure reliability, respect towards respondents, and responsibility in terms of analyzing the information.

- 1.6.1.** The writer acknowledges that the only perpetrators of domestic violence that one can make inferences from, are those who have either been convicted or are known domestic violence perpetrators. Assumptions cannot be made about all men who use or have used violence in an intimate relationship during their lifetime(s). The respondents for this study were selected purposively and the writer further acknowledges that the results cannot be generalized.
- 1.6.2.** The writer was aware that her extended involvement with both perpetrators and victims of domestic violence might have influenced biases, pre-conceived ideas and notions that emanate from this clinical experience. Hence, the writer was constantly reflecting on her experience(s) to enhance the trustworthiness of the qualitative data analysis and interpretation(s). This was done to maintain a conscious awareness of biases that could impede the research process or outcome.
- 1.6.3.** The Intervention research design and development was not implemented in its totality for the purpose of this research because of economic and logistical reasons. Further research will be undertaken to

evaluate the technology and to monitor the outcomes of the intervention.

- 1.6.4.** The technology that emanates from this study is presented as a ‘pull out’ guideline, yet it does not fully comply with the format and editorial demands of a pull out at this stage. This framework will be subjected to further editorial and technical changes to comply with the appropriate standards.

1.7. Definition of key concepts

The most salient concepts pertaining to this study have been identified and are presented with operational definitions.

1.7.1. Assessment



The New Social Work Dictionary (1995:xii) defines assessment as “the process of analyzing the factors that influence or determine the social functioning of the individual, family, group or community.

Whilst Compton & Galaway, 1994:370 define the objectives of assessment as follows:

- To comprehend the key elements in the problem situation;
- To understand the meaning of the problem to the client in his or her situation;
- To use all the client’s understanding;
- To direct all your professional knowledge in an active thinking process aimed at identifying what needs to be adhered to in the situation; and
- To plan how these desired changes may be achieved.

1.7.2. Battering

Paymar (2000:57) refers to battering as the systematic use of abusive behaviours, including physical violence, to establish and maintain control over another person. For this purposes of this study this definition is appropriate to accurately reflect what battering refers to.

1.7.3. Batterer

For the purposes of this study the terms batterer and perpetrator are used interchangeably, but refers to an individual who engages in acts of battering as defined by Paymar (2000:57).

1.7.4. Domestic violence/ Violence in an intimate relationship

These terms are used interchangeably for the purposes of this study but refer mainly to the violence that is used by a male partner towards his wife, girlfriend or a member of the opposite sex with whom he is intimate with or may have had an intimate relationship with her before.

1.7.5. Social work technology

De Vos et al., (2002:10) describe the product of developmental research as a technology in order to achieve social work objectives. The most common social technologies include assessment guides, intervention guidelines, models on organizational structure. Whilst Thomas (1982:591) refers to the term social technology as consisting of all the technical means by which social work objectives are achieved.

1.7.6. Intervention guidelines

The New Social Work Dictionary (1995:35) defines intervention as the professional behaviour of a Social Worker to bring about change in the person-environment situation to achieve the objectives of the agreement of co-operation (contract) which has been entered into with the client.

Whilst the Reader's Digest Oxford Complete Wordfinder defines a guideline as "a principle or criterion guiding or directing action" (Tulloch, 1993:666).

The intervention guidelines that are contained in the technology can be defined as a set of criteria that will guide a treatment provider to an understanding of the problem of the client system that will facilitate attempts to remedy the problematic situation.



1.8. Ethical considerations

The writer of this thesis was mindful of the fact that many of the male respondents who participated in this study presented with exaggerated feelings of shame, humiliation, embarrassment and resentment. Many of them were also desperate to be reunited with their partners or held hopeful ideas that the writer would intervene positively in divorce or separation proceedings.

The use of consent forms and the commitment to uphold important principles and ethics of care strongly influenced the initial contact with the respondents. The writer of this thesis acknowledges that these respondents have caused untold injury and harm, yet they are entitled to be treated with the necessary respect and acceptance that are embodied in the discourse of ethical care.

However, this writer agrees with Polaschek & Reynolds (2004:13) that the assessor of violent offenders may be involved in the 'selling' of the programme to the participants, where programme participation is not mandatory or a prerequisite

for engaging in the research efforts. Yet, the researcher should strive to use interviewing strategies that are typically helpful in gaining rapport with the offenders, develops a collaborative relationship, motivates behavioural change and improves the quality of self-disclosure by the offender. Issues of cultural and gender appropriateness and the educational level of the participant must be considered in making choices about assessment instruments and methods that will be applied.

To this end, the writer complied with principles underlying the ethics of research and adhered to the standards used by the tertiary institution where the writer was enrolled as a student for this degree.

All the participants in the study were asked to sign a consent form and a full explanation was offered about the nature, scope and intended use of the results of this study. Hence, the relationship between the writer and the participants was a collaborative one, rather than hierarchical by its nature.



1.9. Outline of the report

This report differs from the traditional report in that it conforms to the phases outlined in the Rothman & Thomas (1994) design. This report will therefore be presented in the following sections and chapters:

Section A Orientation to the research

- | | |
|-----------|---|
| Chapter 1 | Background and introduction |
| Chapter 2 | Intervention research: Design and development –
An overview of the model |

Section B Problem analysis - phase

- | | |
|-----------|---------------------------------------|
| Chapter 3 | Problem analysis and project planning |
|-----------|---------------------------------------|

Section C Information gathering and synthesis – Existing knowledge and identifying successful Elements of existing models

- Chapter 4 Theoretical perspectives on domestic violence
- Chapter 5 Legal reform as an interventive strategy for domestic violence.
- Chapter 6 Functional elements of successful models: Risk assessment to develop best practice.
- Chapter 7 Identifying functional elements of successful models of batterer treatment programmes: An international perspective

Section D Design and early development

- Chapter 8 Implementation of *SARA* assessment guide:
Data collection and analysis
- Chapter 9 Management of domestic violence: Risk-based assessment and intervention guidelines with perpetrators of intimate violence
- Chapter 10 Summary, conclusions and recommendations

Chapter Two: Intervention research: Design and development: An overview of the research model

2.1. Introduction

The writer has selected the Intervention research and design model of Rothman & Thomas (1994) to guide this research. This model will be referred to as D&D (Rothman & Thomas, 1994), which is a phase model that consists of various steps in order to achieve the outcomes of intervention or technology.

An important aim of intervention research is to create means for improving community life, health, and well-being. Hence intervention research has emerged as an explicit field of applied research in social work because the approach can provide results that can be put to practical use and application by practitioners, administrators and policy makers.

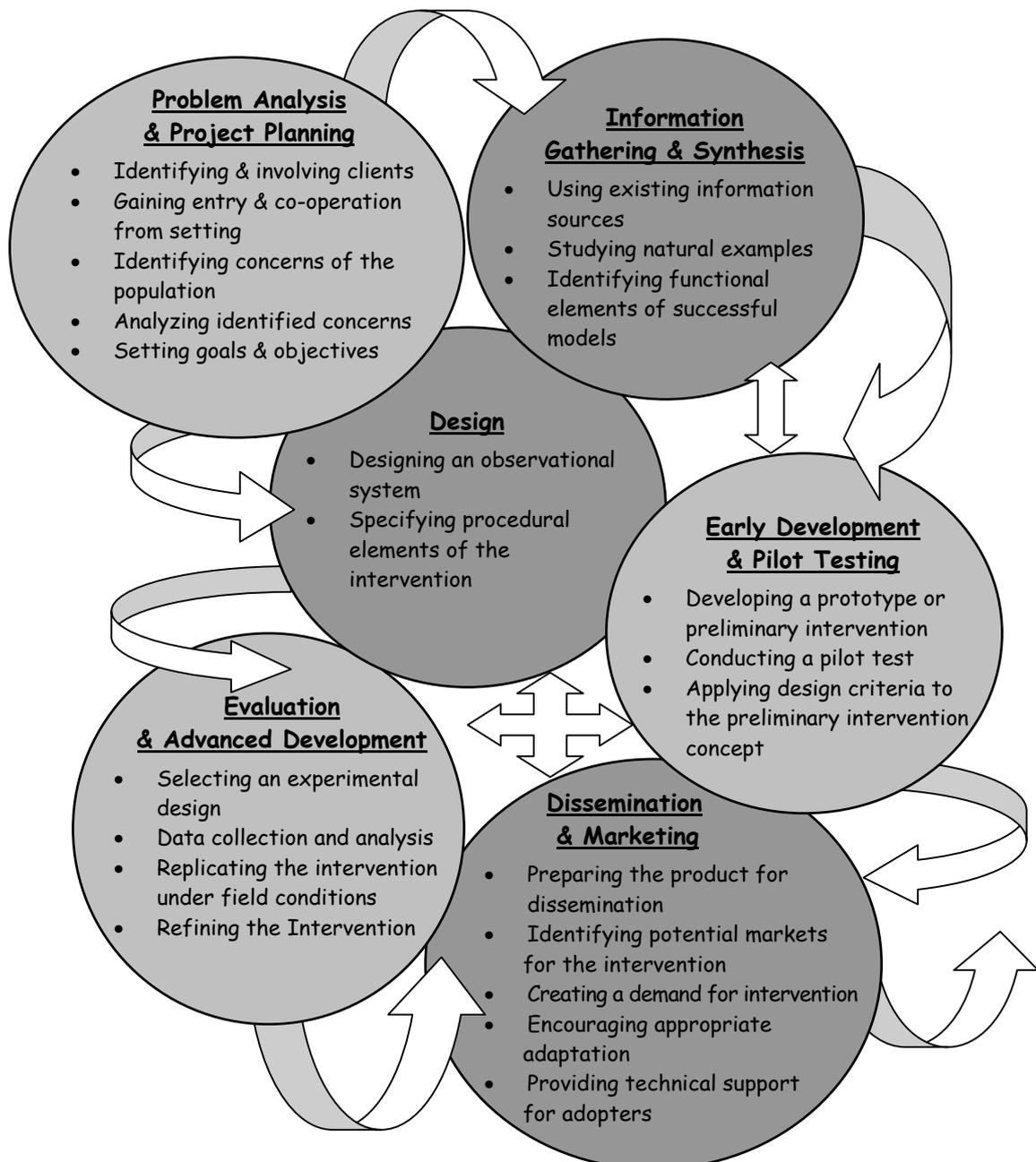


This chapter will address the main theoretical tenets of this model in greater detail than the previous chapter of this report. The format for the following chapters will be dealt with in terms of the different phases of this model and a particular focus will be on the application of this framework to the study.

2.2. Intervention research: Design and development – An analysis and application

D&D (Rothman & Thomas, 1994) is a phase model that consists of various steps in order to achieve the outcomes of intervention or technology. Yet, De Vos et al. (2002: 386) caution that these steps or operations are not rigid in their application and they may require feedback loops to previous phases when difficulties are encountered or new information is obtained. An adapted graphic view of the D&D model is presented and followed by an in-depth discussion of its application to this study. The writer decided to adapt the graphic presentation of this model to

depict the circularity, the feedback loops and general dynamic process. The circles are also interconnected to further highlight that these phases do not exist in isolation from the others and that the interplay is influenced by occurrences or changes that may occur during the development process.



(Adapted from Rothman and Thomas (eds). 1994)

Figure 1: Intervention research: Design and development.

The diagram in figure 1 on page 22 highlights the different operations contained in the particular phase. We may also consider that all the operations or phases may not be articulated in the exact sequence and that some of the phases may be combined in order to achieve the technologies and interventions identified. Rothman & Thomas (1994:27) note that these phases often merge in practice as investigators respond to opportunities and challenges in the shifting context of applied research. Hence, for the purposes of this research, the writer has applied this principle to combine or juggle the phases of the model appropriate to the outcome. However, the writer only utilized the first four phases and the phases called evaluation and advanced development and dissemination was not implemented at this stage of the study. The technology will be tested and further outcomes will be evaluated in ongoing research activities upon completion of this thesis.

2.2.1. Phase 1: Problem analysis and project planning

This phase is described as a very important step prior to analyzing what the real problem is because an assumption is made for instance, that a material condition may reveal a problematic human condition which in turn could be addressed by developing specific interventions. This phase of the D&D model (Rothman & Thomas, 1994) will be discussed in greater detail in chapter three.

Moreover, the following critical operation(s) form the essence of this phase and for the purposes of this study it will be reported on more coherently in chapter three of this document:

- Identifying and involving clients;
- Gaining entry and co-operation from settings;
- Identifying concerns of the population;
- Analyzing identified problems; and
- Setting goals and objectives.

(Rothman & Thomas, 1994:28)

2.2.2. Phase 2: Information gathering and synthesis

Rothman & Thomas (1994:31) suggest that this phase might be entitled “not re-inventing the wheel” as they caution one to first ascertain what information or interventions have occurred around the topic of interest. (See figure 1).

The writer found this useful, particularly since several local and international projects have been undertaken with regard to perpetrators and their violent responses towards their intimate partners. To this end the writer undertook several journeys to three different countries in order to explore what else was available regarding perpetrators, risk factors and programme effects. Visits were made to the United States (1993-1999), Canada (1999-2001) and Ghana (2002-2003) by the writer to gather additional information through various site visits to either existing perpetrator programmes or networks, or victim advocacy groups who were linked to perpetrator programmes. In addition, attempts were made to liaise electronically with colleagues in Taiwan and Honduras, regrettably with less success since the information that was gleaned from these efforts is largely anecdotal and unsubstantiated.

Although Rothman & Thomas (1994) encourage aspirant writers to utilize existing models or programmes, the writer was acutely aware of the need to develop indigenous programmes or information that could be located within the unique diversity of South Africa. As a result, several key aspects were taken from existing programmes, such as the Duluth Model (Minnesota, USA), although every effort was made to implement an intervention that was culturally relevant and applicable. Further discussion will occur during chapters five and Seven to illustrate the different programmes, legal management or network initiatives that informed the final intervention, namely: assessment and rehabilitation guidelines.

As previously mentioned, however, this phase is also referred to as “not re-inventing the Wheel” and Rothman & Thomas (1994:31) highlight the

importance of establishing what others have already done to either understand or address the problem.

The following are critical steps in this phase:

2.2.2.1. Using existing information sources;

2.2.2.2. Studying natural examples; and

2.2.2.3. Identifying functional elements of successful models (1994: 31-32).

2.2.2.1. Using existing information sources

A literature review was undertaken in order to study the selected research, reported practices and other identified innovations that are relevant to social or health concerns, as suggested by Rothman & Thomas (1994). The following databases were also included in the attempt to retrieve sources of information:

- NAVO.
- ERIC.
- SSI (Social science index).
- General science index.
- SAP (Index for South African periodicals).
- Social science citation index.
- CD-ROM and dialog computer search.
- Psyclit data base.
- Dissertation abstracts base.
- Violence & abuse abstracts (July 1993 – 2003).
- The internet.



The above databases were used particularly to examine summative literature on studies that dealt with theories of causality, effective treatment modalities and risk factor analysis rather than the nature of domestic violence, *per se*. The summary and outcomes that informed the development of the technology is reported in chapter four to seven. In addition to the above sources of information, the following activities also formed an integral part of using existing sources:

Site visits, consultation, material collection as well as the shaping of the necessary values, attitudes and skills that are required for work with batterers:

- British Columbia Institute against Family Violence, Vancouver, Canada. (2001). The *SARA* Guide (Spousal abuse risk assessment) as well as an updated literature review were the most valuable gains made from this visit.
- Bellevue Domestic Violence Project (2000) Seattle, Washington State, USA. This visit provided the writer with opportunities to participate in a psycho-educational programme for batterers as well as attend networking meetings between shelter advocacy workers and batterer treatment providers. The community-based aspects were illuminated for the writer, challenging her notion that batterer intervention programmes can be done without any other collaboration.
- Ray of Hope Programme (George Anderson, 1999) Los Angeles, USA. The contact and regular visits to the project assisted the writer to implement aspects of the programme in order to test its relevance for the batterers who were already in a group at FAMSA (Western Cape). This programme largely deals with minority groups. The writer was also provided with valuable training material such as videos, facilitator guides and workbooks for participants. The director of this organisation also introduced the writer to invaluable software programmes that could expedite forensic report writing for the courts. The relevance for this study lies in the principle of using validated information to report on treatment effects and treatment response.
- Men Stopping Violence Project (1998) Georgia, Atlanta, USA. During this site visit the writer was introduced to networking with the courts as well as establishing a mentor programme for men who had successfully completed the batterer intervention programme. As a result of the information gleaned here, the writer currently co-facilitates a batterer group with a man who had completed his programme over a three-year period.

- New Directions for Men, Boston, USA (1997). This programme introduced the writer to private practice initiatives as well as the importance of increasing accountability and responsibility for both the programme participants and group facilitators. This site visit also influenced the writer's attitudes towards group participants and increased the awareness of working from a feminist, yet respectful and strengths-based perspective.

The information gathering process for this research project was thus not restricted to a comprehensive literature review only, but also included regular site visits, brief periods of programme involvement and consultations with the key staff who worked directly in the programmes for perpetrators of domestic violence. The information documented as part of the site visits do not include the following:

Telephone liaison and consultation with interdisciplinary teams working with perpetrators of domestic violence in:



- Mexico.
- Honduras.
- Taiwan.

The literature study focused on two areas, namely programme content and effects as well as risk factors for continued violence in the intimate relationship.

Electronic searches that conducted were further augmented by consulting various clearing houses in Canada, USA and the Australian Institute of Family Studies. Searches also included New Zealand research literature and to a lesser extent the UK literature.

2.2.2.2. Studying natural examples

Rothmans & Thomas (1994:32–34) say that interviews with people who have actually experienced the problem - such as clients - or those with knowledge

about it - such as service providers - can provide insights into which interventions might or might not succeed, and the variables that may affect success. These authors further state that studying unsuccessful programmes and practices may be particularly valuable, since non-examples help us to understand methods and contextual features that may be critical to success (Rothman & Thomas 1994:33). These natural examples usually refer to those efforts that have been undertaken to remedy the situation. In this regard the writer had developed a group-based intervention for known batterers based on relapse prevention principles that were adopted from literature on addiction and used widely with sex offenders. Thus, this natural example replicated techniques, skills and activities that appeared to be effective with men who used sexual violence towards women or children.

The professional activities of the writer have facilitated ongoing involvement in dealing with the impact of, and the occurrence of, domestic violence. Hence, the opportunity to study natural examples has deepened the understanding and involvement of the writer. The writer's involvement in running a group-based intervention with perpetrators continued prior to and during the process and, as this research phase reached its conclusion, provided helpful ways to test ideas, confirm hunches or raise accountability. In addition, the writer initiated a women's support group that provided further grounds for learning and testing.

In addition, feedback was received from service providers who had implemented an anger management programme for perpetrators of domestic violence (Padayachee, NICRO, 1998). This programme provided the opportunity to explore interventions that are inadequate and therefore unsuccessful with the perpetrators of domestic violence.

2.2.2.3. Identifying functional elements of successful models

An important question in this operational phase is whether there are models, practices or policies that have been successful in changing targeted behaviours

and outcomes. In this research phase the successful element was the Spousal assault risk assessment guide that the writer discovered through literature searches and followed up by a visit to the organisation, The British Columbia Institute against Family Violence. This assessment guide encapsulates the main trends and patterns that have been documented about risk factors with perpetrators of domestic violence.

A detailed description of the *SARA* guide that was used in this research project is provided in chapter eight of this document. Other successful models that influenced the programme development aspect of this research project include the following existing programmes that provide direct services to men who use violence in their intimate relationships.

Other than an anger management project that was undertaken for approximately twelve months by a non-governmental organisation (NICRO, 1992), no abuse specific programmes existed in South Africa that dwelt with known perpetrators of domestic violence at the time of writing. The programme at FAMSA, Western Cape was the only one that has been in existence since 1989 which provides a group-based intervention for perpetrators of domestic violence.

More recently NICRO embarked on programmes nationally, for instance in the Western Province, Eastern Province and Kwa-Zulu Natal, following a training course that the writer undertook with their staff. A preliminary programme evaluation has been completed by a student intern (Quimpo, 2003).

2.2.3. Phase 3 and 4: Design and development

For the purposes of this chapter the third and fourth phase of the Intervention research model has been combined as stated earlier. The writer decided to combine these two phases since the phases are not rigid in their patterning and the relevant information can be addressed adequately in this manner. Rothman and Thomas,

(1994:34) state that researchers must design a way of observing events related to the phenomenon naturalistically, a method system for discovering the extent of the problem and detecting effects following the intervention. They also emphasise that this is critical to pilot testing. Therefore, the writer implemented a prototype of the guidelines and principles underlying assessment and intervention with perpetrators of domestic violence in a number of settings. These activities included training and consultation with local NGO's as well as a consortium of NGO's in Accra, Ghana.

This objective culminated in the early design and pilot testing of an interim assessment and intervention that was undertaken in Ghana and with specific non-governmental agencies locally. This also informed the establishment of a support group for women in Cape Town. Further realisation of this process culminated in the implementation of an existing risk assessment guide.

De Vos et al. (2002:34) advise that the writer must plan ways to observe events that are related to the phenomena naturalistically and develop a method for discovering the extent of the problem and detecting effects following the intervention. The observational system that consists of the following three working parts:

- Definitions in operational terms of the behaviours or products associated with the problem.
- The provision of examples and non-examples of the behaviours or products to help discriminate occurrences of the behaviour or product.
- The preparation of scoring instructions to guide the recording of desired behaviours or products.

(De Vos et al., 2002:393)

However, in the earlier model developed by Thomas (1984:140) he did not designate a separate design phase and merely indicated that step 7 consisted of "designing social technology". The current model, however, specifically includes a design phase. De Vos et al. (2002) report that many social scientists

and writers often deviated from the D&D model at this phase of their exploration and substituted aspects of other existing models.

During this phase the essential processes include:

- Designing an observational system; and
- Specifying procedural elements of the intervention.

Thomas (1984:584–587) defines development as the process whereby an innovative intervention is implemented and used on a trial basis, tested and refined or redesigned as may be required. A primitive design is evolved to a form that can be evaluated under field conditions.

The following are the operational steps of this phase:

- Developing a prototype or preliminary intervention;
- Conducting a pilot test; and
- Applying design criteria to the preliminary intervention concept.



Accordingly the writer implemented an existing risk assessment guide, the primary technology that informed this process was the programme for perpetrators of domestic violence. Prior to this research project, the programme for perpetrators of domestic violence admitted anyone who had either been found guilty of or acknowledged that he used violence in his intimate relationship(s). In addition, their partners also referred men with a known history of domestic violence to the programme. No informed assessment, other than a lethality risk was utilized to determine whether the programme participants were amenable to intervention or not.

This phase also includes the pilot testing and is referred to as “to see whether the beast will fly” (De Vos et al., 2002:395). The intervention programme was tested at several places and with different groups of perpetrators in its entirety, although the *SARA* guidelines were only introduced during the latter phases,

namely the third and fourth phase. This was a result of the information that was gathered for the purposes of this study.

Extensive pilot testing was done in the following settings, an interim programme was used at a local Family and Couple Counseling agency in Cape Town (FAMSA) as well as a pilot project at a private psychiatric facility (Kenilworth Clinic). The writer has had direct involvement in both these programmes. The outcome of this pilot testing is discussed in the design and development phase that is reported in this study. A national non-governmental organisation has since implemented pilot programs in different provinces based on the guidelines of this initiative (Northern, Western Province and Gauteng) from 2000–2003.

The feedback from the pilot programmes was used to adapt the programme and review the guides that were utilized initially. A rudimentary needs analysis was attempted in Ghana, but the use of either the intervention programme or the guide was premature in this country because of the inadequate infrastructure for victims of violence. The Ghanaian situation is discussed in length in Chapter Five, where the legal management of perpetrators is dealt with.

Thomas (1984:582-584) defines this design phase as the planned and systematic application of relevant scientific, technical and practical information to the creation and assembly of information.

During the designing of an observational system the writer must create a way to observe related events so that the extent of the problem can be clarified as well as the impact of intervention. De Vos et al. (2002:35) reiterate that the observational system is closely linked to the process of designing an intervention and that it serves as a feedback system for refining earlier prototypes.

The procedural elements of an intervention often become part of an eventual practice model, which is the final product of the research. In this regard the

existing Spousal assault risk assessment guide (*SARA*) was implemented with a group of social workers who intended to implement rehabilitation programmes for perpetrators of domestic violence. An adapted version was provided to the social workers attached to the Victim empowerment project at NICRO during 2001. During 2002 feedback was provided at a training and follow up workshop. The implementation of the *SARA* guidelines are reported on in chapter eight.

During the final phase of the research this intervention was refined and adapted based on the further research as reported in chapter one and chapter nine. The *SARA* was implemented and framework containing guidelines for assessment and intervention was developed. The *SARA* guide was used with a random sample of perpetrators of domestic violence and corroborated with semi-structured interviews with 47 known victims of domestic violence.

The feedback that was obtained from the social workers that used the adapted *SARA* guide included:

- The categories on the guide was helpful;
- Scoring into degrees of low, medium and high risk created confusion and was unhelpful; and
- The guide was better utilized as part of a comprehensive assessment, rather than a separate tool.

2.2.4. Phase 5: Evaluation and advanced development

De Vos et al. (2002:397) caution the importance of highlighting that the use of research methods in the evaluation phase of developmental research is not to provide programme appraisal for practice purposes or to contribute to knowledge of human behaviour. Instead, its use is to produce outcome information as an integral part of a research-innovation process in which evaluation follows development, contributes to further design and development as necessary, and proceeds ultimately to adoption and widespread use.

The following are the four essential aspects of this phase namely:

- Selection of an experimental design;
- Data collection and analysis;
- Replication of the intervention under field conditions; and
- Refining the intervention.

(Rothman & Thomas, 1994:38).

2.3. Summary

In conclusion the writer of this thesis merely mentioned aspects of the last phases, but these were not implemented for the purposes of this research study because of practical and economic reasons. The writer has been involved with this project for the purposes of research since 1996 and wanted to complete the study in pursuance of a post-graduate qualification. However, ongoing study and evaluation will continue upon the completion of this thesis.



SECTION B

PROBLEM ANALYSIS- PHASE

This section of the report deals with the Problem Analysis-Phase and provides a detailed description of the processes that underscored the analysis of the actual problem for research. This section also highlights how specific aspects of domestic violence were identified as critical issues for research.



Chapter Three: Problem analysis project planning

3.1. Introduction

De Vos (2002:386) cautions that problem identification is an important step that precedes problem analysis. The researcher must assume that a material problem exists that might be addressed by developing a specific technology to remedy the problem. The following factors are critical in the identification of a problem:

- Recognition that professional and/or community standards (or norms) exist, based on social values that define given levels of behaviour or well-being, as appropriate.
- Discrepancies between the standards or norms and the existing behaviour or states of well-being of given individuals or groups.



De Vos (2002:386) adds that when the discrepancy between the standard and what is judged is sufficiently large, the behaviour or state of being is deemed to be a problem.

Nevertheless an analysis must include scrutiny of at least one or more of the following factors:

- Extent of the difficulty: the incidence or prevalence, for instance;
- Component aspects of the problem;
- Possible causal factors;
- Effects and impact of the problem as well as the behavioural, social and economic impact(s); and
- Shortcomings in how the problem confronted.

During this phase, key problems are identified and analyzed in a comprehensive manner to ascertain whether the issues under scrutiny, warrants any further research. Concerted attempts were made in the research phase to

engage the co-operation and involvement of the selected clientele group as well as significant stakeholders. Thus the desired outcome of identifying or collaborating known risk factors that maintain or predispose violence in intimate relationship was a core factor, in addition to the necessity for batterer intervention programmes.

The work of Patton (2002) is invaluable, however, in terms of the historical context of the programme that forms the basis for this research project. Patton (2002:284) asserts that historical information can shed important light on the social environment. The history of a programme, community or organisation is an important part of the context for research.

Records and documents, therefore, referred to as “material culture” by Patton (2002:286), have provided a rich source of information about the progress and process of this project and its feasibility. The collection of paper, have provided a clear spoor with which to track issues of relevance for this research enquiry, particularly in this problem analysis and project planning phase. The historical development and process was captured through confirming dates and other issues of authenticity in documents that have been accumulated over the years.

Moreover, some of this information had to be obtained primarily from the perpetrator of intimate violence himself, as well as his victim: the intimate partner. Thus, awareness of what constituted the actual problem with perpetrators of domestic violence was influenced by the writer’s exposure to victims of violence; involvement in groups with violent men; feedback from relevant stakeholders; as well as current trends in literature on the topic.

The suspected crime statistics provided further substantiation that more knowledge was required about the perpetrator and the factors that contribute to the violent responses in order to manage the problem more effectively. Yet the numbers of protection orders that were issued for specific periods at the Special Courts allocated for this could not be accessed for substantiation. The bureaucratic processes

precluded the writer from accessing the exact numbers of protection orders that were issued during this period of time.

Parenzee, Artz & Moulton (2000/1:3) remind us that the South Africa Domestic Violence Act (Act No. 116 of 1998) was passed with the aim of affording victims of domestic violence the maximum protection from domestic abuse that the law can provide. She further concludes that this legislation marked a distinctive shift in South African law from denial of the existence of domestic violence to a legal definition that includes the experiences of women. In addition, the number of protection orders that were issued daily further raised concerns about the incidence of domestic violence, although accurate substantiation remained lacking.

Hence, the analysis and identification of gaining informed knowledge about the perpetrator was influenced by specific factors, including the above-mentioned.

During this current phase the writer is called upon to review existing interventions and to examine how the problem has been dealt with earlier and what the measures of success or efficiency were. This step is also critical in terms of reviewing whether additional technology or intervention is relevant or whether it will duplicate existing interventions.

The following critical operations form the essence of the first phase (Rothman & Thomas 1994:27).

- 3.2. Identifying and involving clients;
- 3.3. Gaining entry and co-operation from settings;
- 3.4. Identifying concerns of the population;
- 3.5. Analyzing identified problems; and
- 3.6. Setting goals and objectives.

3.2. Identifying and involving clients

Rothman & Thomas (1994:27) say that the intervention writer selects a population whose issues and problems are of current or emerging interest to clients themselves, writers, and society. Furthermore, in collaboration with the project's clients, one identifies the specific targets and goals of the intervention. These views of Rothman & Thomas (1994) correlate with those of Patton (2002) referred to as "Purposeful Sampling".

In terms of the methodological framework of Intervention research, identifying and involvement of clients occurred through a response that arose from those affected by domestic violence, perpetrators, victims, service providers and policy makers. Hence it is this thesis writer's contention that the steps and process undertaken in this respect conforms with those operational steps defined within the parameters of the developmental model.



3.2.1. Population and sampling for exploring the problem

Patton (2002:230) says that purposeful sampling focuses on selecting information-rich cases whose examination will illuminate the questions under study. The first sample consisting of 15 participants were all referred by counsellors and therapists working for the Family and Marital Society (FAMSA), as well as known sex offenders that were recruited from the Safeline Child Abuse Prevention and Treatment Programme. These sex offenders disclosed that they also used battering with their intimate partners in addition to the sexual assault of child victims. Another focus group was held at the end of July 1992 with a sample of respondents who were referred by the Department of Correctional Services. These respondents were referred as part of a parole, bail or sentence condition and were mandated to participate in a programme for batterers.

The initial focus group was held on May 21st 1992 that involved all the participants referred by counsellors and therapists and the second group was

held in July 1992 that involved court mandated participants. The participants from the initial referral were then selected to participate in a programme which ran from 5th June to 30th July 1992. The participants were involved in a batterer intervention programme for ten weekly sessions which lasted for one-and-a-half hours. The participants who were referred by the Department of Correctional Services were included in the next scheduled programme.

Schurink, Schurink & Poggenpoel (2002:314) describe the focus group as a purposive discussion of a specific topic or related topics taking place between eight to ten individuals with a similar background and common interests. This description of a focus group correlates to that of Gilbert (1996:137), who concurs that the strength of group discussions is the insight they offer into the dynamic effects of interaction on expressed opinion.

3.2.2. Focus group – The interview guide

Schurink et al. (2002:318) warn that the interview guide must be constructed very carefully in order to capture the intent of the study. They argue that because the questions are at the heart of the focus-group interview, they must be carefully selected and phrased prior to the focus-group interview in order to elicit the maximum amount of information.

A concern that the writer had was that the questions also had to be constructed in a way that did not further raise the defensiveness of participants, who were embarrassed already by being referred to such a programme.

The following questions were provided to the participants in the focus groups:

1. What are the reason(s) for your referral to this group?
2. What are the behaviour(s), attitudes or values that you think need to change in order to use non-violent responses?
3. How do you think that this kind of group can help you to achieve the changes you identified?

4. What, if any, do you think the impact of your violence is on significant persons in your life?
5. Why do you think you respond violently in your intimate relationship?

Hence the above questions were designed for use in an open conversation on a specific topic (Schurink et al., 2002:314). During this open conversation, the participants were encouraged to ask questions, make comments and generally interact with both the facilitator and other participants.

According to these authors, the advantages of focus-group interviewing include:

- Participation of a small group of people to facilitate interaction and sharing;
- Homogenous, although not too familiar participants;
- The conduct of focus-groups in a series in order to ensure validity of data;
- The use of a data-gathering method, rather than attempting to determine solutions;
- Produce qualitative data where the expressions, words and categorizations of the participants can be reflected and articulated; and
- It offers a focused discussion that provides the participants with a clearly defined focus area.



3.2.3. Data analysis

Schurink (2002:248) assert that there is no right or wrong way to data analysis in qualitative research although there are general guidelines that writers can adhere to. This author, however, says that the writer should be attentive to the words and phrases in the respondent's own vocabularies which capture the meaning of what they do or say. Although the principle of focus groups was used to gather data, the process was not recorded with audio-visual aids.

Schurink et al. (2002:329) recommend that subjects who are videotaped should give their consent and confidentiality must be ensured. In this respect, participants were asked for permission and introduced to the observing facilitator prior to the commencement of the focus group.

The focus group was co-facilitated by two individuals, including the writer, whilst a third facilitator observed the process from behind a one-way mirror. Thus, data was captured by one of the facilitators in notes and augmented with observations that were shared after the group when the co-facilitators and the writer of this thesis met for review and recap.

Data was analysed according to the guidelines of Creswell (1998:144) who indicated that responses be recorded, transcribed, and coded and interpreted. This then led to the extracting of themes and categories of meanings, which formed the “heart” of data analysis. In order to ensure trustworthiness of the process, the following techniques were applied: Reflecting and clarifying with group members the messages conveyed (“member checking”): using “peer review” (co-facilitators) who kept their finger on the pulse to monitor meaning and interpretation. This process was more enriched because one of the facilitators was a previous group member who had stopped his violent behaviour. In addition, the writer’s “prolonged engagement and persistent observation” (op cit:203) helped to put data in context and make decisions of information relevant to the research focus.

The findings in the next section are reported in summarized format to indicate that this was only one of several inputs in identifying the problem and thus “triangulation” in terms of multiple inputs helped to verify the findings.

3.2.4. Themes

The following table shows the themes that emanated from the focus groups that were held: Refer to Table A on page 43.

Table 1

Themes: Identifying and Involving clients: Focus Groups

Questions	Group One Narratives	Group Two Narratives	Categories of themes that emerged
What are the reason(s) for your referral to this group?	“Want to Change.” “Divorce Pending.”	Interdict, Parole “She provoked me.”	<i>Batterers do not necessarily seek intervention voluntarily.</i>
What are the behaviour(s), attitudes or values that you think need to change in order to use non-violent responses?	“Need to control my temper.” “Stop drinking.” “Only need to communicate.”	“Bad temper” “Drugs/ Alcohol” “My in-laws must stop interfering.” “Stop swearing at her.”	<i>Anger management problems Substance abuse Verbal abuse Interfering Family members</i>
How do you think that this kind of group can help you to achieve the changes you identified?	“Help me control my temper.” “Teach me different skills.”	“Help me to control temper and anger.” “Teach me different skills.” “Provide me with new information.”	<i>Education, information and skills Anger management skills</i>
What, if any, do you think the impact of your violence is on significant persons in your life	“She is not a victim, she’s my wife.” “Following in my footsteps.”	“She is not a victim, she’s my wife.” “Following in my footsteps.”	<i>Victim empathy deficits Problematic role modelling</i>
Why do you think you respond violently in your intimate relationship?	“She won’t listen.” “I was drunk.” “She provoked me.” “She won’t shut up.”	“She won’t listen.” “I was drunk.” “She provoked me.” “She wants to be the boss and wear the pants at home.”	<i>Blameshifting Male dominance and power Patriarchal values and beliefs Entitlement</i>

3.2.5. Discussion

The information that was gathered in the focus group interviews highlighted that:

- a) Batterers do not necessarily seek intervention or services voluntarily. The first group of respondents were referred by therapists and counsellors and were given somewhat of a choice. The next focus group comprised participants who were court mandated, hence their responses to this effect.

When their partners have threatened to leave or divorce them, seeking treatment is not entirely voluntary.

- b)* The participants were able to identify patterns of behaviour or responses that can be defined as acts of domestic violence, but they had difficulty in identifying the values or gender-based beliefs that underpinned their violent responses.
- c)* The participants demonstrated that they have skills deficits and located these within the ambit of communication, temper and anger management.
- d)* The repeated comment “She is not a victim; she is my wife.” clearly demonstrates the lack of empathy that these participants had in respect of their intimate partners. The negative role-modelling towards their children was easier to acknowledge and identify as negative and traumatic.
- e)* The participants expressed concern about their use of violence and requested programme intervention to change aspects thereof. Yet there was a clear tendency to shift the focus and responsibility towards their partners or victims. These comments also suggest that these men held beliefs, values and attitudes that reflect a sense of entitlement, condone the use of violence and an investment in patriarchal mindsets.

3.2.6. Summary

This information is important to the essence of this study because it provides a glimpse of the perception and reality of the men who pose a risk and danger to their partners and society. These preliminary results highlighted that programme effect and intervention may be a route to explore in order to bring about change in violent batterers.

3.3. Gaining entry and co-operation from settings

3.3.1. Introduction

Writers can gain entry into relevant settings or organizational systems through “gatekeepers” or by having discussions with key informants who have some knowledge about the problem or the issues of interest. For the purposes of this study entry was gained in the following way(s).

The writer initiated informal discussions with the Clinical Manager of a Family and Marital Counseling Organisation (August 1989, FAMSA, Western Cape) to discuss trends and patterns that were observed in a Rehabilitation Programme for Sex Offenders (1988-1990). The writer directed and implemented a sex offender programme during 1988 and at the time of the discussion there were 10 groups with a group membership of approximately twelve participants per group. The writer noted that several of the sex offenders who committed sexual violence in their families also used other forms of domestic violence against their spouses. In addition, as the programme expanded to incorporate men who also committed sexual offences outside of the family context, more trends were observed that fell within the ambit of domestic violence.

Rothman & Thomas (1994:29) say that successful intervention writers form a collaborative relationship with representatives of the setting by involving them in identifying problems, planning the project, and implementing selected interventions. The result of these initial discussions with respondents was a decision to start a ten-session group for men who were known to have committed domestic violence. Furthermore, a collaborative decision was made to locate this programme at FAMSA, an organisation that specifically dealt with marital counselling and related issues. This programme helped to gain entry and facilitate the understanding of further research and enquiry into this problematic issue.

3.3.2. Findings of collaborative meetings

The meetings were held over a six-month period during August 1992 until 1993 and the following was confirmed:

1. Further entry and co-operation was consolidated over the years when both the writer and counsellors at FAMSA initially held informal discussions with magistrates attached to the Cape Town and Wynberg Regional Offices. These magistrates prosecuted cases that involved domestic violence at the time. (It should be noted, however, that no reliable legislation existed during this time nor guidelines that could address issues related to the perpetrator of domestic violence.) These informal discussions were formalized and a memorandum of understanding agreed upon by all the parties evolved from this contact.
2. Prosecutorial staff were unaware of what sentencing structure best suited men who had been found guilty of acts of domestic violence. Magistrates reported that they observed a need for these men to change their attitudes, beliefs and behaviours with regard to gender-based violence and it was unclear whether a direct prison sentence would achieve the required changes.
3. Magistrates reported that many of those convicted were first-time offenders who held steady employment and a prison term would be more harmful to the family. Many of these men were sole providers of their families and a direct imprisonment term would take the income away from the family.
4. Discussions also revealed that many magistrates wanted the men to be held accountable and not be provided with a “soft or easy option”. Similarly, there were serious concerns about the victims since there were also many re-offenders. It became apparent that risk-based assessments and appropriate intervention were crucial in the effective tackling of the problem of domestic violence.

3.3.3. Outcomes

The following agreements emerged from the meetings, while further discussions were held with four Senior Magistrates from Cape Town, Mitchells Plain, Simonstown and Wynberg Regional Courts.

1. Court-mandated programme involvement – An agreement was reached that eligible candidates would be referred to the programme by court for approximately ten sessions.
2. Upon suitable completion of the programme, a brief report would be sent to the magistrate for a final decision. The final decision would be based on the co-operation, attendance and programme compliance of the participant.
3. Participants who did not comply with the set requirements would be referred back to the court for an alternative sentence, which might include direct imprisonment.



In conclusion, these agreements continue to form the basis of the court-mandated aspect of the batterer-intervention programme that is offered at FAMSA and also at Kenilworth Clinic where the writer remains an integral part of the project. The significance of these outcomes to this research study was that aspects of the programme could be modelled on an internationally accepted feminist model, the Duluth Model, and that it contributed to isolating those men and their specific features who were amenable to treatment and those who were at risk of continued violence.

3.4. Identifying and analyzing concerns of the population

The writer must attempt to understand the problem, its solutions and the issues of importance to the population that is affected. Rothman & Thomas (1994) caution that it is important not to impose external views or solutions from the sidelines and that the writer should explore alternative ways to clarify dimensions

of identified issues as well as to understand the scope and magnitude of the given concerns. (Rothman & Thomas, 1994:30).

The following main questions were posed as a result of the escalating violence against women as well as the increase in fatalities as a result of domestic violence. These questions were raised with relevant stakeholders as well as being posed by victims of domestic violence.

- Who are the perpetrators of domestic violence?
- What causes them to engage in continued acts of domestic violence against their intimate partners?
- Can these perpetrators be rehabilitated or not?
- What type of programmes would be effective in reducing the likelihood of continued violence against their intimate partners?
- What do we need to know about them and those men who are capable of altering their dangerous behaviour?



Rothman & Thomas (1994:31) say that writers talk with key informants, such as “natural” leaders, advocates, and service providers, to obtain information about local problems and strengths. In order to implement this step of the D&D model, the salient issues were addressed during a National Conference on Women Abuse and Domestic Violence (University of Cape Town, November 1995).

The National Interim Committee Against Women Abuse (formerly known as the Desk on Domestic Violence) organised this conference. A paper was presented at this conference, entitled “The Perpetrator: Management of the perpetrator – A strategy for protecting women and children”. The writer and a staff member from FAMSA presented an analysis of the group-based programme that was fully operational by 1992 and critical feedback was invited from the conference participants.

The above questions formed the basis for discussions that ensued and this resulted in a higher number of referrals to the programme as a result of the consultations.

During July 1995 a paper on the programme was also presented at the 4th International Family Violence Research Conference in New Hampshire, USA. The title of the paper was “Confronting domestic violence in a post-apartheid South Africa” where similar issues were debated as at the local conference.

All in all, this programme for perpetrators of domestic violence, the feedback from the perpetrators themselves, their partners and main advocate’s informed the main objectives of this research project. The feedback and support from other community groups tasked with protection and safety of women and children have further substantiated the concern for more information about the perpetrator.

Nevertheless, the concerns of the organisations who lobby for women’s issues and safety could not be ignored and this was articulated during this important National Conference. A fear existed that the perpetrator programmes would take funding away from services for women, also that the perpetrator-intervention programme could escalate the dangers women faced in their intimate relationships. Another concern was that some processes needed to be developed to assess the risk factors and dangerousness of those perpetrators who were seeking programme involvement.

A critical aspect of this operational step is to identify the conditions that the community labels as problems. Some of the crucial questions in this phase include the following:

- What is the discrepancy between the ideal and actual conditions that defines the problem?
- For whom is the situation a problem?
- What are the negative consequences of the problem for the community?
- What behaviours need to change for the problem to be considered solved?
- At what level should the problem be addressed?

- Is this a multi-level problem that requires action at a variety of levels?

The activities that the writer engaged in during this phase responded to the above questions in that, for instance, the discrepancy between the ideal and actual conditions illuminated the fact that although the ideal would be to stop ongoing domestic violence, the actual reality is that intervention could reduce the likelihood of repeated battery with known batterers. The outcome also confirmed that the situation is a problem for individuals, families and society at large and that the problem can be regarded as a public health issue that taxes the economy because of the services that victims and their children often require. In addition, it is clear that the attitudes, values and beliefs that support domestic violence must be interrogated to bring about a change. It was also confirmed that this problem needs to be tackled at a micro, meso and macro level in order for interventive strategies to be effective.



The current concerns of this research project emerged from the programme initiatives that changed over the years to account for changing trends, research outcomes on batterers as well as clinician experiences and observations.

3.5. Analyzing identified problems

De Vos et al. (2002:35) remind one that the use of questions allows the researcher to develop an understanding of why the problem exists and why earlier interventions were ineffective. This author also reiterates that the use of these questions, particularly those referred to in 3.4 are useful during the processes designed to develop the perceived solutions to the identified problems.

During the problem-analysis phase the writer used feedback and the outcomes of the conference consultation to identify and analyze the problem in a comprehensive manner. In addition, the observations and participation of men in the batterers programme were used to initiate the risk-assessment activities.

A sample of 53 respondents was included in the research project and this sample selection was based on a specific time-frame. In other words, all the men who were referred to the writer for rehabilitation intervention at the time were invited to participate in the research. The responses of those who were included in the study were corroborated by similar interviews with 47 women who were known victims of domestic violence.

Yet the data obtained from the women was only used to corroborate the responses that were received from the male respondents. This decision was based on the writer's experience that violent perpetrators cannot be relied on to provide an accurate account of their offending behaviour and that they tend to minimize, rationalize and justify their violence towards their intimate partners.

3.6. Setting goals and objectives

The objectives for the D&D were informed by the prior operational step of problem analysis and identification.  These steps guided the writer to articulate the essential objectives and goals of this project.

The fact that some intervention should occur with perpetrators of domestic violence was recognized and substantiated thoroughly. The danger clearly existed, however, that service providers could adopt a "one-size-fits-all" approach, which provides a recipe for failure. The resounding echo by many stakeholders in the area of domestic violence is that some men continue to abuse their partners irrespective of intervention(s).

It became apparent that specific knowledge was required about who the men are who are amenable to intervention, what the factors are that predispose and maintain continued violence, and the type of effective interventions that are provided to violent men.

The main goals of this intervention are linked to the results of the problem analysis and therefore informs the development of the intervention:

1. To reduce the likelihood of continued domestic violence.
2. To identify risk factors that could inform the intervention(s) provided to both the perpetrator and the victims of domestic violence.
3. To lobby for comprehensive management of the perpetrator and to dispel the myth that management is merely therapeutic intervention.
4. To provide essential assessment and intervention guidelines for perpetrator programmes that would render them effective, transparent, accountable and responsible.
5. To recommend a risk assessment guide for perpetrators of domestic violence that takes the above factors into account.

3.7. Summary



In conclusion, the following objectives form the underpinning of this research study. Rothman & Thomas (1994:31) define objectives as those more specific changes in programmes, policies, or practices that are believed to contribute to the broader goal.

Objective 1

To develop a group-based intervention for known or convicted batterers that draws from relapse-prevention based strategies. This intervention has earlier proved to be ineffective in addressing batterer treatment.

Objective 2

To compile assessment and intervention guidelines for perpetrators which take into account the factors that will provide the kind of appropriate intervention which will change the values, attitudes and beliefs that inform violent responses in an intimate relationship. The initial focus-groups held with perpetrators served to

highlight that programme intervention is necessary to provide violent men with different skills, values and knowledge that could arrest their violent responses.

Objective 3

To complete and provide a comprehensive literature review on the management of perpetrators of domestic violence as well as issues associated with risk assessment and risk prediction. Some batterers are more dangerous than others and one should be able to identify those who are more amenable to effective intervention and those who will not respond to intervention that is community based.

Objective 4

To recommend a risk assessment guide that will highlight the areas that predispose the domestic violence perpetrator to continued acts of intimate violence. Also to stress that risk factor analysis is crucial in the intervention with perpetrators and thereby secure the safety of victims of this violence. A framework containing guidelines for risk-based assessment and intervention will be developed consequently.



Objective 5

To compile a research report on the findings of this study that could serve as a basis for continued research and exploration in this virgin area of intervention.

SECTION C

INFORMATION GATHERING AND SYNTHESIS – EXISTING KNOWLEDGE AND IDENTIFYING SUCCESSFUL ELEMENTS OF EXISTING MODELS

This section of the report contains four chapters.

Chapter Four

An overview is presented of the main theories about domestic violence. The writer defines the concept and then investigates main theories of causality. Different theories are examined against the background of its applicability for intervention as well as its strengths and limitations. Specific explanations that are found in African literature are summarized  critically in order to examine the African context of domestic violence, if indeed, there is a different context.

Chapter Five

This chapter deals with legislation of several countries to illustrate how perpetrators of domestic violence are managed legally and via statutory processes. The legal frameworks of South Africa, Ghana, Nigeria and the United States of America are summarized in order to make a comparative analysis of the statutory intervention in domestic violence.

Chapter Six

In chapter six an explanation is offered on risk assessment and risk prediction as essential elements of batterer intervention programming. Arguments are posited that social workers need to understand and develop skills in comprehensive assessment of risk in order to develop or implement a programme that could

address the risk of repeated domestic violence. This chapter outlines arguments about the need for risk assessment prior to programme development or implementation. Divergent opinions from writers also reflect on the controversy that exists around risk assessment, dangerousness assessment and prediction, *per se*.

Chapter Seven

Several international programmes are discussed and the successful elements highlighted for use in a South African initiative. Programmes from the USA, New Zealand and Canada are scrutinized in this chapter. The functional elements of these programmes are examined in terms of the value that is added to local initiatives in batterer intervention programming. Arguments are provided to substantiate why specific elements can inform local batterer intervention programmes.



Chapter Four: Theoretical perspectives on domestic violence

4.1. Introduction

The purpose of this chapter is to critically summarize the key literature that informs family violence in order to examine the main theoretical perspectives that are significant for understanding intervention programmes for batterers. Current research and information which might be considered definitive is scarce in South Africa, since most published and unpublished material appears to consist of position papers, policy documents or descriptions of approaches that are implemented and sometimes, simply practitioner reports.

Bowman (2003:2) concurs that the analysis of the problem of domestic violence is much more recent in Africa than in the United States. Yet most of the writing from an African perspective has been undertaken by activists rather than academics. This local body of knowledge is emerging in sufficient quantity to promote critical debate and to develop remedial strategies to address the problems of domestic violence.

Although there are a variety of theories to describe the problem of domestic violence (see the latter part of this chapter), for the purposes of this chapter the focus will be on the trends in mainstream literature as well as independent studies that illuminate domestic violence from an African perspective. The writings of Bowman (2003) and those of Schneider (2003), two writers who have had extensive experience of African related issues will be used as a framework to examine this aspect.

Nevertheless it may be relevant to first define what we mean by the term “domestic violence” and what the common elements are. This chapter will therefore provide an initial definitional context as a point of departure.

Ganley (1995) formalized the first succinct definition of what domestic violence is and this author also articulated the main concepts behind the definition. Most of the definitions currently used to clarify what domestic violence entails, contain aspects of the elements outlined in the next section of this chapter.

4.2. What is domestic violence? – Key concepts and definitions.

Domestic violence is defined as “physical abuse; sexual abuse; emotional, verbal and psychological abuse; economic abuse; intimidation; harassment; stalking; damage to property; entry into the complainant’s residence without consent; where the parties do not share the same residence; or any other controlling or abusive behaviour towards a complainant, where such conduct harms, or may cause imminent harm to, the safety, health or well-being of the complainant”. (Paymar, 2000; Ganley, 1995)



Ganley (1996:16) concurs that domestic violence has many names: wife abuse, spousal abuse, marital assault, woman battery, wife beating, conjugal violence, and intimate violence or partner abuse. Often these terms are used interchangeably to refer to the problem although particular aspects could be used to highlight a specific nuance of the problem, for example “woman abuse” to emphasize that women are usually the victims in the situation. Yet, we know that the way in which domestic violence is measured and studied, and who is identified to receive intervention, often depend on the definition that is used. This notion is also supported by several other authors including Bowman (2003), Cunningham, Jaffe, Baker, Dick, Malla, Mazaheri & Poisson (1998) and Healey & Smith, (1998).

Nevertheless there are legal definitions for domestic violence and in this instance the Domestic Violence Act No. 98 of 1999 in South Africa applies. The South African legislation defines domestic violence as including: physical, sexual, emotional, verbal, psychological, economic, intimidation, harassment, stalking, damage to property, entry into the complainant’s property without consent, or any

other controlling behaviours towards the complainant that may cause damage or imminent harm to the safety, health or protection of the complainant.

While Healy & Smith cited in Travis (1998:2) concur that the legal definition of battering varies from state to state in the United States, yet many intervention providers explain it as a constellation of physical, sexual, and psychological abuses that may include physical violence, intimidation, threats, emotional abuse, isolation, sexual abuse, manipulation, using the children as pawns, economic coercion, and the assertion of male privilege.

Clear definitions of what constitutes domestic violence are important, since inconsistencies about its meaning may lead to confusion in identification, assessment or interventions. Yet it would appear that many definitions of domestic violence correlate to that posited by Ganley (1995) in her pioneering work regarding the treatment of batterers. This author is known as the first USA based mental health provider who formalized the initial definitions of domestic violence.



Ganley (1995:16) defines domestic violence as a pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. The following key elements of domestic violence, identified by Ganley (1995), are supported by James, Seddon & Brown (2002):

- Conduct perpetrated by adults or adolescents against their intimate partners in current or former dating, married or cohabiting relationships of heterosexuals, gay men, and lesbians.
- A pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks as well as economic coercion.
- A pattern of behaviours including a variety of tactics – some physically injurious and some not, some criminal and some not – carried out in multiple, or daily episodes.

- A combination of physical attacks, terrorist acts, and controlling tactics used by perpetrators that result in fear as well as physical and psychological harm to victims and their children.
- A pattern of purposeful behaviour, directed at achieving compliance from or control over the victim.

Similarly, the Australian National Committee on Violence Against Women (1992:45) used the following definition to inform their intervention, analysis and research:

“Behaviour by the man, adopted to control his victim, which results in physical, sexual and/or psychological damage, forced social isolation or economic deprivation, or behaviour which leaves a woman living in fear”;

(Cited in Rossiter, Waddington & Nancarrow, 1999:8)

The multiple aspects of domestic violence create definitional dilemmas that may have serious consequences for the way in which interventions are prioritized and resource allocation considered, in response to this problem (Crawford, 1997). It should be noted that feminist writers disagree with the concept and the definition of domestic violence, since they reject the implication that it is gender neutral. Ferree (1990) cited in Yllo (1993:866) concisely states that: “Feminists agree that male dominance within the family is part of a wider system of male power, is neither natural nor inevitable and occurs at women’s cost”.

Similarly, Skinnider (1997:6) argues that feminists criticise the traditional human rights discourse for failing to take women’s experiences into account. This author argues that women are placed in the same situation as men because of the gender neutrality discourse, yet many definitions are built on men’s experiences, characteristics and understandings. She continues to argue that the private sphere is where much of the risk of violence or death exists for women; hence women are made to be accomplices, rather than the victims that they are in these situations.

4.3. Dimensions of domestic violence

The essence of several definitions cited in this study, appear to rely on a behavioural description of domestic violence rather than a legal definition. It seems apparent that the behavioural definition is more comprehensive and useful in terms of formulating health-care policy and interventions. The writer agrees with Ganley (1995:18) who warns that with the many varying terms used to describe domestic violence a lack of clarity can result, leading to further confusion and misguided interventions.

The South African Domestic Violence Act No. 116 of 1998:2 underscores the dimensions of domestic violence in the preamble, which states that domestic violence takes on many forms and that acts of domestic violence may be committed in a wide range of domestic relationships.

When definitions of domestic violence are conceptualized within a behavioural definition the following are therefore emphasized (James et al., 2002; Buzawa & Buzawa, 1996; Hart, 1992):

- 4.3.1. The relationship context.
- 4.3.2. Domestic violence: A pattern of assaultive behaviour.
- 4.3.3. Purposeful, coercive behaviour.

These aspects will be discussed in the following section of this document.

4.3.1. Relationship context

Domestic violence inevitably occurs within an intimate relationship where both the perpetrator and the victim are known to each other and have either been or are still in an intimate relationship of some sort (Ganley, 1995; Buzawa & Buzawa, 1996). This may occur within an adult or adolescent intimate relationship and the victim and perpetrator may therefore be dating, be married,

cohabiting, divorced, or separated. In addition, the victim and perpetrator may be heterosexual or gay and they could have children in common.

It is important to understand the intimate aspect of this violence in order to develop or think about interventions for the victim, perpetrator or their children. Although the violent responses may closely resemble that of violence perpetuated against strangers by strangers, the intimate aspects thereof have far-reaching consequences for both the victim and the perpetrator. Often the trauma of these attacks is as debilitating for the victim as it would be for a victim of violent crime.

Yet, it is this very intimate nature of the violence that often leads outsiders to view domestic violence as a less serious matter that two intimates need to address privately. In fact, Buzawa & Buzawa (1996) refer to the censure by specific churches when couples want to divorce, especially after domestic violence has emerged. These authors argue that the attacker and the victim are placed on a similar moral plane that clearly implies that beatings do not justify leaving a marriage.

In domestic violence situations, the perpetrator has ongoing access to his victim(s) and can control the very essence of their lives through a range of behaviours that frighten, intimidate and may even lead to their or a loved one's untimely death (Browne, 1997). Another frightening aspect of this context is that the perpetrator is in possession of knowledge about the victim that enables him to target her more effectively in order to gain control and power over her or her offspring. Hart (1993:628) cautions that unlike victims of stranger violence, victims of domestic violence face social barriers to a separation from their perpetrators as well as barriers to other strategies for self-protection.

For the purposes of this study, domestic violence refers specifically to the violence within the context of an intimate and heterosexual relationship. Thus it precludes violence that occurs within other intimate relationships such as sibling

violence, elder abuse, child abuse and neglect. Though these different forms of violence are also likely to result in long-term psychological and physical harm to the victims, the dynamics are different when violence is perpetrated between couples that are intimately involved. It is the writer's opinion that this may also be relevant in situations where men claim to be victims of domestic violence.

4.3.2. Domestic violence: A pattern of assaultive behaviour

Contrary to the common belief, domestic violence often constitutes more than isolated, involuntary responses to an act of provocation. Ganley (1991:20) argues vehemently that the typical pattern consists of a variety of abusive acts, occurring in multiple episodes over the course of the relationship. Some episodes consist of a sustained attack with one tactic repeated many times - throttling, for example - combined with a variety of other tactics, such as name calling, attacks against property, the children or pets. The experience of the writer over a period of fifteen years of dealing with both perpetrators and their victims has concurred with the findings of Ganley (1995) as well as Hart (1993).

Another writer, Cardarelli (1997:3) comments that the private character of intimate violence makes it unlikely that such one-off and episodic incidents will be brought to the attention of the authorities. Schneider (1994:26) concurs that the concept of privacy permits, encourages and reinforces violence against women. The term "intimate violence", however, suggests that there is more than one accomplice and also ignores the intent to gain power and control over the victim in the long term.

While some perpetrators are predictable in their patterns of violent behaviours, others employ a range of tactics to instil terror and fear in their victims. Violent episodes are thus not isolated events, since every act of violence is connected to past or even future acts of violence. Victims of domestic violence whom the writer has counselled frequently refer to the way in which their violent partners reminded them of earlier episodes of violence, in order to secure the

perpetrator's control. Victims tend to respond to the entirety of the perpetrators' violence, not the individual tactics or episodes. Hence victims tell us that they feared what else the perpetrator would do during an episode of violence to really hurt, humiliate or frighten them. A participant in the James et al. (2002:11) study concurs with his words:

My body language says to her: ' I am going to get abusive; you can see it (fear) in her eyes.

Nicholls, Koch & Kropp (2002:8) caution that domestic violence is typically recurrent and that the severity and/or frequency of the abuse often increases over the duration of an abusive relationship.

The perpetrator may engage in hands-on or hands-off responses in order to gain control over his victim. These coercive and assaultive behaviours can take many forms, irrespective of whether the perpetrator has direct contact with the body of the victim or not: all these responses have one outcome and that is to target the victim in a specific manner.

4.3.2.1. Physical abuse

Edleson & Tolman, (1992:264) cites the definition used by Straus, Gelles and Steinmetz (1980) as the most widely used one for physical abuse. These writers have defined physical abuse as "an act carried out with the intention, or perceived intention of causing physical pain or injury to another person". Physical abuse is described as any act or threatened act of physical violence towards a complainant in the South African Domestic Violence Act No. 116 of 1998.

Physical attacks may or may not cause injuries that require medical attention. Nevertheless sometimes a seemingly less serious type of physical assault may result in a serious injury or fatality. When the perpetrator is shoving and pushing his victim, she may hit her head against a cupboard or protruding edge of a furniture item or fall down a flight of stairs.

Yet James et al. (2002:4) assert that men whose violence is “tyrannical” use aggression, intimidation, verbal abuse and physical assault to assert domination and control over their partners. Often the domestic violence is assessed for seriousness by the extent of the physical injury, which is misleading. Generally, however, physical abuse may include the following:

Scratching, shoving, spitting, grabbing, shaking, pushing, restraining, slapping with an open or closed hand, punching, choking, burning, use of weapons such as guns, knives or ordinary household items, kicking, pulling her hair, biting her face or nose, punching her on the body, banging her head against the wall or other objects, ramming a car or moving object against her or pinning her against a wall or enclosed area with a car or moving object. (Edleson & Tolman, 1992:266).

These acts were later referred to as “severe violence” by Straus & Gelles, (1990:16) which implied that these acts have a greater potential for producing an injury. The South African Domestic Violence Act No. 116 of 1998 defines physical abuse as any act or threatened act of physical violence towards the complainant, although it is not itemized as in the above description of physical abuse.

4.3.2.2. Sexual assault

The Domestic Violence Act No. 116 of 1998 defines sexual abuse as any conduct that abuses, humiliates, degrades or otherwise violates the sexual integrity of the complainant.

Some perpetrators use sexual violence as a primary choice of intimidation and harm to batter their victims. Sexual battering may include pressured sex when the victim does not want to have sex, coerced sex by manipulation or threat as well as physically forced sex. Edleson & Tolman (1992:267) argue that the category of severe physical violence also includes rape and other forms of sexual assault. In terms of the South African Domestic Violence Act No. 98

of 1999, physically forced sex is rightfully called “marital rape” in this context and is a punishable offence.

Bergen (1995:117) states that wife rape historically has not been seen as a problem, yet it is estimated that 14% to 25% of women experience forced sex at least once during their marriages. She further concludes that rape may be the most common form of sexual assault by a violent intimate partner.

Victims may also be forced to engage in sexual activities, which they find humiliating, painful or unnatural, by the perpetrator (Russell, 1982). In the experience of the writer, several victims have given accounts where their perpetrators have refused to wear condoms despite the fact that they engaged in high-risk sex with sex workers or multiple partners. Similarly, these victims may also be forced to engage in sex with third parties or face the risk of being beaten and humiliated. These observations of the writer places the responses of the perpetrator in violation of the South African Domestic Violence Act No. 116 of 1998 and the definition that is offered to explain what sexual abuse involves.

Perpetrators also sexually assault their victims by subjecting them to pornographic images or material against their wishes or verbal degradation during sex (Caringella-MacDonald, 1997). In some instances, perpetrators have forced their partners to engage in humiliating sexual activities in front of their children, particularly boy children or teenaged daughters.

The overall message from the perpetrator to the victim is that they have no control or say over their bodies. The sexual abuse may be particularly traumatic to the victim who has experienced childhood incest and had confided this information to her partner at some point in their relationship.

Often the victim is unable to disclose the sexual battery and believes that this happens in all intimate relationships, especially as he convinces her that she is only

getting what she deserves. When victims resist, they are punished or humiliated severely while many comply hoping that the sexual assault will end quickly.

4.3.2.3. Psychological abuse

Ganley (1995:19) identified the following as the main forms of psychological abuse:

- 4.3.2.3.1. Threats of violence and harm
- 4.3.2.3.2. Attacks against property or pets and other acts of intimidation
- 4.3.2.3.3. Emotional abuse
- 4.3.2.3.4. Isolation
- 4.3.2.3.5. Use of the children

Yet some of these behaviours are described in the South African legislation as “a pattern of degrading or humiliating conduct” towards a complainant, including:



- Repeated insults, ridicule or name-calling
- Repeated threats to cause emotional pain, or
- The repeated exhibition of obsessive possessiveness or jealousy, such as to constitute a serious invasion of the complainant’s privacy, liberty, integrity or security

(Domestic Violence Act No. 116 of 1998).

The following section will address the behavioural manifestations of the above aspects noted by Ganley, 1995 and also defined in the South African legislation.

4.3.2.3.1. Threats of violence and harm

The perpetrator may direct threats of harm towards the victim or close members of her family. These threats may include killing the victim, their children and then committing suicide or the threats may be directed at the elderly parents or other relatives of the victim (Browne, 1997).

Perpetrators may also force the victim to do inappropriate or illegal acts, such as offering moneylenders in the community sex for loans, or prostitution (Ganley 1995:19). These threats, in the experience of the writer, may also include threats to have the victim investigated by the child protection services for allegations of child abuse and neglect.

These threats may be verbal or with actions such as stalking, displaying weapons, para-suicidal attempts or actual suicide attempts. Common phrases that the perpetrator uses during this time include: “Death before Divorce, If I can’t have you, nobody else will.” “Your old parents are going to pay with their blood or lives.” “you know that I am very powerful and have connections in high places.” These phrases have been documented in the records that have been accumulated over the last five years in the writer’s practice (Refer to the section of this document called Studying natural examples).



Sadly, the victim is often frightened into believing that the perpetrator is capable of the harm he is threatening, whether it is to her or significant others in her life. Browne (1997:65) concurs that as danger escalates and contrition disappears, women with violent partners become exhausted by repetition, fear, and injury.

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

Victims are often intimidated by attacks against property or pets, for example, when the perpetrator attacks the door behind the victim or kicks her dog and he follows this up with the words: “Can you see what you force me into doing?” This is often a clear message that the victim is next if she continues to challenge or disobey him. These attacks albeit against property or pets are not random attacks: the message and the intent is specific and clear to the victim in order to bring her into submission (Ganley, 1996:19).

Yet some of these acts of intimidation can also be carried out without actual damage to the property of the victim and may include the perpetrator screaming at the victim, standing over her in a threatening manner during an argument, or driving fast and recklessly to frighten her. In other instances the perpetrator may use surveillance tactics that are directed at both the victim and her children or any other parties she may be in contact with (Browne, 1997).

From case studies in the possession of the writer, perpetrators often use false information to discredit the victim at her place of employment, worship and even in the community especially if she is a respected community activist.

4.3.2.3.3. *Emotional abuse*

Ganley (1996:20) aptly describes emotional abuse as a tactic of control that consists of a wide variety of verbal attacks and humiliation, including repeated verbal attacks against the victim's worth as an individual or role as a parent, family member, friend, co-worker, or community worker. These verbal attacks often emphasize the victims' vulnerabilities such as a childhood history of incest or an incident of rape, religious beliefs or HIV status.

Contrary to popular belief, emotional abuse is not simply a matter of somebody getting angry and calling his partner names or cursing her. It often involves the playing of "mind games" where the perpetrator instructs the victim to act in a certain manner and then punishes her for it as well as denying that he had given the instruction in the first place. The definition as outlined in the South African legislation illuminates the range of activities used by the perpetrator who resorts to emotional abuse. In terms of the South African Domestic Violence Act No. 116 of 1998, emotional abuse refers to a pattern of conduct that has as its intent to degrade, humiliate and to cause emotional pain. (Act No. 116 of 1998).

Emotional abuse may also include being humiliated in front of colleagues, family members, strangers or the children. The tactics that the perpetrator employs are very similar to those used against prisoners of war or hostages and are also used for the same purpose of maintaining the power and control of the perpetrator.

Verbal insults could be included in the emotional abuse, if they form part of a series of coercive behaviour. Not all verbal insults in a domestic situation are acts of violence, however, if they are laced together with the threat of harm in order to maintain the power and control of the perpetrator, then they fall within the scope of emotional abuse.

Although emotional abuse may indicate undisclosed acts of violence or hint at future acts of domestic violence, it is still difficult to predict which emotionally abusive responses will escalate to acts of physical harm and danger. Nevertheless, the South African legislation clearly identifies that emotional abuse signals an outcome that will cause emotional pain, invade the privacy and compromise the liberty, integrity or security of the partner.

4.3.2.3.4. Isolation

The perpetrator may isolate the victim from friends and family by acting jealously and continuously trying to influence her social networks adversely (Browne, 1997; Pacek, 1997; Ferraro, 1997). He may become possessive and controlling over her time or may accuse her of sexual infidelity with the most insignificant and unlikely partners. The perpetrator may also become overly obsessed with family, friends and colleagues whom they accuse of trying to ruin their marriage or family.

He attempts to gain control over her time, activities and contact with others through a variety of tactics. Some of these tactics may include disinformation through distortions and lying about reality, withholding

relevant information or providing contradictory information. Often her friends are accused of being lesbians, sluts or whores while most men she comes into contact with are lovers, gigolos and the like.

The isolation tactics often progress from subtle to more overt and could eventually incorporate the use of threats or physical violence to separate the victim from support networks. These acts may include locking her out of the house, taking her car or house keys to control her movements or in extreme situations, forcing her to resign from her job. Often victims do quit their jobs because of the fear of embarrassment and the rejection by colleagues who may have been implicated in some way or another (Ganley, 1996:21).

Initially, the isolating tactics are disguised as “love” and “needing to be with her often” or simply as “gestures of concern and care” (Ferraro, 1997:129).

4.3.2.3.5. *Use of children*



The perpetrator may use the children in a number of ways to punish the victim. In the experience of the writer, sexual assault is widely used to this end. Maintenance and child support also provide the perpetrator with an effective means to get back at the victim.

Children are often drawn into the physical assaults and may suffer injuries because they have attempted to intervene or that they were simply present. This often happens in situations when the victim is being attacked while she holds an infant or toddler. Hobart (2002:43) cautions that children may also become the abuser’s homicide victims and reported that six children were killed in Washington State between 1 September 2000 and 31 August 2002 with a total of 19 children since January 1997.

During instances when protection orders restrain the perpetrator from having contact with the victim, the children are often terrorized and interrogated to

provide information that will discredit or harm the mother. Hence, visitations become horrendous for these children, who often present with a myriad of mental health problems as a result of the continued pressure and turmoil (Carroll, 1994).

Bain (2004:26) asserts that although rates of spousal homicide have decreased, the numbers of children killed by family members has increased by over ten percent during the past two decades. The most common precipitating event is that the children's mother has left the male perpetrator.

4.3.3. Domestic violence: Purposeful and coercive behaviour

Ganley (1996:22) argued that domestic violence is purposeful and instrumental behaviour and her argument is supported by the findings of James et al. (2004:4) who says that:

In describing their violence, there was a sense that these men knew what they were doing and they intended to frighten, intimidate and punish.

The findings of both the Ganley (1996) and the James et al. (2004) studies show that perpetrators of domestic violence know exactly what they want from their victims. The perpetrators who participated in the above studies also understood the difference between using either overt or more subtle forms of abuse.

Ganley (1996:24) concludes that regardless of the tactic chosen, the perpetrators' intent is to get something from the victims to establish domination over them, or to punish them.

4.3.4. Summary

In conclusion, domestic violence can take the form of physical, sexual, psychological, emotional and economic abuse and is characterized by a pattern of purposeful and coercive behaviour by the perpetrator. For the purposes of this

study, the focus is specific to heterosexual, intimate relationships, although intimate violence does occur in same-sex relationships. Most definitions of domestic violence highlight the abuse of power, the domination, coercion, intimidation and victimization of one person by another through physical, sexual or emotional means within an intimate relationship.

Although operational definitions differ wherein the focus varies, the above components are found in most definitions of domestic violence. Nevertheless, the definition contained in the South African Domestic Violence Act No. 116 of 1998 and that of Ganley (1996) provide a clear outline.

4.4. Theories of causality: A theoretical analysis

Cunningham et al. (1998:2) concur that theories of causation inform our understanding of prevention, prediction and treatment. The writer agrees with these authors, who conclude that prevention outcomes strongly suggest the need for early intervention with infants or children who are exposed to or experience domestic violence in their homes. The literature can certainly aid in prediction by identifying factors with varying degrees of risk in order to target dilemmas such as: who can be treated, how much intervention do they require and who the perpetrators are that are most likely to offend. Yet the third role of theory, according to Cunningham et al. (1998:2), clearly focus primarily on the definition of treatment targets and the most effective approaches.

Schneider cited in Bowman (2003:2) agrees that the theoretical grounding of domestic violence work has important implications for the remedial strategies chosen to address the problem, and especially if it is seen as an aspect of a larger struggle for gender equality. Bowman (2003:2) concurs that various theories yield quite different prescriptions for social action to confront the problem.

There are several theories that aim to explain domestic violence and men's behaviour as perpetrators, yet there are differences in these perspectives that

contribute to much of the controversy. Gelles (1993a:iv), certainly one of the most experienced writers in the field of family violence, claims that "...this is an area where 'subtle differences in arguments can yield major differences in conclusions, and how common sense logic can often support very different conclusions'".

Clearly, the theories about the origins of domestic violence are the subject of intense debate, seemingly more so than in many other fields. Hence, these debates locate the causes differently and therefore impacts on practice and intervention. (Travis, 1998).

Kantor & Jasinski (1998:12) concur that theories on the causes of partner violence provide a framework for understanding and responding to the problem and that different theories illuminate particular variables or risk markers.

Yet, regardless of the ideological or methodological approach, many questions remain unanswered or hotly contested. Nevertheless, the following theories or frameworks emerge as the most consistent explanations for domestic violence:

- 4.4.1. Individual psychopathology;
- 4.4.2. Systems theory;
- 4.4.3. Feminist theories;
- 4.4.4. Social learning theories; and
- 4.4.5. Biological/organic theories.

The above theories are often presented as being in competition with each other. Creating the impression of an adversarial interaction Gelles (1993) concurs:

Theoretical frameworks define where we should look if we want to make sense of violence, and hence where we should intervene if we want to stop it. The psychological, sociological and feminist frameworks are competing ways to conceptualize the behaviors involved in family violence: each viewpoint provides a way to place the phenomenon of violence in a larger frame of meaning.

Early research efforts on family violence was mainly concerned with child abuse (Helfer & Kempe, 1968; Gil, 1969, 1970) and limited writings dealt with violence between intimate partners. Nevertheless, the writer agrees with Miller & Wellford (1997) that only recently has a body of research emerged which has begun to examine the actual perpetrators, including causation theories and treatment issues. Prior to this, most of the initial research on intimate violence focused on victim needs, attributes, patterns, the extent and consequences of violence for the victim. Hence, multiple perspectives have been formulated to address the question: “What causes battering?” This question is an important one particularly for those who seek to prevent, predict or intervene to reduce recidivism of domestic violence.

Although the evidence is still limited as to what factors correlate highly with the occurrence of domestic violence, more tools are now available than earlier to begin investigating several known factors. Morash (1986) argues that those factors which correlate with domestic violence range from an emphasis on individual features and family factors to a recognition that structural and cultural variables are key issues when we address the matter of causality. It would appear that micro-level research tends to focus on the interpersonal and situational dynamics to the exclusion of the broader social context that may impact on the domestic violence. This type of research initiative usually relies on small clinical samples and does not take the other societal institutions or social systems into consideration when formulating theories.

Yet writers who are concerned with macro-level approaches may see domestic violence in a more expansive manner and take into consideration social conditions and aspects such as patriarchy, economics and the legal status of women in order to conceptualize issues of causality or treatment approaches.

For the purposes of this research project, the five main theoretical perspectives are analyzed in terms of perpetrator assessment and treatment. Although each theory provides, by definition, a logical explanation of family violence, no one theory has unequivocal support as being the definitive and most substantiated orientation.

The writer concurs with Cunningham et al. (1998:2) who caution that human behaviour is a complex phenomenon and that there are no quick and easy ways to explain it. Furthermore, the richness of different perspectives also underscores the need to avoid simplistic responses and to work against family violence on many fronts.

Cunningham et al. (1998:iii) summarize the following key trends and observations that were noted in the theoretical literature at the time:

- Explanations of family violence typically focus on societal factors, or family variables or the characteristic of the individuals.
- Long vilified as too reductionistic and apolitical, interpersonal and intrapersonal explanations of family violence lay behind several new treatment approaches.
- No one theory approach has sufficient empirical support to distinguish it as having the greatest explanatory power but each contributes a valuable perspective, underlining the complexity of the issue and the absence of easy solutions.
- An increasing number of theoreticians are attempting to provide explanations that integrate variables measured at societal, family and individual levels.
- Perceived differences between the different theoretical approaches may be exaggerated and we need to focus on commonalities.

In conclusion, each theoretical orientation has specific assessment and intervention implications for men who batter in their intimate relationships. Also, the need for an integrative analysis is a main concern since theories of criminal behavior have evolved over the last 150 years, from those which focus on biology as destiny through psychological explanations to sociological explanations, to the present focus on multi-factor orientations (Vold & Bernard, 1986).

The following section of this chapter will extrapolate the significance of these approaches and how they inform the research project under review. It will briefly

analyze the main tenets of the approach and then examine its relevance to the intervention for batterers.

4.4.1. Individual psychopathology

Explanations located in individual pathology focus primarily on specific personal issues and disorders. The violence of men according to this perspective is viewed as a response to general psychological ill health. The aspects that are investigated and taken into consideration to this end would include inadequate self-control, sadism and psychopathology (Gelles & Strauss, 1979).

Dutton (1995:18) who is a leading figure in the argument about individual psychopathology says that there has been a resistance to developing a psychology of perpetrators. If such a psychology were found, it was believed, it would somehow absolve the abusers' inexcusable behaviour and consequently deflect efforts at socio-political change to diminish wife assault. This author states that in his attempts to look at the perpetrator from a more psychological perspective, rather than focus on battering as an isolated behavior, he sees the violence as a product of the entire personality. In terms of this paradigm the violence is not mere copied behaviour, but learned behavior that has self-maintenance as a primary outcome. This viewpoint also postulates that the abusive perpetrator is addicted to violent brutality in order to keep his shaky self-concept intact.

These individual-level explanations also attempt to draw attention to the dichotomy of victimization in this area of domestic violence. Attempts are made to portray the victimization aspects of the perpetrator in order to fully understand the complexity of domestic violence and its key role players.

In the words of Dutton (1995:19):

It's easy, given the atrocities against battered wives, simply to dismiss abusers as less than human or to see all men as inherently violent, as suffering from, as

some call it, “testosterone poisoning” But if we do that, we draw a firm battle line between male and female, viewing all females as victims of intimate abuse and all males as the perpetrators. And drawing those lines limits our ability to understand.

There is very little substantiation in the literature, however, to support the individual-level perspective in its entirety. The proponents of this perspective have been unable to provide scientific substantiation or to provide plausible explanations for which personality traits are directly linked to violence or pose as precipitating factors for Domestic violence. Burgess & Draper (1989) argue that only a small percentage of mentally ill patients resort to abusive behaviour within their intimate relationship in the same way that the average perpetrator does.

Similarly, another popular explanation, often held up by the perpetrators as well, is the drug and alcohol connection. During this writer’s experience of engaging with men with a known history of domestic violence, this argument is often provided as a rationale. Yet it is also true that several men batter their intimate partners when they are sober. There is no substantive evidence that alcohol or drug abuse is the sole cause behind the perpetrator’s acts of intimate violence. Nevertheless, West (cited in Jasinski & Williams, 1998:184) found that, regardless of race, battering was seven times greater amongst binge-drinking, blue-collar men who approved of wife-slapping.

This writer remains skeptical about Gelles (1993) comments that alcohol and drugs do not have a disinhibiting function in intimate violence. Although the writer’s experience remains scientifically unsubstantiated at this stage, substances have appeared as a disinhibitor for some perpetrators of domestic violence whom the writer has encountered. Yet, similarly one can argue that the physical strength and mobility of an inebriated perpetrator will be compromised in terms of the type of physical harm that he could inflict at certain times.

Over a ten-year period, when this writer has asked perpetrators what they thought were the causes of their violent responses, the overwhelming majority would say that their partners provoked them. In the same vein, these same individuals would tell us

that they beat their partners because “she simply won’t listen!” These quotations have been taken from programme records over a ten-year period and are always offered by new participants as a cause for intimate violence while some of these have been substantiated in the Abrahams & Jewkes (1999) study. Some writers have supported the “provocation theory” (Deschner, 1984), despite the obvious fact that these men erroneously view their partner’s verbal aggression as equal to their physical aggression.

Another interesting perspective comes from Adams (1988) that for most of the men, the common assumptions underlying this disorder would be invested in the “provocation theory”. The presence of a dysfunctional ego could result in a poor self-concept, emotional dependency, fear of intimacy, fear of abandonment, low frustration tolerance and underlying depression. While Adams (1988) argues that some studies reveal that perpetrators demonstrate poor self-concepts and suffer from depression, other studies have found no significant difference between perpetrators and men who do not use intimate violence, (Edleson et al., 1985).

Finally, other beliefs exist that men use intimate violence because of their deep-rooted anxiety about the psychological feminine parts of their personalities hence their need for exaggerated, hyper-masculine behaviours, values and beliefs (Dutton & Golant, 1995). Earlier, assumptions were made and intimate violence ascribed to indicators such as class and economics, claiming that when these restrictive stressors confront poor people they resort to intimate violence.

It would appear that individual-level explanations ignore broader questions and almost provide a too simplistic rationale for a highly complex problem. Feminist scholars argue that these individual-level explanations overlook the population of men who are socialized into misogynist values and behaviours.

Yet another dilemma is that the sample of men who use intimate violence is not necessarily representative of the total population of perpetrators, because the men with the most exaggerated problems are most likely to be referred by the

courts to treatment programmes or become known to the criminal justice system.

Nevertheless, a number of studies of the psychological profiles of battering men have indicated that certain antisocial and borderline personalities are over-represented in the samples that have been studied (Greene, Coles & Johnson, 1994; Dutton & Starzomski, 1994; Else, Wonderlich, Beatty, Christie & Stanton, 1993). These studies all involved large numbers of participants who were confirmed perpetrators as well as participants with no known history of domestic violence.

Cunningham et al. (1998:7) say: The most significant outcome of these studies, especially from a treatment perspective, seems to be that borderline personality organization, which is considered to be prevalent at the rate of about 11 to 15 percent in the general population (Dutton & Golant, 1995) is grossly over-represented among male batterers. Dutton & Starzomski's (1994) study involving 78 self-referred and court-referred men in treatment for wife assault concluded that over 79% of the entire sample had clinically significant personality disorders, with borderline personalities identified in 37% of the men. This finding parallels those of Else et al. (1993), who report that 33% of their subjects met the criteria for borderline personality disorder (BPD).

The implication of the findings of Dutton & Golant (1995) suggests that individuals who have borderline personality organization (BPO) problems are fragile, and have a highly distrustful sense of both themselves and their worlds. These problems can be traced back to early childhood experiences which eventually culminate in a masculine denial of feelings and the inner self which places these individuals at higher risk to become assaultive in their intimate relationships.

Moreover, these perpetrators see their worlds as a split – a polarity between all good and all bad, which means that women in their worldview are either “Madonnas” or “whores”. This situation is further compromised by the person's

underlying resentment at the failure of meeting unnamed needs and the accompanying dependency that causes him to project these hostilities onto the “other” which facilitates the projection of blame on to others, more specifically, his intimate partner. Dutton compares this state of being to what feminists such as Walker (1979) referred to as the first phase in the cycle of violence.

4.4.1.1. Implications for treatment and rehabilitation

Advocates of this view argue that “one size does not fit all” and that treatment is likely to fail if it is not individualized and responsive to the particular needs of the individual as well as the differences between himself and other perpetrators of domestic violence (Dutton & Golant, 1995; Dutton & Starzomski, 1994; Moore, Greenfield, Wilson & Kok, 1997). One is reminded that there is very little outcome data available on the treatment of borderline personality organization (BPO) for battering behaviours specifically, yet much information exists on the treatment of borderline personality organization, *per se*. Cunningham et al. (1998:9) make the following statement: “Given the fragile sense of self of a borderline personality organization, it may become necessary for a group programme for male batterers to proceed at a slower, non-confrontational pace in order to avoid the BPO’s propensity for labeling the process as “hostile” and avoiding it altogether. It may also prove more useful to run concurrent groups for men identified as BPO or BPD and men with no particularly significant and pathological personality profile. The former group should be considered more difficult to treat and engage in the therapeutic process, while the latter group may have the capacity to participate in, and benefit from, more psycho-educationally oriented groups”.

One of the glaring limitations of this approach to understanding causality in domestic violence is that the perpetrators are viewed as being “ill” which by implication means that one has to tread gingerly when enforcing issues of accountability and responsibility for using intimate violence. Naturally, proponents of social views – which deal with structural inequalities, the prevalence of violence

against women, and violent attitudes towards women - raise concerns that resources earmarked for victims of domestic violence such as women and children will be plundered.

In South Africa, treatment approaches based solely on this viewpoint may raise questions about being cost-effective or realistic. Treatment will be costly, intensive and will require the professional skills of mental health practitioners mainly in the long-term, since the pace of intervention will have to be tailored to the pace of the perpetrator of domestic violence.

This theory is nevertheless helpful in understanding the process of development with perpetrators and is a call to action for effective primary prevention and early intervention programmes for early childhood trauma and rejection.

4.4.2. Family systems theory



Corey (2001:387) explains that the family systems theory claims that individuals are best understood within the context of relationships and through assessing the interactions within an entire family. The family, as a larger system and comprised of several individual systems, relies on its individual members to function successfully. Core concepts such as family boundaries, different roles and the interchange as well as exchange across these boundaries all contribute to either successful or compromised functioning. Therefore, the equilibrium is understood to be disturbed when the feedback system and exchanges do not occur in an optimal manner.

Hence, the problem encountered by an individual might be a symptom of the system, malfunction and not simply a result of the individual's maladjustment. This perspective therefore locates intimate violence against the backdrop of the perpetrator's interpersonal interactions with significant others in his life. This approach explains violence against intimate parties as a byproduct of the family

system. The emphasis on interaction enables the identification of behaviour patterns associated with relationship violence. Violence is therefore understood to be maintained through roles, relations and feedback mechanisms that regulate and stabilize the system.

Writers who subscribe to this theory examine communication, relationship and problem-solving skills of couples among whom violence has occurred. The assumption is held that both partners play a role in the violence, although these contributions may not be equal, hence the intervention must be directed at both members of the system.

The notion is held that if a batterer is subjected to, or witnesses intimate violence during his childhood within the confines of his immediate family or primary care-givers, he would learn to replicate abusive behavioral patterns (Johnson, 1995:283). According to the holders of this view, batterers learn that violence is an appropriate way to handle the myriad of frustrations and tensions of life.



Yet empirical evidence to support these hypotheses remains mixed. While Straus et al. (1980) find that children who witnessed family violence were three times more likely to abuse their own adult partners, others argue that children who both witness intimate violence and endure victimization are highly likely to commit intimate violence as adults (Ceasar, 1988; Pagelow, 1981; Rosenbuaum & O Leary, 1981).

One cannot dispel the possibility, however, that the batterer has inadequate developmental and social competencies as a result of parental neglect, absence of adequate role models and the lack of a satisfactory childhood experience. Still, the systems perspective is valuable in understanding the role of the family in community functioning, although it appears that one cannot dispel the above critiques. This writer agrees that it may be too simple to contextualize and

understand battering as a reflection of the malfunctioning within the complete family system.

4.4.2.1. Implications for treatment and rehabilitation

Systemic treatment of domestic violence is fraught with criticisms particularly since the co-responsibility borders on “victim blaming” and also the dangers it holds for victims who are in conjoint treatment modalities with the perpetrator (Hansen, 1993:82).

Jackson et al. (2003:2) say this theory (taken in isolation) treats men and women as equal participants in creating disturbances in the relationship. Although couples therapy may be appropriate for some people, it is widely criticized for inappropriately assigning the woman a share of the blame for the continuation of violence.



The main critiques of interventions based on this model include:

- Clinician neutrality inherent in conjoint interventions may convey abuse and gender neutrality, which in turn condones violence;
- Systemic explanations may tend to assign co-responsibility for violence, which contributes to perpetrator justifications and victim blaming;
- Modalities where men and women are treated together increase safety concerns; and,
- Systemic therapists fail to address gender issues that contribute to domestic violence and the differential effects of violence.

(Trute, 1998:4)

In conclusion, the main criticism against the system-theory approach to treatment is that not all therapists using this approach may address the power imbalances that typically exist.

4.4.3. Feminist theories

Corey (2001:341) states that feminist theories do not have a single founder, rather it has been a collective effort by many, as well as the fact that feminist therapy is truly founded on a theory of inclusion. He concedes however, that the feminist movement has produced several prolific scholars and writers of note.

Ganley (1995:203) supports this view and states that there is no single, unified feminist analysis of domestic violence, but that there are multiple perspectives among feminists who are discussing and writing about various types of violence against women. Yet, Cunningham et al. (1998:20) state that feminism incorporates diversity in terms of its approaches to domestic violence and it is not homogenous. Rather it represents a broad range of often contradictory viewpoints and political affiliations and, as such, is dynamic and pragmatic.

Feminist approaches to understanding causality of domestic violence are based on the assumption and much evidence in support that the target of men's violence are women and children, although the source of their anger might be elsewhere. Over the past two decades, feminist theory and research have presented a picture of the family which reveals social expectations regarding masculinity and femininity as a primary driver of relationships. Feminists argue that how one behaves in a relationship is socially constructed and that these create and maintain male power within the family, but also in society (Kupers, 1997:113).

Cunningham et al. (1998:20) argue, therefore, that all who espouse a feminist understanding would accept a fundamental tenet of the feminist movement: that society has been historically structured in patriarchy. Hence, according to this model, law, religion and the behavioral sciences traditionally endorsed the husband's authority and justified his use of violence over his wife or children. Furthermore, many feminists believe that writers unjustifiably minimize structural impediments to a gender-neutral social structure by their focus on the family as a unit. Feminists believe that violence against women is a tactic of

male control within an intimate relationship and that it is not gender neutral just as the economic division of labour or the institution of marriage is not gender neutral.

Yet the criticism is often levelled at the feminists that the conceptualization of coercive control does not come from an abstract theoretical model. It was rather conceptualized from the the work of those battered women and activists who grappled to understand the victimization they witnessed.

4.4.3.1. Implications for treatment and rehabilitation

The feminist approach serves as a constant and necessary reminder that our efforts must be broad and incorporate the important scrutiny of historical, political, societal and institutional impacts. The concerted attempts to bring the voices of women to fruition are important when men and their problems are addressed. Equally importantly, the feminist approach demands that levels of accountability be located with women and the organizations that lobby for, or provide direct services to, women. The Power and Control Wheel (Paymar, 2000) is the most widely used tool to locate domestic violence within a broader context that goes beyond mere hitting or physical abuse.

Cunningham et al. (1998:24) say:

A survey of state standards for batterers programmes in the U.S indicates that feminist ideas are clearly the greatest influence on current practice in the field. Where standards exist (some voluntary and some mandatory), the majority conceptualize violence against women as part of a pattern of coercive control that is solely the responsibility of the perpetrator and never the victim (Austin & Dankwort, 1999). Group intervention is the format cited in 90 percent of the standards typically co-facilitated with a male/female team, and the dynamics of power and control are to be included in the programme content also in 90 percent of standards. Individual intervention, except in special circumstances, is regarded as inappropriate in 65 percent of those states with standards.

Although the feminist perspective does represent the voices and experiences of those affected by domestic violence, this very concept is used to criticize the approach for its inadequate empirical research base and contributions. For instance, theories and interventions are developed inductively from “clinical or case studies” that appear to lend themselves to the rigour of traditional scientific studies. Feminists argue, however, that their research is not supported because research funding is largely driven by, and decided upon, by the foot-soldiers of the patriarchal systems.

Critics of the feminist perspective also argue that the patriarchy and gendered view of power and control do not necessarily provide an adequate conceptual framework for other forms of violence (Featherstone, 1997). Specific references are often made to child abuse as well as intimate violence in same sex relationships, specifically women in lesbian relationships. For the purposes of this thesis, however, we shall only consider manifestations of patriarchy.



4.4.4. Social learning theories

According to Bandura (1976) the social learning theory posits that behaviour can be explained by one of three threads of learning. The following three threads of learning are applicable to his argument:

- Classical approach – learning a behaviour is associated with a stimulus.
- Operant conditioning - learning occurs when the behaviours are governed by consequences of actions. Reinforcement of techniques are then applied in the learning process.
- Observational learning/modeling informs the acquisition of new behaviour.

Bandura (1976) argues that cognitive behaviour modification techniques are thus derived from the above principles.

Jasinski & Williams (1998:17) say that Bandura's (1976) social learning analysis is a hallmark in the study of aggression and that he regarded aggression as learned behaviour. These writers emphasize that this theory has been used to support the notion that violent men learn to be violent as children by watching or experiencing the violence in their families of origin.

Cunningham et al. (1998) concur that when this theory is applied to the family, there are causal links between childhood experiences and abuse in adulthood. In terms of this approach, the beliefs are held that children observe the consequences of behaviours of significant others and learn which behaviours achieve desired outcomes. These behaviours may be appropriate or inappropriate and the children do not necessarily draw negative sanctions. This is of particular relevance as children also make observations from elsewhere, such as the media, which simply reinforce their earlier learning. The approach is also based on the premise that these inappropriate patterns of interaction are reinforced and will therefore be replicated in other social interactions (Cunningham et al., 1998:15). The sites of intervention, then, include groups, the media, social norms and individuals, where attempts will be made to target their thinking styles, behaviours and interpersonal skills.

This perspective is probably one of the most popular explanatory theories for domestic violence and sees the root of behaviour in the environment of the person. This approach advocates that when cognitive deficits are learned and not inherent in the individual, these deficits can translate into inappropriate behaviour.

Another explanation that is conceptualized within this framework is that domestic violence exists because there are no bold societal prohibitions against it and that there are functional reasons for its very existence in particular societies.

Interventions are therefore also rooted in preventing exposure of children to negative role models and influences, both in their own private lives and in the media.

4.4.4.1. Implications for treatment and rehabilitation

Cunningham et al. (1998:16) say that “The cognitive-behavioural approach is distinguishing itself as an effective intervention technique for correctional programmes in general but many existing batterers’ programmes also use this orientation. For example, a Scottish programme for violent adult offenders, reported by Dobash, Dobash, Cavanagh & Lewis (1996) was based on a cognitive-behavioral approach. The weekly group sessions held over a six-to seven-month period, focused on new ways of thinking and acting using a range of behavioural and cognitive techniques such as:

- Teaching cognitive ways of recognizing the sequence of events and feelings that precede the onset of violence;
- Using self-monitoring and self-assessment work to reinforce the skills being taught in the group;
- Using role-playing to practise the new ways of behaving; and
- Using didactic methods to assist the batterer with understanding the nature of violence against women.

4.4.5. Biological and organic theories

Cunningham et al. (1998:3) say that biological theories of aggression and violence focus on the genetic, congenital or organic roots of behaviour. Specifically, writers may focus on genetics, neuropathology, brain infections and other medical illnesses, impulsivity, changes in the structure or function of the brain due to trauma, or endocrinological factors. (Johnson, 1996)

This perspective emerged during the mid 19th century and was supported by Darwin’s ideas about evolution. During the late 1980s and early 1990s Rosenbaum and his colleagues published articles that linked marital aggression to head injury. (Rosenbaum et al. cited in Cunningham, 1998:3).

Rosenbaum et al. (1994) find that many abusive men report head trauma that could probably reduce impulse control, distort judgment, cause communication difficulties and cause hypersensitivity to alcohol. The profiles of these head injured men closely paralleled those of abusive men and families of head-injured men closely resembled those of men who were abusive.

Yet Cunningham et al. (1998:4) highlight one view that such a link would not be popular, since it would seem to be absolving men from their violent responses. In fact, they assert that recent years have seen a softening of their assertions on the subject, both in terms of scope and the extent to which they see the connection as causal. They acknowledge several methodological limitations of the research, one being that head injuries can be caused by child abuse, in which case the correlation between spouse abuse and head injury could well be spurious.

Another theory in this genre is referred to as Gene-based Evolutionary theories of male violence towards females and it emphasizes the influence of genetics on behaviour. Emlen cited in Cunningham et al. (1998:4) describe this as the assumption that our social interactions are influenced by heritable predispositions to act in ways that were adaptive in our ancestral past. The implication of this theory is that evolutionary forces favour those organisms that are able to reproduce and survive. Cunningham et al. (1998:5) explain:

Therefore males will attempt to obtain and retain young, fertile mates who can produce healthy offspring. It is suggested that male aggression and assaultiveness towards partners may have evolved as a specific tactic to maintain the sexual fidelity of a female mate, thereby retaining reproductive control over that female and avoiding cuckoldry.

Although these theories attempt to provide some insight and understanding into male sexual jealousy, it has largely been based on animal studies (Buss & Shackelford cited in Cunningham et al., 1998).

4.4.5.1. Implications for treatment and rehabilitation

These theories do not really offer any insights regarding intervention, other than prohibitively expensive medical intervention. The men who are referred to batterer intervention programmes in South Africa do not all necessarily possess the financial resources for the medical procedures that will warrant investigation into causality with their domestic violence. In other words, in the writer's experience, one cannot fully discount the impact of head trauma on the individual, but many service providers do not have access to onsite evaluations and investigations by trained medical staff.

The gene-based theories appear to be fraught with ethical dilemmas regarding the exploration of the main tenets of these approaches.

4.4.6. Summary

Finally, Chappell (2003:13) concludes that over the past 25 years many research studies, surveys, statistical analyses and literature reviews have been undertaken and will continue to appear in order to investigate the problem of domestic violence and violence against women.

This literature review has addressed the following issues of importance, somewhat to the exclusion of other areas that would usually be included in a traditional literature review:

- How is domestic violence defined and what are the implications for intervention with men who batter?
- What are the main theoretical orientations regarding family violence?
- What do these theoretical orientations offer by way of rehabilitation or intervention?

The writer is of the opinion that the theories discussed in this section of the report are indeed the main theoretical orientations that inform work in the field

of domestic violence. Furthermore, since this research project has at its heart the effective treatment and risk assessment of batterers, the writer has applied her mind to those theories that are internationally acclaimed and recognized as the most definitive frameworks for addressing the perpetrators of domestic violence.

During this literature review, little or no attention was paid to different approaches or models of intervention, but rather focused on the main theoretical foundations that underlie various approaches or models of direct intervention.

Wexler (2000:30) argues that the literature clearly reveals the evidence that different types of treatment may need to be considered for different types of offenders. He goes on to argue that research reveals an emerging profile of the most dangerous men who may need to be placed in programmes where their risk is assessed very carefully by programme staff prior to decisions about their intervention inclusion.



Nevertheless, one cannot discount the argument(s) of Prochaska & Di Clemente (1992) that a 'transtheoretical approach' also referred to as 'stages of change' where the emphasis is on the motivation of the batterer for treatment rather the actual approach or theory that is ascribed to at that given time.

In conclusion, no one perspective can completely explain family violence and no specific perspective can provide enough explanatory authority to illuminate a clear and focused intervention. The writer agrees with Bograd (1994) that purely clinical approaches lack the political analysis whilst the purely feminist analysis does not easily translate into practice.

Dutton & Starzomski (1997) conceded that the feminist and psychological approaches could be combined, while Renzetti cited in Dutton & Starzomski (1997:1372) recognized the need for multidimensional theories to reflect the increasing sophistication in the field of Family Violence. Healy, Smith &

O'Sullivan (1998) argued that batterer intervention should be located in a single strategy in broader efforts to address violence in the family.

However, the writer agrees with Bowker cited in Cunningham et al. (1998:32) that most efforts to eradicate male violence have been unsuccessful because they are too narrowly targeted while masculine violence is rooted in multiple systems. Bowker cited in Cunningham et al. (1998:32) emphasize that the following levels should be targeted in addressing violence by men:

- Social;
- Cultural;
- Personality;
- Biological; and
- Economic.

In addition, these changes should be supported by intervention with:

- Individuals at risk;
- Child welfare interventions and prevention programmes for children;
- Advocacy for abused women; and
- Batterer intervention programmes.

Nevertheless, these interventions must be followed by input on a macro-level, where public education, efforts to control violence in the media, zero-tolerance policies in public institutions, and overall preventative work serve to remove obstacles that hinder the equal participation of women.

Consequently, there is a pressing need for this integrative analysis to address the problem of family violence, rather than the adversarial, competitive stances that have been held while domestic violence continues to result in the death of women and children all over the world.

In conclusion the following table reflects the main contributions of the various theories regarding the implications for assessment and treatment of the batterer.

Table 2:*Implications for assessment and treatment of the batterer*

Theoretical orientation	Target group	Intervention	Intervention strategies
Social Learning	Media, social norms, individuals, groups, community at large	Interpersonal skills, Thinking styles, Behaviours. Exposure of men to violence in childhood.	Use of cognitive- behavioural interventions. Preventing the exposure to negative role-models and learning. Exposure to positive role-models and improved learning.
Systems Approach	Family couple	Interpersonal skills System interdependence Culture, religion, community standards	Involvement of both members of the couple Family involvement
Feminist Approach	Social norms/attitudes Policies/laws Patriarchal structures Obstacles that compromise equality of women	Attitudes towards women Power/control Dynamics of relationships Gender-based inequalities (economic, political, cultural)	Power/control wheel Equality issues Redress of societal imbalance Cycle of violence dynamics Confrontation of inequality and oppressive structures i.r.o. women.
Biological	Individual Men	Organic factors Head Injuries Hereditary factors Frontal lobe epilepsy	Pharmacology Medical intervention
Psychopathology	Individual Men	Psychodynamic factors Childhood experiences Psychiatric disorders Personality disorders and make up	Psycho-therapeutic approaches to alleviate personal distress and resolve childhood trauma Intensive individual intervention. Acquisition of appropriate skills e.g. anger management

4.5. Theories of domestic violence in African scholarly literature

4.5.1. Introduction

Domestic violence is clearly a complex problem with many theories that claim to address issues of causality. Thus an ecological or systems framework is needed to fully understand the interplay of personal, situational and socio-cultural factors that combine to cause the abuse. During the International Conference of Population and Development in Cairo (1994) and the fourth World Conference on Women in Beijing (1995), as well as the 49th World Health Assembly Conference in 1996, the delegates declared that violence is a public health priority. Subsequently, when 400 experts from 37 countries met to discuss the causes and costs of violence it was decided that an ecological framework would best be suited to examine and address problems of domestic violence.



Thus, it is important to analyze the main trends for explanations of domestic violence in African literature. However, these explanations may simply be explanations only, rather than theories that are innovative or different to existing theoretical frameworks about domestic violence. Hence, a synopsis of the main theories in African literature could illuminate how interventions and legislation have been constructed in order to address the problem of domestic violence and to question whether this particular influence yields different legal responses than elsewhere in the world.

This section will provide a critical summary of the ideas posited by Bowman (2003) and those of Schneider cited in Bowman (2003).

4.5.2. Definitive theories of domestic violence in African literature or simply explanations of domestic violence?

Bowman (2003:2) says that many of the theories provided in the African Literature appear to feature feminist explanations that is often combined with

suggestions for liberal democratic legal reforms that is informed by a theory of human rights. However, this author argues that explanations that are based on economics as well as theories that ground the problem in individual pathology or family dysfunction are rare and conspicuous by its absence.

The five general categories of theory that appear in the literature on domestic violence in Africa and are:

- 4.5.2.1. Rights theories.
- 4.5.2.2. Feminist theories.
- 4.5.2.3. ‘Cultural explanations’.
- 4.5.2.4. ‘Society in transition’ explanations.
- 4.5.2.5. ‘Culture of violence’ explanations.

4.5.2.1. Rights theories

Most African constitutions and legal systems follow Western models based upon individual rights, and most African countries have ratified numerous international covenants that either explicitly or implicitly interpret domestic violence to be a violation of human rights (African Charter on Human Rights, Convention on the Elimination of all forms of Discrimination against women, South African Constitution, 1996, Constitution of Ghana, Domestic violence Act 116 of 1998, South Africa).

Yet Bowman (2003:3) argues that despite the adherence and influence of major documents and international covenants the importance of individual human rights is not present in African literature on domestic violence. However, one needs to view this in a more critical light because the adherence to these international documents and policies does indicate the intent of African countries and key stakeholders to incorporate the spirit of human rights in its legislative reform.

An example is cited in Bowman (2003) by Fitnat N-Adjetey who discusses domestic violence as yet a small part of a bigger picture of violence against women in Ghana. The violence that Fitnat N-Adjetey refers to also includes female genital mutilation, rape, child marriage, widowhood rites, widow inheritance and female religious bondage. Bowman (2003:3) argues that Fitnat N-Adjetey advises how the provisions of international human rights could be used to accomplish piecemeal reforms. The argument is developed that if domestic violence is simply a manifestation of a much larger phenomenon of gender inequality then piecemeal legal reforms are hardly likely to be effective.

Another argument that Bowman (2003) presents is that African societies by its nature do not favour individual autonomy and that women's lives are rooted in a complex web of connections, rather than as individual atoms.

Schneider cited in Bowman (2003:3) says that the language of individual rights – natural rights theory- performed an influential function in the development of women's rights claims in the United States as the Seneca Falls Declaration transformed claims that might otherwise appear trivial, domestic, or private into universal rights, forming a dialectical 'moment' that universalized those claims and helped overcome privatization and themes of personal blame.

However, Schneider cited in Bowman (2003) argues that human rights conventions, declarations and resolutions and international conferences today perform the same function women raising claims to the right to be free of violence in Africa by transforming claims that might otherwise be seen as trivial and domestic into universal rights.

4.5.2.2. Feminist explanations

Major concepts from the feminist perspectives have already been addressed in chapter 4 however it is relevant since the feminist perspective does have a

prominent presence in activism against gender-based violence in Africa. Feminist theories suggest that violence against women emanate from potent socializing messages from family, peer groups, media, the law and other institutions of a sexist society that lead to acceptance and normalization of gender-based violence (Campbell, Webster, Koziol-Mclain, Block, Campbell, Curry, Gary, Glass, Macfarlane, Sachs, Sharps, Ulrich, Wilt, Mangello, Xu, Schollenberger, Frye & Laughton, 2003:6). Appiah & Cusack (1999:3) bears witness as she says that the social, legal economic and political truths serve to sanction intra household violence which for many in Ghana has come to be seen as the normal course of marital, family and intimate relations. Bowman, (2003) confirms that feminist explanations are frequent in the domestic violence literature in Africa because of the inherent inequality that is evident in African societies. She rightfully argues that almost every traditional African society is patriarchal and therefore the woman's place is decidedly subordinate:



“Because gender inequality is so widespread, domestic violence is often discussed by African authors as simply a brief subsection in articles on violence against women in general or about gender inequality in Africa. The conclusion reached by these authors is that unless systemic inequality between men and women is addressed, the problem of violence will persist” (Bowman, 2003:4).

In terms of the arguments developed by Bowman (2003) it is clear that the struggle against domestic violence is seen as simply one part of a much broader context in Africa, the struggle for gender equality.

4.5.2.3. Cultural explanations

Another set of causal theories in the emerging African literature focuses on the power of traditional and norms within African culture as an explanation for the widespread incidence of domestic violence. Bowman cites the work of Armstrong (1998) who completed a study of domestic violence in Zimbabwe

that involved twenty five perpetrators and seventy five female victims of spousal abuse in the Shona-speaking region. “Armstrong reports that violence arises most frequently in Zimbabwe out of quarrels over money and jealousy. For example, violent arguments erupt in Shona couples when the wife simply asks her for money, thereby challenging the traditionally absolute control by the male head of the household over financial matters”

This author continues to explain the dynamics of jealousy, disputes about the husband’s traditional economic obligations, traditional division of labour and the ‘talking back’ of wives as causal factors in domestic violence.

Bowman (2003:5) concludes that the explanations described in this section can be characterized as cultural theories of domestic violence. Apparently, not because they attribute it to violence endemic in African societies, but because they emphasise the close link between violence and the enforcement of conformity to traditional roles for women and the dominance for their husbands. They also see violence as emerging almost inevitably out of a society that treats women as property, socializes women to be passive, reduces their bargaining power through the institution of polygamy, and the like. In this sense the cultural arguments may merge those based on gender inequality.

However, arguments based on culture are problematic in the African context since culture varies among groups and regions of Africa. In addition, how culture is contextualized, experienced or explained may differ from group to group, even those who share similarities in customs, values and norms. For example, arguments over money in the so called ‘coloured community’ is more likely to be interpreted as a power and control issue as opposed to an African cultural explanation. Similarly, the issue of batterer jealousy would be more likely to be evaluated as an individual pathology as opposed to a cultural dictate that married women are not allowed to verbally interact with another man.

Yet the Population Reports (John Hopkins School of Public Health, 1999) cite that although culture can aggravate women's vulnerability, it can also serve as a creative resource for intervention. This report makes references to several cultural traditions such as public shaming or community healing that can be mobilized as resources to confront abuse.

4.5.2.4. *Society in transition explanations*

Another theory of domestic violence sees it as emerging from the fact that many African societies are in transition from traditional cultures to a modern, urbanized society. Again, Bowman (2003) refers to the Armstrong (1998) study to highlight that:

- Violent arguments are often caused by social change and the threat thereof to men;
- Inability of men in the modern economy to support multiple wives adequately;
- Changing role of women in the African economy;
- Impact of migration and urbanisation on the experiences of Africans;
- Entrance of family members in the cash economy which makes them more independent rather than interdependent upon extended family members; and
- Income and resources are more individualised and less under the control of the man who heads up the household.

However, although the presence of the above in the African literature on domestic violence is noted, the same argument applies that this may not be applicable to all African societies in its entirety as a theoretical grounding for causes of domestic violence. Similarly, it should be noted that Bowman (2003) uses a single study by Armstrong (1998) as well as activist accounts in various parts of Africa, which may not necessarily be scholarly writings to make these

statements, which implies that it may not be the definitive truism on the matter. Yet one cannot discount the issues that are raised because Bowman cites from the works of activists instead of a plethora of academic writings.

4.5.2.5. Culture of violence explanations

A culture of violence is attributed to the high incidence of domestic violence on the African continent and the assumption is held that violence is simply a way to resolve disputes. This explanation is also linked to the colonial heritage wherein Africans were always treated coercively and violently by their colonizers. (Bowman, 2003:7)

Bowman, (2003:7) says that lengthy civil wars and repressive practices of many post-colonial regimes continue this culture of violence. This is particularly apparent in South Africa, where there has been a dramatic post-apartheid increase in violence specifically directed at women including both rape and domestic violence.



Although some of these comments have merit, particularly regarding South Africa, the possibility that more women have access to services in the post-apartheid society, that the issues of all women are noted and that increased reporting may have resulted, cannot be discounted as explanations. However, Bowman (2003:10) claims that it is interesting to note that the culture of violence appears conspicuously absent in the USA, although she questions whether the 'gun culture' or the 'culture of poverty' may not warrant further investigation as causal factors.

4.6. Absence of psychological and economic explanations for domestic violence in Africa.

It would appear that theories that locate domestic violence in individual pathology as is evident in many of the USA based literature are absent in African literature on the topic of domestic violence. The work of Dutton (1995); Adams (1998);

Starzomski, 1994 and others all highlight individual pathology as causal factors in the problem of domestic violence, whilst there are no current publications to this effect from African academics or writers.

Bowman (2003) argues that whilst many African scholars talk about the batterer's need for power and control this is often contextualised under the rubric of 'cultural' rather than a psychological explanation. Her comment 'in other words, the psychology versus the culture dichotomy recapitulates the traditional, and the racist, stereotype that associates the West with reason and depicts non-Western people as driven by irrational forces' echoes the arguments made by Volpe cited in the same text.

Bowman, (2003:7) also emphasised the following :

I am not aware of any African writer directly blaming the high incidence of domestic violence on the widespread poverty in Africa, except perhaps as a causative of the culture of violence just described.



The following are identified as important regarding the link with poverty as an explanation in the problem of domestic violence:

- The impact of African economies, structural adjustment programmes imposed by the World Bank and the effects thereof;
- Misuse of donor funds by corrupt government elites;
- Impact of poverty on family relations; and
- Economic dependency of women on their husbands.

This author argues that African scholars do not emphasise the importance in writing about domestic violence about encouraging social and economic conditions that promote the independence of women in Africa.

In conclusion, why do we need to examine theories that are evident in African literature or any other literature, in order to understand the issues related to domestic violence? The writer agrees with some of the main arguments posited by Bowman (2003) when she argues that we should care about theories underlying analyses of domestic violence in Africa because it influences the remedies that will be implemented. Therefore, if these theories are grounded in individual pathology only, then therapeutic measures should be considered a priority. Similarly, if the theories are only grounded in socio-cultural explanations then the main target should be the political, economic, structural and cultural aspects of society.

However, the question begs to be asked whether these ‘explanations’ are merely expansions on feminist theories that argue the power imbalance, the entitlement of a patriarchal system and the resulting mechanism to maintain the submission and disempowerment of women? It is therefore apparent that the realist explanatory theory for domestic violence in Africa is simply a multi-causal one. Hence, multiple interventions will be required to decrease the incidence of violence against women in Africa.



Bowman, (2003:10) concludes that, ‘To eliminate, or even just substantially diminish, domestic violence there will require, as in the United States, an effort on many fronts, including piecemeal legal reform as well as major social reconstruction and the investment of resources on the part of society to provide safety for women’.

4.7. Summary

A logical conclusion then is to explore the best elements that are offered by the main theories and explore the implementation of an integrated framework. Therefore, for the purposes of this study, and congruent with the methodological framework, the next chapter will explore existing guidelines and legal models for the intervention of domestic violence. A particular focus will be on how perpetrators of domestic violence are dealt with in order to promote the continued safety and protection of victims of domestic violence as well as to enhance perpetrator accountability and responsibility.

Chapter Five: Legal reform as an interventive strategy for domestic violence

5.1. Introduction

Some feminist activists and scholars have argued that it is impossible to use the law and legal apparatus to confront patriarchal domination and oppression, when the language and procedures of these social processes and institutions are saturated with patriarchal beliefs and structures (Dobash & Dobash, 1992:147). Bowman (2003) proposed a parallel system that would operate alongside, or in conjunction with, formal law and she urged a reduction of emphasis on the formal discourse of law in favour of a focus on “law in practice”. This author argued that a more feminist jurisprudence would stress the importance of legal guidance from below relying more on custom and public opinion and be more responsive to women’s needs.



This study is geared towards promoting safety and protection for victims of domestic violence through the effective management of perpetrators hence the writer deemed it necessary to include a chapter on the legal management of domestic violence. Legal intervention is one of the responses to address the problem of domestic violence in order to protect the victims and increase the accountability and responsibility of the perpetrators.

This section of the report will provide a synopsis of the main legislation pertaining to domestic violence in South Africa, two other countries on the African continent, and the United States of America.. The writer decided to randomly choose Nigeria, Ghana and the United States of America to highlight selected aspects of the available legislation that has been developed to respond to the problem of domestic violence. The decision to include Ghana and Nigeria, however, was also informed by the writer’s involvement in, collaboration with, and relative access to, information from key activists in these countries.

To this end, the writer has provided skills-based training in Ghana for a period of three years (2002/4) on working with perpetrators and victims of domestic violence which was based on information and skills gained through research and private practice. Participants in these workshops originated from Ghana, Nigeria and, more recently, refugees from The Democratic Republic of the Congo, Togo, Liberia and Equatorial Guinea.

The decision to include the legislative intervention of the United States of America is informed by some of the comments in Bowman (2003) as well as the writer's fragmented knowledge of this legislation. Yet it would appear that the South African legislation is used as a benchmark in the development of legal interventions on the African continent (Bowman, 2003).

Thus, the South African Domestic Violence Act No. 116 of 1998 was "heralded to match First World legislation, based on its comprehensiveness and progressive nature". (*Gap Talk*, 2001:2) Policy formulation is widely regarded, however, as a first step in creating a transformed, safer environment for women in their homes.

The following summary will highlight aspects of the relevant legislation to show how domestic violence is handled in different contexts and what the implications are for the perpetrators of domestic violence. This section will attempt to address key aspects rather than delineate the scope and definitions of domestic violence, since many of the definitions are addressed in chapter four of this document.

5.2. South African legislation

5.2.1. Historical review of domestic violence legislation

Many believe that the need for women to be protected in their own homes has prompted the South African Government to review its legislation on domestic violence. The enactment of the Domestic Violence Act No. 116 of 1998 was viewed as an acknowledgement of the realities of many women in South Africa.

The Prevention of Family Violence Act No. 133 of 1993 was the first attempt by the government to address the problem specifically. The following were some of the shortcomings of this Act that were reviewed by Parenzee et al. (2000/1) in their research project that was undertaken in the magisterial districts of the Western Cape.

- The focus and scope of the Act was limited and narrow;
- The Act provided access only to those who were married by customary or civil law;
- The definition of domestic violence was unclear and therefore open to personal interpretation and application by judicial officers;
- The full extent of what constituted domestic violence was unclear and vague;
- The term “domestic violence” was not defined legally and clearly; and
- The Act ignored important factors such as learned helplessness and the cycle of violence, which had dire results for the complainants, since judicial officers were ignorant about the impact of these.



A team of experts reviewed the Prevention of Family Violence Act No.133 of 1993 and the current legislation was produced after this collaborative effort. The Domestic Violence Act No.116 of 1998 was consented to on 28 November 1998 and was implemented in December 1999.

Parenzee et al. (2001:3) say that the act marks a distinctive shift in South African law from denial of the existence of domestic violence to a legal definition that encompasses women’s experiences. This act is founded on broad understandings of both domestic violence and the relationships that may be considered to be domestic.

5.2.2. Salient features of the Domestic Violence Act No. 116 of 1998

The specific features of the Domestic Violence Act No. 116 of 1998 include:

- The recognition that domestic violence victims are among the most vulnerable members of South African society;

- The recognition that prior policies, procedures and legislation were ineffective;
- Specific obligations were placed on the judiciary and other role-players in order to eliminate domestic violence;
- The act recognizes that domestic violence may occur on several levels and in many ways;
- Hence, it recognizes the linkages to financial, psychological and other social aspects such as custody, maintenance or divorce;
- The Act defines domestic in its broader sense, taking into account the broader spectrum of relationships;
- The following are some of the types of abuse that are included in the act:
 - Physical abuse or the threat thereof;
 - Sexual abuse or the threat thereof;
 - Emotional abuse;
 - Psychological abuse;
 - Verbal abuse;
 - Stalking;
 - Economic abuse;
 - Intimidation and harassment; and
 - Damage to property.



In addition the act also includes entrance into the complainant's property without consent where the couple is separated, as well as any other imminent harm to the safety, health or well-being of the complainant.

The domestic violence legislation therefore only criminalises the breach of the Protection Order, not the act of domestic violence itself. Nevertheless, the complainant can lay criminal charges when the acts of domestic violence constitute recognized crimes such as common assault, attempted murder, rape, incest, pointing a firearm or even abuse of the family pet.

Some of the other identified problems regarding this Act lie in the implementation and procedures. The process and the many procedures still provide unnecessary delays, which discourage women from using this Act to remedy their experiences of domestic violence.

5.2.3. Provision of court orders

In terms of sections 4 and 5 of the Domestic Violence Act No. 116 of 1998, provision is made for the application and issuing of protection orders and interim protection orders. The legislation clearly delineates who may apply for such orders as well as the circumstances that support such an application. Section 4 (5) of this act also makes provision for such applications to be brought and considered outside of the regular hours of operation of the courts.

The procedures for the issuing of these orders are further spelt out in the legislation with specific time-frames in which such orders may be issued to the perpetrator, referred to as “the respondent”.

Parenzee et al. (2001:11) concede that the protection order in terms of the Domestic Violence Act is a civil order from the court. While it prohibits the perpetrator from committing certain acts of violence, nowhere does the Act criminalize deeds of domestic violence.

5.2.4. Definition of the relationship

A distinguishing feature of this Act also includes the broad definition of “domestic relationship”, which means that anyone in a domestic relationship is entitled to apply for a protection order. The other implications of this definition is that it broadens the spectrum to include people who are married to each other or cohabiting, in a dating relationship or same sex partners (Parenzee et al., 2001:106).

5.2.5. Definition of violence

The specific feature of the Domestic Violence Act that is dealt with earlier on in this section entitled South African Legislation, provides the scope of how domestic violence is defined. Significantly, however, the preamble of the Act starts with the following words:

Recognizing that domestic violence is a serious social evil: that there is a high incidence of domestic violence within South African society: that victims of domestic violence are among the most vulnerable members of society: that domestic violence takes on many forms: that acts of domestic violence may be committed in a wide range of domestic relationships: and that the remedies currently available to the victims of domestic violence have proved to be ineffective. (Domestic Violence Act No. 116, 1998:i).

The essence embodied by the preamble provides a background to how domestic violence is regarded in terms of this legislation.



5.2.6. Management of the perpetrator

The Domestic Violence Act No.116, 1998 does not specifically address the issue of what should happen to the perpetrator of domestic violence, other than being issued with an interim or final protection order and making a court appearance. Instead of mandatory arrest during a domestic violence incident, the police officer is tasked with the obligation of removing the victim to a place of safety. The Nigerian Bill on Violence against Women, however, stipulates specific consequences or fines in the event of a violation of the conditions stipulated in the Bill. Also, in some American States, a principle of mandatory arrest applies, which means that the alleged perpetrator must be arrested by the police in the event of a complaint.

5.2.7. Summary

Although, there are problems in the implementation and monitoring of the Domestic Violence Act, it is regarded as one of the most progressive legislative pieces internationally. This Act is held in somewhat high regard because of the scope and its definitions of domestic violence. Moreover, it is also lauded because of the unique preamble that recognizes the plight and suffering of victims of domestic violence. An example was provided to this writer during training programme that was delivered in Ghana during July 2002 by representatives of Nkyinkyim Anti-Violence Project.

South Africa has to a large extent succeeded in fulfilling international commitments and obligations towards ending violence against women by developing this legislation. Thus, in keeping with international trends in legal reform, South Africans who are subjected to domestic violence can have access to relatively accessible and affordable legal remedies. (Bowman, 2003; Parenzee et al., 2001).



5.3. United States of America

5.3.1. Historical context and review

Until the mid-1970s assault against wives was considered misdemeanours in most American States although a similar assault against a stranger was regarded and treated as a felony. In 1984, however, the U.S. Attorney General's Task Force on Family Violence recommended that family violence is treated as "a criminal activity". (Hart, Ashcroft, Burgess, Flanagan, Meese, Narramore, Ortega & Seward, 1984:10).

The first comprehensive federal legislation responding to violence against women was introduced in 1990. Although the United States Senate held several hearings and heard reports from various committees, the 103rd Congress was the first time that there was a movement in the Senate and the House of

Representatives to seriously look at legislative tools to combat the problem of domestic violence. The Violence Against Women Act (VAWA) was signed into law in August as part of the Violent Crime Control and the Law Enforcement Act of 1994. Although the broad consensus was that this law did not completely address the needs of victims of domestic violence, it was recognized as a pioneering effort to treat domestic violence as a serious problem.

More recently, however, it appears that the consensus among both State and Federal policy makers is that:

- Domestic violence is a crime;
- Safety and protection for victims of domestic violence and their children must be prioritised; and
- An overall change is required in traditional service delivery, including medical care in order to fully meet the needs of abused women.

(American Medical Association, 1992:4)

The Violence Against Women Act of 2000 appears to strengthen or provide for specific programmes in the United States in order to provide protection to victims of domestic violence and prosecution of the offenders. The following are some of the main programmes addressed in terms of this legislation:

Stop grants - Makes provision for services and training of prosecutors and officers in order to enhance law enforcement activities

Shelter services for battered women and their children – establishes grants that enable communities to provide services to women and children living in shelters.

Civil legal assistance – Provides for financial assistance to women in terms of protection orders, family court matters, housing, immigration and administrative matters.

Transitional housing – Provides for financial assistance to women who are homeless and in need of transitional housing as a result of having to flee from their abusive partners.

Supervised visitation centres – Makes provision for local and State agencies to supervise visitation exchanges for children of domestic violence and sexual assault or child abuse.

Full faith and credit – The programme funds enforcement across the States in America to have a protection order recognized across the country and it makes provision for technical assistance to aid the enforcement of interstate protection orders.



Battered immigrant women – Legislation addressing the needs of immigrant women is a significant addition to the existing programmes. This section of the law removes the U.S. residency requirement in order to protect these women. It also implies that they do not necessarily have to leave the country, irrespective of how they entered it.

Dating violence – Dating violence is recognized and defined as such, hence funding is provided to programmes that address dating violence.

Services for disabled and older women – Funds are made available to organizations to address the problems and needs of older or disabled women who are victims of sexual assault or domestic violence.

The U.S. legislation further defines the term “domestic violence” as:

- Physical harm;
- Bodily injury;
- Assault;
- Infliction of fear of imminent physical harm;
- Bodily injury or assault between family or household members;
- Sexual assault of one family or household member by another; and
- Stalking of one family or household member by another family or household member.

5.3.2. Provision of court orders

The legislation also makes provision for the following court orders:

- No contact order – This order is served by the court subsequent to a domestic violence arrest;
- Protection order - This order is obtained by a family member or household member who has been assaulted or fears abuse;
- Restraining order – A petition is filed for dissolution, legal separation or child custody; and
- Anti-Harassment order – When an individual is harassed, alarmed or annoyed by another person this order is taken out.

5.3.3. Definition of the relationship

The domestic relationship in terms of this legislation and its regulations is described as follows: “Family or household members”; mean spouses; former spouses; persons who have a child in common regardless of whether they have been married or have lived together at any time; adult persons related by blood or marriage; adults persons who are presently residing together or who have resided together in the past; persons sixteen years of age or older who are presently residing together or who have resided together in the past or who have

or have had a dating relationship; and persons who have a biological or legal parent-child relationship; including stepparents and stepchildren and grandparents and grandchildren. (Workshop Notes, Greater Puget Sound Domestic Violence Conference, Seattle, 1996:17)

Unlike other pieces of legislation, this act makes specific provision for dating violence and the dating relationship is clearly defined. Any person within a relationship defined as such, and who is older than sixteen years, will be dealt with accordingly, if they are guilty of committing an act of domestic violence.

5.3.4. Management of the perpetrator

The United States legislation makes provision for mandatory arrest of the perpetrator in most of their states. Yet this stipulation falls within the context of a “gender free” law, which means that the police officer is encouraged to arrest whom s/he believes to be the guilty party. In terms of this policy, the police officers have to arrest the guilty party within at least four hours after the assault or act of domestic violence has occurred.

Law enforcement officers are trained to consider the following in determining who the primary aggressor is:

- The intent of the law to protect the victim;
- The comparative extent of injuries inflicted or serious threats creating a fear of physical injury;
- The domestic violence history between the parties involved;
- The demeanor of the parties involved, paying attention to excited utterances and emotional state;
- Any weapons used or threatened for use by either party; and
- Claims of self-defence or defence of others.

(Violence Against Women Act of 2000)

Although the above guidelines are provided to law enforcement officers, they may decide to arrest both parties if they conclude that this is necessary. This state of affairs raises concerns from a feminist perspective, particularly if one argues that law and law enforcement are elements of a masculine culture of power founded on the exercise of male power. This raises further questions if one concedes that law enforcement officers are agents of the dominant culture of power and whether they would be able to make an accurate discernment in terms of whom the real “aggressor” might be in a situation.

The law makes provision for mandatory arrest if there is probable cause to believe that the perpetrator had knowledge of an order and violated any of the terms of that order. Verification of the orders is done upon the arrest of the individual to determine the validity of the order that was issued against the individual.



5.4. Ghana

5.4.1. Historical context and review

Ghana has signed, ratified, and adopted the International Convention on Civil and Political Rights (ICCPR), International Convention on Economic, Social and Cultural Rights (ICESCR), Convention on the Elimination of All Forms of Violence Against Women (CEDAW), Declaration Against All Forms of Violence Against Women (DEVAW), and the Convention on the Rights of the Child (CRC) in addition to other international documents. Yet domestic violence has remained a major human rights abuse and until recently had not been given the attention it deserved. According to the Gender Center in Accra, a nationwide survey on physical abuse only, revealed that one in three Ghanaian women had been abused by an intimate partner, while 28% of women surveyed indicated that their husbands sometimes forced them to have sex (Appiah & Cusack, 1999:26).

Kuenyehia cited in Appiah & Cusack (1999:9) said that to date issues of violence against women had been treated in the mainstream of criminal law and thus consequently very little progress had been made in addressing the issue specifically. The women's movement in Ghana has not been able to advance any cogent arguments for legislation and policies to address violence against women in a special way. This is partly due to the lack of comprehensive data on the issue until recently, when nation-wide surveys were undertaken by several women's groups and consortiums.

Kuenyehia cited in Appiah & Cusack (1999:8) further concurred with the Beijing Platform for Action which noted that the earlier absence of adequate gender-disaggregated data and statistics on the incidence of violence made the elaboration of programmes and monitoring of change difficult.

Earlier research projects (Appiah & Cusack, 1999:2) highlighted that the most forms of violence inflicted upon women and children in Ghana, by persons known to them or in some cases by strangers, are considered a "private affair" and given no name or value. Within that framework, some acts of violence were considered to be private matters and others of public concern. The acts that were considered to be a threat to the public were robbery, bodily harm inflicted upon unconsenting persons, violence against the state and terrorism, hence these were considered "public" matters and in the "public sphere".

Hence, when violence occurs privately or in the public domain, any intervention is regarded as interference, since violence in this context is considered reasonable and acceptable. Thus, if an individual were to be beaten in a market place the police and members of the public would not hesitate to intervene; while, if a man were to beat his wife in the same public place, nobody would interfere.

The Criminal Code of Ghana contains numerous acts that also outlaw rape and assault. Yet the Criminal Code was narrowly interpreted and influenced by the

attitudes of the law enforcement officers. Cusack (1999:3) says that these officers are informed by attitudes that narrow definitions of criminal behaviour. For example, the rape clause can only apply to “women who are not prostitutes or who are of “moral character”. In addition, the rape clause is narrowly premised upon vaginal penetration and force. By implication, this interpretation and clause is problematic if rape is dismissed because of the absence of force or even simple coercion. In South Africa there is an estimated conviction rate of 7% (South African Police Child Protection Unit, 2003). Personal Communication) for sexual offences and the judiciary does recognize the influence of coercion in these matters. It would, therefore, suggest that the conviction rate for rape and sexual offences might be very low in Ghana.

The assault clause also represented a dilemma because it was assumed to be “gender-neutral”, but this neutrality was compromised by another section of the code that implicitly granted husbands the right to use justifiable force against their wives (Section 42, Criminal Code of Ghana).



Yet the Constitution of Ghana (article 17(2)) stipulates that a person shall not be discriminated against on the grounds of gender. It would appear that the Criminal Code of Ghana only allowed for prosecution of the more extreme instances of violence while many saw women and children as subordinates of male partners and force against wives as a private matter.

The Criminal Code of Ghana understandably also did not recognize marital rape in any form whatsoever. The results of the Appiah & Cusack report (1999) reflect that sexual harassment; marital rape, emotional abuse and several traditional practices were dismissed as foreign imports and of no relevance to Ghanaian women and children.

During a research-based visit to Ghana in July 2002 and August 2003 a provisional policy paper had been developed and finally presented to the Ghanaian government. This policy paper has been redrafted and presented to the

Ghanaian government and is now referred to as the Domestic Violence Bill, yet to date it has not been assented to nor accepted into legislation.

The Domestic Violence Bill is geared towards introducing legislation that will respond to, and prevent the various experiences of, violence that women and children experience in domestic relationships. The Domestic Violence Bill addresses a range of acts of domestic violence and is also an attempt to address some of the shortcomings in the Criminal Code. It was deemed necessary since it addresses some of the problems inherent in the Ghanaian Criminal Code, which have enabled many acts of violence to go unrecognized, unnamed and unremedied.

Clearly the Domestic Violence Bill that has been tabled in the Ghanaian Parliament during 2003 attempts to change the unsafe situation of intimate partners in the privacy of violent homes. The bill concerns itself with the issue of protection and safety for those wanting to escape from violent relationships. In summary, this bill is divided into three parts, namely domestic violence, civil protection orders and miscellaneous provisions. It also covers physical, sexual, emotional and psychological abuse as well as intimidation and harassment, among others. Like the Nigerian and South African legislation, it also makes provision for the issuing of protection orders as well as matters pertaining to child custody.

5.5. Nigeria

5.5.1. Historical context and review

Representatives of 45 Civil Society Organizations established the Legislative Advocacy Coalition on Violence Against Women in February 2001. This coalition is task-oriented, focusing on legislative advocacy to ensure the enactment of a National Law on Violence Against Women. This coalition also carries out sensitization, advocacy and training programmes aimed at providing appropriate conditions for the successful implementation of the Bill of Violence

Against Women. A working group as well as a secretariat was established to provide a vehicle for this process of implementation and enactment. (Legislative Advocacy Coalition on Violence Against Women, 2001)

It is of note that the Nigerian Bill On Violence Against Women echoes similar sentiments as the South African Domestic Violence Act. No. 116 of 1998. The Preamble to the proposed Nigerian Bill also emphasises the following:

- Recognition that women die and are maimed as a result of violence against women;
- The commitment of Nigeria and its people to their Constitution which underscores the principles of inherent dignity and the rejection of torture, inhumane or degrading treatment;
- The recognition that some aspects of Nigerian culture encourages violence against women and should therefore be prohibited;
- A commitment that customary and religious laws should promote the emotional, physical and mental development of all men and women;
- A further commitment that these customary and religious laws should comply with the Nigerian Constitution as well as the International Treaties to which Nigeria is a signatory;
- The Bill also stipulates that the eradication of all forms of discrimination and violence against women is important for the full benefit of the rights of women that are entrenched in the Nigerian Constitution;
- The Preamble further states that the Universal Declaration of Human Rights as adopted by the United Nations should apply to all human beings in Nigeria – in other words: men, women, boys and girls; and
- The reminder that Nigeria has ratified the United Nations Convention on Elimination of all Forms of Discrimination Against Women to ensure the practical implementation of human rights for women also forms part of the preamble.

5.5.2. Definition of a domestic relationship

The domestic relationship according to the Nigerian Bill on Violence Against Women is defined as a marital relationship, relationship with a former spouse, a child who is resident in the household, any other member of the family, as well as any other resident in the household.

The implications of this definition are that people who are in a dating relationship and who do not reside in the same household are excluded from using this legislative tool to remedy their domestic violence problems. This definition differs from the scope embodied in the South African Domestic Violence Act.

5.5.3. Definition of violence

The definition of what constitutes a domestic violence act is very similar to the South African legislation although the following is a category does not necessarily occur in the South African Domestic Violence Act:

Harmful Traditional Practices: Widowhood rites, Female Genital Mutilation, denial of economic rights, child marriage and child betrothal (Bill on Violence Against Women Act, 2002: 8).

Under the category physical assault, the practice of acid baths and ritual violence are clearly spelt out.

Interestingly, this Bill also identifies the following under the term domestic violence:

- Incest and marital rape;
- Confining or detaining the victim against her will;
- Forced labour of a dependant;
- Harmful widowhood practices; and

- Abandonment of wife and children without means of subsistence.

Moreover, this Nigerian Bill on Violence Against Women clarifies that any person who inflicts any form of physical, sexual, psychological or economic harm of suffering on women or girls, whether it occurs in public or private life will be guilty of an offence. In comparison to the way the distinction between private and public life is managed in Ghana, this Bill clearly states that the mismanagement of women and or girls in the above ways will not be tolerated and is in contravention to the constitution, as well as the international treaties to which Nigeria has committed its people.

5.5.4. Management of the perpetrator

This proposed Nigerian Bill on Violence Against Women also clearly stipulates the penalties if a person is convicted of the offences listed in section 2 of the document. These include:



A person who is found guilty of the offences listed in section 2 is liable to imprisonment for a minimum of 18 months or a minimum fine of N5 000,00 or to both fine and imprisonment.

Any person who incites, aids, abets or counsels another person to commit any of the offences listed in section 2 is liable to imprisonment for a minimum of two years or a minimum fine of N10, 000.00 or to both fine and imprisonment.

The person who is found guilty of such an offence is treated in the same manner as if they committed the offence(s) listed in section 2.

This particular section is of interest, given that in South Africa, specifically Cape Town, imprisoned perpetrators often enlist the services of parolees or gang members to harass, harm or injure their partners. In the writer's experience while doing group work projects in a Western Cape prison during 1998–2002 prisoners who were convicted of marital rape would often recruit gang members going on parole to harm their partners. While not equating gang law with international

law, new evidence does exist of men who are outside of gang culture using gang members to take their revenge.

In summary, this Nigerian Bill on Violence Against Women also makes provision for the application and issuing of protection orders. This Bill is similar to the South African Domestic Violence Act in the powers of the court to either issue an Interim or a Final Protection Order. The Bill also provides for the variation of protection orders as well as the discharge of orders.

Moreover, this Bill also provides for the establishment of a Commission on Violence Against Women with clearly identified powers and duties. The Bill also proposes the Establishment of a Trust Fund for Survivors of Violence against women.

The similarities of these legislative instruments include the powers and duties of police officers and the procedures for managing perpetrators when the protection order has been violated.



It would appear that this proposed bill aims to prevent all forms of violence against women and to provide adequate protection for them against physical violence, sexual abuse, psychological abuse and economic deprivation by persons known or unknown to them.

It is also geared towards providing adequate remedies for both women and girls who have been abused, to prohibit all forms of violence against women and to provide for the reinforcement of the existing criminal punishment for these behaviours. In addition, this bill proposes to act as a deterrent for those who abuse women and children.

5.6. Summary

In conclusion, it makes sense, however, that we should be exploring ways for criminal justice to embrace discourses and practices for women who have been affected by intimate violence. The legal interventions that are being considered by the African countries appear to embrace the realities of African people and the legislative tools do not necessarily closely resemble or mimic those used in the United States. The legislation that is being proposed by Nigeria and Ghana, and in practice in South Africa, have shortcomings and aspects thereof need to be redressed, yet they do attempt to take into account the realities of the women affected by intimate violence. Nevertheless, this does not imply that all governments or its followers fully accept or embrace the ambit and scope of the proposed legal interventions. Many of the legal interventions are being advocated for, and one being driven by activists and those affected by domestic violence, rather than by policy makers who necessarily realize that domestic violence is harmful and a public health issue. It may be conceded, however, that some activists are motivated by a personal agenda.

Yet, the most innovative legislation on its own can never fully provide for the survivors of intimate violence if it is not followed by the provision of the necessary resources. The writer agrees with the Editor of (*Gap Talk*, 2001:2) when she cautions that for any policy to meet its intended purpose, resources need to be made available to guarantee a maximum impact. Thus when governments commit themselves to the safety and protection of women, they also have to commit to the allocation of sufficient funds for the implementation and monitoring of their own legislation.

Chapter Six: Functional element of successful models: Risk assessment to develop best practice

6.1. Introduction

A major problem in traversing the minefield of domestic violence is determining whether an assaulter is dangerous, whether his violence will continue to escalate, or whether he is even capable of killing his partner. Ongoing studies on the prediction of spousal assault are a necessity in order to guide us in helping those who are in these kinds of relationships and in order to ensure their safety and protection.

We recognize that husband-to-wife assault is considered the most serious form of spousal abuse, although the partners may not be in a formalized marriage, but in a similar, intimate relationship (Kropp et al., 1995). This is arguably very serious because of the incidence and the alarming increase in fatalities as a result of this type of violence. Matthews et al. (2004:1) state that the killing of women by intimate partners (also known as female homicide or intimate femicide) is the most extreme form and consequence of violence against women. These authors state that a woman is killed by her intimate partner every six hours and that this is the highest rate (8.8 per 100 000 female population 14 years and more) that has ever been reported in research anywhere in the world (Matthews et al., 2004:1).

Nevertheless, clinicians who work in the field of interpersonal violence are frequently asked to make predictions about violent behaviour. According to Limandri & Sheridan (1995), these predictions serve the primary function of controlling behaviour by punishment, treatment or confinement. These also seek to prevent the occurrence of repeated violence.

South African legislators have developed a very progressive policy to combat continued domestic violence against women. It stands to reason that our courts of

law will soon demand more accurate risk assessments so that they might play their part in the reduction of the incidence of spousal assault and fatalities. The need for reliable risk assessments will provide the courts, correctional services, shelters and victims, with important information that will influence decisions to be made about the management of the assaulter. The main task of clinical prediction therefore is to help us isolate the key variables that could reduce or accelerate the possibility of continued violence. Although there are several risk assessment tools available internationally, a systematic, standardized and empirically based framework remains lacking.

Tyagi (1998:3) concurs that it is difficult to assess the risk of abusive men violently re-offending against their partners. More often than not, there is neither adequate information on how to do good risk assessments nor adequate training for front-line workers in a community setting.

Since little published material that focuses on risk factors associated with repeated spousal assault has been available for some time, several initiatives have been undertaken in the last decade to narrow this area of knowledge. Yet much of the risk prediction material that is available now has been developed from a larger research base that predicted violence or dangerousness among offenders in general and among mentally ill patients.

It is noted that some of the earlier studies on violence prediction have been criticized for their lack of success and their failure to provide any reasonable prediction on the probability of repeated violence. The main proponents of these studies include Meehl (1989); Steadman (1987); Gottfredson & Gottfredson, (1988).

Cooper (1993:2) identified the following factors which helped to establish the widespread pessimistic conclusion that predictions based on clinical evidence are rarely accurate or helpful. Some clinicians, for example, can be more accurate in their predictions for some individuals than for others. It was also argued that the

judgments which clinicians arrived at were often influenced by human fallibility. Hence, questions arise regarding their bias and value judgments which influence the predictions and outcomes that are obtained.

Monahan (1981) identified four blind spots that are typically displayed in clinical prediction:

- A lack of specificity is present in defining what predictors and outcome variables mean;
- Clinicians tend to rely on illusory correlations;
- Statistical base rates are often ignored or dismissed;
- There is a tendency to rely only on illusory correlations; and
- Often environmental and situational information is not incorporated.

Another criticism of clinician prediction is that several of the constructs used to classify or assess the individual have little or no theoretical, or empirical relationship, to the behaviour that is being predicted. In fact, the very classification systems that clinicians rely on, for example the Diagnostic Statistical Manual IV, are value-laden in that the labels used are not helpful in explaining future predictions of violence. Cooper (1993:7) argues that the affective or thought disorders contained in the axis 1 categories apply to many people yet not all of them have a predilection for continued violence.

Clinicians cannot solely rely on personality or attitudinal constructs to predict future violent responses since situational factors must be taken into account as well. Theoretically, however, some of these constructs contained in the main classification systems could yield more accurate information if they were combined with situational or environmental factors.

Thus Monahan (1984) coined the term “second-generation” thinking to portray the shift during the last decade in the area of violence prediction. He also referred to this pessimism of the previous era as the “just desert” theory which implies that

sentencing (for instance) was solely dependent upon two factors, namely: the seriousness of the crime and the offenders' culpability in committing the crime. Yet the literature is clear that risk assessments should be undertaken in specific ways and rely on several sources of information (Cooper, 1993; Tyagi, 1998; Monahan, 1984).

Tyagi (1998) identified the following important principles in risk assessment:

- Risk assessments need to be grounded in a theoretical framework rather than occurring as a stand-alone activity;
- Risk assessments must base their findings on multiple sources of information, such as: information from the partner; reports from probation or parole officers; police reports; victim impact statements; children's testimonies; clinical reports; or psychological reports or tests;
- Risk assessments need to speak to a specific time frame and should specify over what period the perpetrator is likely to re-offend again; and
- The findings should also present and outline the conditions under which the perpetrator is most likely to commit violence again, for instance: under the influence of alcohol or the threat of separation.

6.2. Risk assessment measures in domestic violence prediction

The writer agrees that there are no short cuts to assessing a batterer's risk of re-offending against his current or potential partner. An assessor needs to keep in mind specific principles and it is better to use a structured risk assessment than to use an assessment relying on clinical judgments alone. Tyagi (1998) concurs and is supported by other authors (Kropp, 2000; Hart, 1999; Hart, 2001). The literature is also clear that risk assessments are generally presented as probabilities, in other words, educated guesses about events that are likely to happen, when it happens, what frequency, and at what intensity it may occur (See Hart, 1999; Hart, 2001).

Kropp (2000) stated that risk assessment for spousal violence has become a much discussed topic in the scientific and professional literature. This author postulates that the following are essential questions when one examines the topic of risk assessment and batterers:

- 6.2.1. What is risk?
- 6.2.2. How should risk assessment be conducted?
- 6.2.3. What should the role of the victim be in risk assessment?
- 6.2.4. Who should conduct risk assessments?
- 6.2.5. How should risk be communicated and managed?
- 6.2.6. How should risk assessments be evaluated?

6.2.1. What is risk?

Hart (1999) explained risk as a multi-faceted construct that comprises the nature of the kinds of violence that might occur; its severity, in terms of how serious the violence might be; their frequency, indicating how often it might occur; as well as the imminence that indicates how soon the violence might occur. Lastly, the nature of risk is also influenced by the likelihood and the probability that the violence might occur.

In addition, this author argues that risk is context specific and that one can never know definitely what a person's risk for violence is, and that one can merely estimate it by assuming various conditions. Hart (1999) cautioned that relative or conditional risk judgments are more useful than absolute or probabilistic risk judgments.

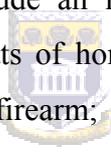
6.2.2. How should risk assessments be conducted?

Both Hart (1999) and Kropp (2000) emphasized that risk assessments cannot be conducted on the basis of single sources of information. Multiple sources must inform the collection of data and these usually include interviews, existing

records, other collateral information and questionnaires. Tyagi (1998) concurred when she referred to a “stand-alone activity” in this respect.

An important aspect of the risk-assessment procedure is also to have clear guidelines on how the findings will be communicated and to what purpose. The important challenges in managing this aspect are to have clarity about who is at risk, for what and why, and what the options are to manage or minimize that risk.

6.2.3. What should the role of the victim be in risk assessment?

A woman’s own appraisal of her immediate danger is key in the assessment of the level of risk and future safety needs. Nevertheless, since victims may minimize or deny the danger they face — because of shame or fear that word will get back to the batterer — it is helpful to explore specific indicators of escalating risk. These may include an increase in frequency or severity of assaults; increasing or new threats of homicide or suicide by the partner; the presence or availability of a  and violent behaviour outside the relationship.

Clearly, the victim of domestic violence should participate actively in the collection of information that is required to conduct a comprehensive risk assessment.

6.2.4. Who should conduct risk assessments?

Hart (1999) emphasized that the assessors should have at least a minimum professional qualification, since many risk assessment tools require both training and a specific level of comprehension. The assessor should also have skills and strategies for recording judgments and have competencies in reviewing key information. This writer concurs with Hart (1999) since the conceptual basis of the risk assessment is to bridge clinical and empirical domains, as well as existing knowledge bases. Hart (1999) further makes a strong argument that risk assessment should be an evidence-based risk assessment that does not rely solely on the clinician or clinician authority.

6.2.5. How should risk be communicated and managed?

Hart (1999) highlights that the goal of the risk assessment is the effective management of the offender and that risk assessment is the cornerstone of such management. Information and outcomes of the risk assessment influence decisions made in the criminal justice system such as sentencing, bail conditions or release from prison. It also informs civil justice issues such as custody, visitation and culpability, as well as treatment and advocacy interventions.

Indeed, risk assessments are used to prevent further violence by improving the consistency and accuracy of decisions and by guiding the intended interventions.

6.2.6. How should risk assessments be evaluated?

Hart, (2001) argues that the risk assessment should attempt to fulfil three criteria, namely: to be scientifically valid, useful clinically and non-discriminatory. He further states that the assessment should be utilised to identify and prioritise targets for treatment and supervision.

Clearly, an essential component of a reliable, sound risk assessment is the inclusion of specific procedures and principles, among others since the assessor cannot rely on a single source of information. More importantly, the assessment instruments that are used for the risk analysis should be empirical, valid and have undergone the rigours of scholarly scrutiny and examination.

6.3. Lethality risk assessment

Websdale (2000:20) asserts that violence against women takes many forms and is much more pervasive, injurious, and lethal than official statistics report. Nevertheless, it is safe to say that far fewer than one percent of battered women are killed by their intimate male partners. Yet if one considers that these comments were made during 1998, the contrasts with a local study by Matthews et al. (2004) bear testimony to the contrary. Matthews et al. (2004:6) find that a

woman is killed every six hours in South Africa and that intimate femicide is linked to a history of domestic violence with the risk increasing at the threat of separation or actual separation.

Intervention with batterers must simply include an analysis of whether the victim is at risk of being killed. Hence, many batterer intervention programs have some sort of lethality assessment that directs specific questions to the possibility of the woman being killed by her intimate partner.

Websdale (2000:26) argues that one cannot really draw a distinction between those batterers who are deadly and those who are not. This author postulates that research into domestic violence typically reveals these to be crimes of accumulation in which men's violence and women's entrapment seem to intensify over time. He states that the absolute distinction between lethal and non-lethal cases is a false dichotomy and that there is a range or continuum of violence and entrapment that underpins abusive intimate relationships. Against this background it may be more appropriate to determine and argue about dangerousness, rather than lethality assessment.

Campbell (1995:30), however, summarized the following key risk factors that have been identified by experts in the field:

- Access to or ownership of guns;
- Use of a weapon in prior abusive incidents;
- Threats involving weapons;
- Serious injury in prior abusive incidents;
- Threats of suicide;
- Drugs or alcohol abuse;
- Forced sex of female partner; and
- Obsessiveness, extreme jealousy or extreme dominance.

It is interesting that Websdale (2000:28) makes ample reference to Campbell's list of risk factors yet no mention is made of the *SARA*, by Kropp et al. (1995) that also include these factors and more in their risk assessment instrument.

Yet Websdale (2000:32) does argue that research into domestic homicide is limited because it is impossible to know precisely which characteristics of domestic violence relationships cause the death of a party. He states that trying to assess the lethality indicators in domestic violence by working back from domestic homicides is problematic because it assumes that certain permutations, combinations and intensities of antecedents culminate in or indeed cause death.

This writer agrees with Websdale (2000:32) that one may need to examine the factors that are associative or correlative, with the clear understanding that correlation may not provide proof of causation.

It is this writer's contention that a comprehensive risk assessment instrument will incorporate the essential components to determine dangerousness and the possibility of the perpetrator killing his victim. An additional lethality assessment may be obsolete if the assessment instrument includes items that address the issue of dangerousness and homicide or suicide.

6.4. Summary

Clearly, notwithstanding a general pessimism about the risk assessment and prediction approach, these can be powerful indicators of dangerousness. Indeed, it can be employed in a responsible and accountable manner in order to combat continued domestic violence and assist those who work in this area to secure greater levels of protection for battered women and more effective programme involvement for perpetrators.

Hart (2001) concurs that research over the last two decades has produced a number of assessment tools designed to assess risk of violence. While it still may

not be possible to predict risk with unequivocal accuracy, these tools have undoubtedly improved predictive assessment, particularly when used in combination with clinical evaluations. Many of the instruments continue to be refined, developed with continued research, and incorporated into new findings.

Doren (2002:104) highlights that there are between four and six different methodological structures for doing a risk assessment, but the last two structures are usually subsumed. He describes these structures as the unguided clinical judgment, which refers to a process by which the clinician simply reviews case material without any significant priori list or theoretical construct; while the guided clinical judgment approach commences with an *a priori* set of ideas which are influenced by the clinician's own set of theories and ideas, with no real concern for the overlap or support from research results. Doren (2002:106) also describes the anamnestic approach, which is a combination of both the unguided and the guided clinician judgment. This approach does not necessarily employ research results but uses the individual's life history as a guide to determine the relevant factors for recidivism.



Doren (2002) supports Hart (2001) in the view that the fourth methodology, namely research guided judgment, which involves the use of an *a priori* set of factors to be considered and given weight in risk assessment, with other considerations typically being given lesser weight. Both these authors emphasize that this approach mandates the employment of a research-supported list of considerations across multiple evaluation cases of a similar nature.

Hence the issue of risk assessment cannot be constructed effectively, if one does not scrutinize relevant theories that underly risk assessment or explore the various instruments that have been developed based and which are on specific constructs of risk and judgment.

6.5. Theoretical models in risk assessment and prediction

Current research in clinical decision-making identifies the following major models as guidelines to improve the accuracy of prediction and ultimately the overall

management of the perpetrator of domestic violence. These models are: the linear, rationalist model; the hypothetico-deductive model; and the risk assessment models. (Benner, 1984; Harbison, 1991).

6.5.1. Linear model

This model is based on the significance of forensic implications for perpetrators and includes a decision tree or critical pathway that could guide the clinician in making decisions that have legal consequences (Limandri & Sheridan, 1995). The proponents propose the following seven steps.

- 1) **Clarify the threat** – the clinician scrutinizes the intent of vague comments that are made by the client. For example, a perpetrator who threatens to kill his wife and her parents will require the clinician to undertake a full assessment to determine the risk factors involved.
- 2) **Assessment of risk** – The  clinician assesses the likelihood that the perpetrator will carry out the threat. Not all threats pose a danger, but it is the task of the clinician to determine this.
- 3) **Identifying the intended victim** - When threats are made in a vague and generalized manner, the clinician investigates and attempts to identify the intended victim. This is of relevance when there is evidence of danger.
- 4) **Warning the victim** – The clinician has a duty to inform the intended victim, if he or she believes that the perpetrator is serious about the threats that were made.
- 5) **Relationship to the victim** – The intervention of the clinician will differ once an assessment has been made of the victim-offender relationship. If the threats are directed at a public official or the staff of a shelter, different preventative or treatment strategies will be employed.
- 6) **Family therapy decision** – At this stage the clinician decides upon the feasibility of family intervention: however, note that when active threats have been made, family therapy may provoke an onslaught of violence.

- 7) **Final steps** – The final step requires of the clinician to decide upon statutory intervention or any other similar action

While this model provides the clinician with clear direction and a consequential, logical argument, its objectivity ignores other factors such as treatment outcomes, social support or stabilization of the stressors (Limandri & Sheridan, 1995). Information that may have a contextual relevance is ignored and the decision appears driven by a formula rather than the specific nuances of the situation.

6.5.2. The Hypothetico-deductive model

This model tends to be relational and complex in assessing factors that will influence the clinical decisions (Limandri & Sheridan, 1995). The clinician looks for patterns and cues from the past, similar situations in order to categorize and cluster cues. According to Limandri & Sheridan (1995), the expert searches for a “pivotal cue” to frame all the cues and to link it with extensive theoretical knowledge. These cues are then arranged into hypotheses, which are tested for confirmation, or refutation and a final decision is made.

The impression is created that this model still relies heavily on the clinician’s interpretation of the cues as well as the risks of making judgments that are value-laden.

6.5.3. Risk assessment model

A compelling consideration for poor predictive accuracy of interpersonal violence is the assumption that violence is dichotomous and uni-dimensional (Gottfredson & Gottfredson, 1988). This model allows the clinician to consider the types of harm possible across a multitude of variables. The risk assessment model also provides the clinician with a set of risk factors or risk markers that may contribute to, or perpetuate, the violence.

Webster et al. (1985) describe the results of a risk assessment project in Iowa, USA in which a number of variables describing the current offence, past history of arrests, convictions, probation terms and prison terms, drug or alcohol history, most recent employment status, educational level, marital status and age were used to produce sentencing recommendations. The outcomes suggested that if this model was used, the prison commitments could have been reduced by 25% without endangering the community and there would have been a 15% reduction in probation violations.

Yet, when the approach was used in two different Canadian countries, the result proved disappointing, suggesting that the diversity of socio-cultural context and legal systems may require different or modified risk markers or indicators.

6.6. Empirical-based risk assessment and prediction instruments



Websdale (2000:15) states that assessment tools range from guides to more detailed instruments that ask more searching and complex questions, usually from the victim's, rather than the perpetrator's point of view. This author confirms that the more comprehensive instruments ask questions about the abusive relationship, inviting discussion of how victimization patterns have changed over time, and what twists and turns there may have been in the relationship.

Tyagi (1998) says that key risk factors in re-offending include:

- History of offending;
- Substance abuse;
- Attitude toward women;
- Compliance with conditions;
- Antisocial behaviour;
- Antisocial personality; and

- Life stressors.

Websdale (2000:30) further emphasizes that the most common clusters of questions are concerned with the following factors:

- Prior victimization;
- Batterer's substance abuse;
- Batterer's obsessive behaviour and excessive jealousy;
- Threats to kill the victim or her children;
- Batterer's possession of, access to, familiarity with, and degree of fascination with weaponry, especially guns;
- Batterer's use of violence in settings outside the home;
- Stalking behaviour;
- Batterer's suicidal ideation, plans, threats and past attempts; and
- Status of the relationship in terms of whether the parties are separated, separating, estranged or whether she is in the process of fleeing.

The following instruments are widely used and more commonly known to provide risk assessment and prediction of dangerousness with continued violence in men who have a history of domestic violence.

6.6.1. Spousal assault risk appraisal guide - SARA

This guide was initially developed by Kropp et al. (1994; 2000) and is currently being subjected to ongoing research scrutiny and development. The instrument comprises of 20 items and the scores are based on information that is obtained from multiple sources and is relatively easy to score. The risk management is obtained from the scores and the guide is reported to have well- established psychometric properties.

A critique of the guide is that several variables are derived from clinical judgments by professional staff and may be subjected to inter-rater disagreement. Another shortcoming is that the guide does not assess the status of the relationship, in other words: it does not pose questions on whether the parties are still in a relationship, divorced or estranged. A full description of this instrument is provided in chapter eight of this report.

6.6.2. Application of the SARA

The following contexts form the main areas for using the *SARA*.

a) Bail conditions

When an offender appears in the court on charges of violating a final protection order or when an interim protection order is granted, the magistrate can be guided by the outcomes of the assessment done with the *SARA*. The magistrate can further make an informed decision about attaching specific conditions to the bail application or the conditions attached to the protection order.

b) Sentencing

The results of the *SARA* could be used in the sentencing structure for specific offenders. Currently, the magistrate has to make decisions about risks or the potential for continued harm based only on the accounts provided by the complainant and the defendant. Although in more serious matters the concerns of other professionals may be included in the court document(s), however, this is not the norm.

c) Warning third parties

This tool could be very useful to organizations or individuals who provide treatment, rehabilitation or assessment services to perpetrators. The *SARA* can be used to determine risk to the extended support network of the victim, particularly in the light of family murders that occur in South Africa. If the organization has validated information on risk(s) or threat(s) that have been

directed at the parents of the victim, for instance, they could be warned to take the necessary precautions.

6.6.3. Assessment procedure

Kropp et al. (2000) strongly advise that users of the *SARA* should not employ the guide in isolation of other sources of information. Hence the user will gather all other available information on the perpetrator and the victim through interviews with others, for example, probation officers, or the police, as well as consult all available records.

To this end, the authors have included a guide to information sources that can be completed for each administration of the *SARA*.

The use of a structured or semi-structured interview is suggested to ensure that the information is collected in an efficient and systematic manner. The following areas should be addressed during the interview with the perpetrator and where possible other sources of information.

- Childhood abuse and neglect experiences (Item 6).
- Occupational and social history (Item 5).
- Relationship history (Item 4).
- Physical and mental health history (Item 7:10).
- Current mental status (Items 7:10).
- History of abusive behaviors (Items 1, 2 and 11:20).
- Criminal history (Items 1, 3 and 11:20).
- Current life stressors (other considerations).
- Current social support network (Item 4 and other considerations).

6.6.4. Danger assessment (DA)

This instrument consists of 19 items and is a paper-and-pencil guide which was developed by Campbell (1995). The instrument relies on information from the victim and was originally developed to assess risk of homicide from among batterers, although it can also be used to predict future domestic violence. This guide is reportedly easy to use and its replication for larger samples is regarded to be promising.

6.6.5. Domestic violence inventory (DVI)

Currently the domestic violence inventory is still being tested and under construction but the following outcomes have emerged from the research input. (Websdale, 2000b:8)

The domestic violence inventory (DVI) was administered to a sample of 7 941 domestic violence offenders. The DVI has six scales for measuring offender risk: violence (lethality) substance abuse (alcohol and drugs), controlling behaviours, emotional, and mental health problems. Reliability analyses showed that all DVI scales scored between .88 and .93 alpha reliability coefficients. DVI scales successfully discriminated between two groups: offenders with two or more domestic violence arrests scored significantly higher than offenders who had one or no such arrests. The violence scale identified 98% of the offenders who admitted to being violent. The control scale identified 95% of the offenders who admitted to controlling or dominating others. The alcohol and drugs scales identified offenders who had been treated for alcohol and drug problems, 99% and 100%, respectively. DVI classification of offender risk was demonstrated to be 98% accurate for all DVI scales.

6.6.6. Partner abuse prognostic scale (PAPS)

This instrument was developed by Murphy, Morrell, Elliot & Neavans (2003) and during its development, information was obtained from both the batterer and

the victim. The instrument is a prognostic index of 17 well-established risk variables and is for use with adult males only. Although the psychometric data appears promising, the instrument is still being validated and is not available for use yet. This instrument also provides cut-off scores for risk.

6.6.7. Kerry's femicide scale

Kerry (1998) constructed this unique scale by obtaining information from convicted killers as well as men in the community and identified characteristics of men who kill women with whom they have been in an intimate relationship. The author of this instrument identified a constellation of factors including psychological, emotional, physical abuse and attitudes to women based on the information gleaned from extensive study of perpetrators of femicide. This instrument is available for any practitioner who has an interest in this phenomenon.



6.6.8. Domestic violence evaluation (DOVE)

This instrument is currently being developed by Ellis and Associates from York University in Toronto and no information is available yet. Nevertheless, the authors have confirmed that the instrument will target assessment, screening and prediction of post-separation domestic violence. (Websdale, 2000b:10).

6.6.9. Propensity for abusiveness scale (PAS)

This instrument was developed by Dutton (1995) and is based on information gathered from batterers and non-violent men from the community. The scale is a self-report measure that addresses attachment style, anger response, trauma symptoms, parental treatment and self-concept stability. Dutton (1995) confirmed that this instrument is probably more beneficial for use with a non-criminal population and for the prediction of emotional abuse and risk for physical abuse.

6.6.10. Other

The following measures have also been available for evaluation and use, although it does not appear to be as comprehensive as some of the instruments discussed earlier:

- Inventory for controlling behaviours (Meredith & Burns, 1990).
- Inventory for beliefs about wife beating (Saunders, Lynch, Grayson & Lintz, 1987).
- Conflict tactics scale (Straus, Hamby, Boney-McCoy & Sugarman, 1996).
- Multidimensional anger inventory (Siegal, 1986).
- Hostility towards women scale (Check, 1985).

6.7. Summary

In assessing risk, the assessor must be familiar with the multifaceted dimensions of risk measurement as well as have some knowledge of the various instruments that exist. Tyagi (1998:3) warns that batterers are not a homogenous group and that distinct typologies do not exist. Yet it is evident that an assessor cannot rely on his or her clinical judgment only and that structured, standardized instruments are more likely to yield acceptable results.

Websdale (2000:15) agrees with Tyagi (1998:4) that it would be far more appropriate and useful to employ the term “dangerousness” than a “lethality” assessment because the distinction between “lethal” and a “non-lethal” causes a false dichotomy. Both these authors agree that research into domestic violence homicides typically reveal that these are crimes of cumulation in which the men’s violence and women’s entrapment seem to intensify and progress over time.

It is apparent that there are no short cuts to assessing risk and that the selection of an appropriate instrument must be systematic and well considered prior to its use. It would also appear that an over-reliance on one source of data is inappropriate and renders the best instrument ineffective. Nevertheless, most instruments have

limitations and the assessor is responsible for familiarizing themselves with these limitations and their effect on the risk analysis outcomes.

Notwithstanding the range of risk assessment instruments that are available and the known limitations, it remains the responsibility of the practitioner who wishes to provide intervention with batterers to familiarize themselves with all necessary knowledge. Most instruments can be purchased and training manuals or workshops are available should a practitioner wish to acquire the necessary competencies or skills to do risk assessments. Clearly, the literature covered in this document over the various chapters highlight that thorough risk assessment is a cornerstone of offender management and can promote the continued safety of women and children affected by domestic violence.

The risk assessment instrument this writer chose to use is the SARA guide that appears to be the only instrument for use with batterers that have been scientifically and empirically validated (Hart, 2001; Kropp, 2000).



Chapter Seven: Identifying functional elements of successful models of batterer treatment programmes: An international perspective

7.1. Introduction

This chapter will address the question posed by the Rothman & Thomas (1994) D & D model regarding existing models that have produced successful outcomes in changing targeted behaviours. Although detail is provided in chapter 2 regarding programmes with which the writer is familiar, additional input was gained through scrutinizing the research-based programmes that are available electronically. Much controversy surrounds the concept of “successful outcomes” hence the writer’s motivation to examine research-based programmes in addition to those that are practised internationally. Laing (2003:1) cautions, however, that there is no easy answer as to whether or not perpetrator programmes work, and that teasing out the complexities which underly this apparently simple question is a challenging endeavour. Hence the writer examined the elements of those interventions that could be utilized effectively within a local context.

De Vos (2001:392) said of the Rothman & Thomas (1984) D&D model that an important question is whether there are model programmes, policy or practice that has been successful or unsuccessful in targeting the identified behaviours. This author also argues that, through this scrutiny and synthesis of existing knowledge, one can develop interventions that are more effective and successful.

The research literature on evaluating programmes for perpetrators of domestic violence is mainly derived from practice in the United States and to a certain degree on programmes in the United Kingdom, Canada and New Zealand (Cunningham et al., 1998:38). This is useful in terms of one not needing to “re-

invent the wheel”, but it provides challenges if comparisons are made to countries with less developed infrastructure, resources and experience.

Batterer intervention programmes were initially introduced to hold perpetrators of domestic violence accountable, without necessarily incarcerating them (Jackson et al., 2003:283). Nevertheless, it is apparent that two schools of thought influenced the type of treatment that was offered to the perpetrator of domestic violence. Johnson (1995:286) categorized spousal abuse into two main groups, namely “patriarchal terrorism” and “common couple violence”.

Johnson (1995:283) argues that “patriarchal terrorism” is generally more dangerous than “common couple violence” since those perpetrators are driven by a need to be in charge of the relationship and to control their partners by any means necessary. While “patriarchal terrorism” is based on research from the women’s shelter population samples, “common couple violence” in contrast is non-gendered.

“Common couple violence” is described as an intermittent response to the occasional conflicts of daily life and is motivated by a need to control a specific situation. While Johnson (1995:286) argues that this type of violence is usually not part of a pattern in which one partner is trying to exert control over the other, the question “why resort to violence then?” begs a response. From a feminist perspective, it would appear that the rationale produced for “common couple violence” resembles a justification for those men who use violence on occasion but feel justified in doing so.

Many batterer intervention programmes have been informed by the principle of “patriarchal terrorism” that targets among other issues those of power and control (Jackson et al., 2003:2). Subsequently, most batterer intervention programmes base their work with perpetrators of domestic violence on one of the following four theories that are derived from those discussed in chapter four of this thesis.

- Psychological theory;
- Relationship conflict theory;

- “Anger causes violence” theory; and
- “Male beliefs of women” theory

These theories can be linked to those addressed in chapter four of this thesis in that the psychological theory and the “anger causes violence theory” clearly derive from the individual pathology theories, while the relationship conflict theory originates from the family systems theory and the last category, namely the “male beliefs theory” emanates from the feminist perspective.

The initial programmes for batterers, however, were all psycho-educational approaches based on the feminist theory that patriarchal ideology encouraged men to control their partners hence the violence in an intimate relationship (Wexler, 2000; Jackson et al., 2003). The emergence of batterer intervention programmes also dictated that broader input and collaboration was required from different sectors of society. Thus with the establishment of batterers intervention programmes, pro-arrest policies developed because survivors of domestic violence were unified in their need to stop the battering but not necessarily have their partners incarcerated (Tolman & Edleson, 1995:262). Consequently, many batterers were seen in criminal courts all over the United States and offered court-mandated treatment as an attempt to still hold the batterer accountable for his violence.

The alternative approaches to batterers intervention programmes include the cognitive behavioural interventions that views battering as a result of thinking errors and focuses on skills training and anger management (Russell, 1995). Yet another model, group practice works from the premise that battering has multiple causes and therefore combines psycho-educational components, cognitive-behavioural techniques and individual assessment.

The following programmes have been used to shape and influence the current programme that the writer has developed at FAMSA, Western Cape. In accordance with the D & D model of research by Rothman & Thomas (1984),

specific elements have been identified in the following batterer intervention programmes in order to develop an appropriate model for our purposes in the Western Cape and everywhere in South Africa.

This section will briefly summarize the main tenets of each programme and highlight the specific elements that inform the current intervention. Although several other programmes have been scrutinized as outlined in the first section of this report, a decision was made to explore those programmes with programme guidelines, policies and approaches that could be replicated or adapted for use in our South African context. In the previous chapter, a lengthy discussion outlined the main theories underlying programme involvement, hence this section will merely use examples of programmes that contain useful practices that can be replicated or considered locally.

7.2. Duluth Model (Duluth Domestic Abuse Intervention Project): USA



Paymar (2000:235) states that the educational process in the Duluth curriculum is based on the work of the late Brazilian educator and author Paulo Freire, who formulated a theory for the education of illiterates based on the belief that every human being is capable of looking critically at his or her world, despite the level of oppression they have experienced. The author argues that they use this approach in their groups for perpetrators because battered women can easily recognize themselves as living within an oppressive structure (Paymar, 2000:236). Hence the model was applied in the work with victims of domestic violence and later adapted for work with the perpetrator.

Subsequently, the Duluth Model was initiated during 1979 in Minnesota and grew out of the pioneering efforts of a group of women who organised the Domestic Abuse Intervention Project (Jackson et al., 2003; Paymar, 2000). Although they advocated that society had an obligation to ensure its citizens are not victimized, the criminal justice system and human service providers provided little support. At the same time a particularly gruesome homicide prompted the resistant justice

system to listen to organisers. As a result many of the policies on domestic violence were changed and the first educational group for batterers was held in Minnesota. These men were given sentences and placed on probation as well as provided with an opportunity to change their behaviour by attending the domestic abuse classes.

The Duluth Model interventions were always group-based and in direct contravention to previous dominant clinical interventions (Jackson et al., 2003). These clinical interventions primarily focused on identifying the problem as a relationship dysfunction; working with the couple; identifying ways in which both partners contributed to the conflicts; examining the pressures on the perpetrator; and focusing on the victim's psychological disturbances that caused her to stay in the relationship.

In contrast to the clinical programmes, the Duluth Model is a socio-culturally based programme that held men accountable for their own violence, removed the stigma from women as having "caused" the violence and insists that men helping men was the most potent forum to examine the fundamental attitudes that support spousal abuse (Cunningham et al., 1998; Pence & Paymar, 1993). This model has become one of the most popular community-based intervention models and aims to provide "comprehensive, community-based programme intervention in domestic abuse cases".

This model enabled for men to be confronted consistently on their denial of abuse, their minimization of the severity of its effects, their rationalisations about being provoked and their blame on external factors such as stress, alcohol or interfering relatives.

This approach has also influenced the plethora of batterer intervention programmes that have been developed following its inception. In fact, many state legislatures have dictated that court-approved treatment providers in the United States can use only programmes based on this mode (Paymar, 2000).

Nevertheless, Dutton (1994), Dutton & Golant (1995), Dutton & Starzomski (1997), and particularly those practitioners who also rely heavily on previously mentioned clinical interventions, have offered the following criticisms of this approach:

- Relying too much on a confrontational style;
- Only acknowledging male violence;
- Discounting the frequency and significance of female or ‘bio-directional’ violence;
- Treating all men who have committed acts of spousal abuse as being motivated by “patriarchal terrorism”;
- Programme focus only on how men’s domination causes violence; and
- Generally demonizing the batterer.

This writer views these criticisms with a measure of skepticism since the critiques appear to uphold the values that dominate earlier batterer interventions where the focus was shifted from the benefit of using violence in order to gain satisfaction for emotional and/or other needs. It would appear as if these criticisms have mainly been offered by those who have been accused of attempting to “psychologize” the problem in order to find plausible explanations for why a man would use physical violence or abusive, controlling behaviour in an intimate relationship. The Duluth Model is political in nature and will undoubtedly be unpalatable to those who are schooled and invested in family systems or psychologically oriented methods (Paymar, 2000:22).

The following aspects of the programme have been useful in the development of batterer intervention programmes in the Western Cape for this research. As noted in chapter two the notion by Rothman & Thomas (1994) is that identifying useful aspects of other models can guide, design and develop activities. The following is a description of the useful elements of the Duluth model in terms of informing the programme development.

7.2.1. Group-based programme

The notion that men can help other men to change their values, beliefs and behaviours that are a danger to women and children is an attractive one (Paymar, 2000; Pence & Paymar, 1993). In the writer's experience of dealing with perpetrators on an individual basis, there are many impediments to changing aspects of the perpetrator's belief systems and behaviours. Different approaches to handling confrontation are also issues that the treatment provider has to address. In the writer's experience, perpetrators of domestic violence often present as overly compliant with the therapist in individual work in order to minimize any attempts at confronting inappropriate or dangerous behaviour.

Paymar (2000: 251) advises that the facilitator should create an environment and group process in which men can think critically and reflect on who they are as men and how they got to the point that they started battering. The group-based setting does not only allow for men to confront one another regarding their common values, beliefs and behaviours but it also provides a different level of support for one another (Pence & Paymar, 1993:67). Hence, confrontation in the group-based approach is not necessarily synonymous with humiliation, shaming or at its worst, obnoxious behaviour on the part of the group facilitator.

Although assessments and aspects of the treatment may and should be undertaken individually, the group-based approach does offer the perpetrator more gains and certainly support and education from other group members.

7.2.2. Programme goals and philosophy

The writer's involvement at a private psychiatric facility has highlighted the tendency to treat batterers in isolation from important systems, such as the family, the criminal justice system or victim advocates. Laing (2003:2) cited the reliance on self reports of change by the batterer as a methodological flaw in evaluating treatment outcome or success. In the writer's experience it is difficult to determine protection, safety, lethality or changes in violent behaviour when

the batterer is treated in isolation. Hence the importance of the overall programme goals and philosophy of the Duluth Domestic Violence Intervention Project to ensure collaboration and networking in the best interest of all involved.

The main programme goals of this model include:

- To end domestic violence by creating a culture of deterrence;
- To ensure the programme is collaborating with the justice system, human service providers, and the battered women's programmes;
- To ensure safety for the partners of group participants in the programme; and
- To teach offenders alternatives to coercive, controlling, and violent behaviour in intimate relationships.

Paymar (2000:9) one of the initiators of the Duluth model conceptualized the overall programme philosophy as:



- Violence is intentional;
- Battering is a system of abusive behaviours that are used to maintain control;
- Most cultures support male dominance in families;
- Individual men can change; and
- Except in cases of genuine self-defence, there are always alternatives to violence.

This aspect of the Duluth model is significant for local programmes because of the scope that is provided in terms of contextualizing the treatment *per se*. Although this programme is strongly rooted in the feminist approach (as discussed in chapter four) it also takes into consideration specific aspects of other approaches, namely that changes are possible and that the behaviour, attitudes and values of violent men can be altered.

7.2.3. Participation

All participants in the batterers programme are contractually committed and bound, albeit with a court order or conditions of probation, as well as a programme agreement. The contract also spells out the expectations of the batterer regarding programme compliancy, payment of fees, consequences for contract violations, as well as the release of an information schedule.

This aspect of the Duluth Model has been particularly useful in cooperating with the criminal justice system in South Africa because batterers are referred to the local program either as part of a condition of sentence or as a result of the protection order violation.

7.2.4. Lethality assessment

Matthews et al. (2004:1) caution that not much is known about who kills South African women and under which circumstances, although international studies reveal that intimate femicide is linked to a history of domestic violence, with the risk of increasing at the threat of separation or actual separation. In the writer's considered opinion and based on the evidence of the outcome of the Matthews et al. (2004) study, batterer intervention programmes cannot ignore the importance of lethality risk assessment. Selected aspects have been utilized from the Duluth Domestic Violence Intervention Project in the programme that the writer has developed in the Western Cape (NICRO National Training 2001/2; FAMSA 1990 – 2004)

In terms of the lethality assessment the following are identified in this approach as important:

- The programme staff need to explore all past and present threats;
- Threats of homicide or suicide should be examined thoroughly;

- The victim/shelter needs to be warned if the batterer has been obsessed with, or has stalked his partner;
- The victim/shelter needs to be warned if the offenders appear to be reacting to a protection order or divorce in a dangerous way;
- The victim/shelter/law enforcement needs to be informed if the batterer makes threats regarding the children; and
- Programme staff need to discuss red-flag cases with facilitators and advocates.

The high incidence of fatalities as a result of domestic violence in South Africa makes lethality assessment an essential component for any batterer intervention (Vetten, 1996; Matthews et al., 2004). The lethality risk also provides programme staff or treatment providers with a higher level of accountability and responsibility to victim and community safety as well as protection. The availability of guns and the current legislation surrounding guns also necessitates a lethality assessment. Any object, however, can be a potentially lethal weapon in the hands of a batterer who is either out of control or who intends to kill.

7.2.5. Power and control wheel

The power and control wheel is probably one of the most noted interventions pioneered and designed by the organizers of the Duluth Project. Paymar (2000:89) states that the Duluth Domestic Abuse Intervention Project created the power and control wheel to illustrate the abusive behaviours used by batterers to silence, scare, manipulate, confuse, and control their partners. The disciples of this approach believe that, unless violent men can recognize the full range of behaviours that they use to exercise power and control, the battering will continue. The main elements include the use of:

- Coercion and threats;
- Intimidation;

- Emotional abuse;
- Isolation;
- Denying, minimizing and blaming;
- Children;
- Male privilege; and
- Economic abuse.

This tool was developed by the Duluth organizers to illustrate the abusive behaviours used by batterers to silence, scare, manipulate, confuse and control their partners. Hence, this wheel is used to assist the batterer in recognizing the impact and effects of their abusive behaviours on their partners. The power and control wheel is used as a log that the batterer completes prior to weekly group-based sessions during which he is expected to critically review and discuss his use of various tactics on the instrument.



7.2.6. Equality wheel

The equality wheel is another tool that was developed by this model and is based on the premise that batterers need to acquire new skills in developing egalitarian relationships. This instrument was developed to articulate the challenge of engaging in genuinely egalitarian relationships (Paymar, 2000:163) for the batterer participating in the batterer intervention programme. The essential components of the equality wheel are:

- Negotiation and fairness;
- Non- threatening behaviour;
- Respect;
- Trust and support;
- Honesty and accountability;

- Responsible parenting;
- Shared responsibility; and
- Economic partnership.

This instrument also takes into account that many men may realize the importance of equal partnerships, but – because they have a history of battering - may not have the required skills. The participants are guided in acquiring the skills needed to engage in a more fair and egalitarian intimate relationship by volunteering personal examples and completing a log to this end.

7.2.7. The cycle of abuse

The cycle of abuse was pioneered by Walker (1979), a psychologist who described the different stages that occur during domestic violence. However, this tool is widely regarded as a  hallmark of the feminist approach and used extensively in the Duluth model approach (Wexler, 2000:6) The cycle of abuse identifies four stages namely, denial, tension building, explosion and a remorse phase. This cycle can also be described as a phase referred to as loving contrition, where the batterer feels remorseful about the violence and the other phase called the build up phase where tension accumulate to end in an explosion.

Dutton & Golant (1995) argue that this cycle of abuse is not evident with every batterer but has some relevance in understanding the battering dynamics. In the experience of the writer, this cycle has proved more useful and beneficial to group participants than the other two instruments, the power or control and the equality wheel.

7.2.8. Summary

In summary, this model advocates a uniform approach to domestic violence including criminal and legally applied sanctions with inter-sectoral collaboration. According to Paymar (2000:3), the main aims of this approach can be summarized as:

- Victims of domestic violence are supposedly provided with immediate police response, provision of emergency housing, advocacy and education, as well as temporary court interventions;
- Policies and programmes provide for processes to deter, correct and rehabilitate perpetrators of abuse;
- Repeat offenders are dealt with harshly by the courts, particularly when programme involvement appears to have failed;
- Treatment and rehabilitation is court mandated in the long term although treatment providers do not advocate for the perpetrator in the court system; and
- The Domestic Violence Intervention Program also provides a networking and collaborative function in the community.

Although some of the above essential elements have informed current practices in the model used in South Africa, all aspects are not replicated. This is in keeping with batterer intervention programmes internationally, where specific components have been utilized rather than the model in its entirety. The main features in international programmes include the power or control wheel, the equality wheel as well as the lethality assessment. Other main principles that have been replicated include the community based aspects, as well as initiatives for networking and collaboration amongst service providers.

7.3. Canadian models: Risk assessment tools

The Canadian model was initiated in 1992 and is referred to as the “Stopping Violence Initiative” (Rossiter et al., 1999). This model advocates a “zero tolerance” approach towards violence against women and encourages communities in Canada to develop their own strategies based on commonly identified principles and philosophy.

At the time of writing this report there were approximately 50 community and institutions based assaultive programmes for men who use intimate violence. Rossiter et al. (1999:49) state that this funding initiative encouraged communities to develop their own appropriate strategies; enhance counselling and support services for women and children; increase school and community education; and protect enforcement strategies.

A tracking system is used to monitor recidivist rates and is also supported by a victim's tracking and referral service. Other features include removal of firearms legislation and all these services are accountable to the Ministry of Women's Equality.

In Manitoba a specialized Family Violence Court deals with all forms of abuse, including spouse abuse, child abuse and elder abuse, and recognizes all types of family relationships, including former partners and same sex partners. The specialization of this court has led to improved service delivery to victims and court-mandated rehabilitation efforts to the perpetrators of abuse (Rossiter et al., 1999:49).



A successful component in the Canadian model is that criminal justice officers who have demonstrated a particular interest or expertise in family violence matters are used in these specialized courts, thereby contributing to better outcomes for victims and heightened accountability for the perpetrators.

The drop-out rate of women who refuse to continue with the prosecution process against their violent partners is significantly reduced because of the mandated two-year probation period that is given to the errant partner. This essential element has provided the victim with support and protection, particularly since many women want the violence to stop and do not necessarily want their partners to be incarcerated for lengthy periods (Rossiter et al., 1999:49).

Apart from the broad policy that informs the management of domestic violence and perpetrators of abuse, many programmes utilize aspects of the Duluth Model in their programme content. Hence the features of the Duluth Model (Pence &

Paymar, 1993:4) that are evident in this approach have been referred to earlier in this chapter for its significance with regard to the development of batterer intervention programmes that form part of this research project.

7.3.1. Group-based programme

This approach also relies heavily on group-based participation and mimics the Duluth model (Pence & Paymar, 1993; Paymar, 2000). The participation of perpetrators is also governed by both legal and programme contractual commitments. The element that informs the programme that the writer is involved in was a treatment mandated by the court.

This aspect of the Canadian programme has also been helpful to programmes in Australia and Ursel (1997:49) concurred that of particular interest to Australia is the specialized courts that have resulted in court-mandated treatment and improved prosecutions.



7.3.2. Risk assessment

Cooper (1993:1) described the British Columbia Institute on Family Violence initiative to develop a risk assessment instrument to manage the wife assaulter in order to protect their victims from further violence. The importance of using risk assessment in lieu of continued violence and possible homicide has already been established and noted in chapter six of this report. Yet another significance for local programmes is that not all batterers may be suitable candidates for community-based intervention programmes because of their repeated violent behaviours towards their intimate partners.

The essential components of the Canadian model that apply to this research project are the risk assessment tools that have been developed after comprehensive literature surveys by the British Columbia Institute of Family Violence Prevention. This institute has developed several risk assessment tools for perpetrators of both sexual and domestic violence. The *SARA* guide (Spousal

abuse risk assessment guide) have been used in the interviews with respondents in this study for the purposes of developing assessment procedures and guideline that could precede batter intervention programme development. The *SARA* guide is discussed in greater detail in Chapter 8.

The British Columbia Institute of Family Violence Prevention also provides a clearing house function, where updated databases and literature studies are available to treatment providers and human service organisations. The research undertaken by this institute also informs practice all over Canada in order to improve efficiency in service delivery as well as maximize the protection and safety of vulnerable clientele groups.

7.3.3. Summary

In summary, no specific Canadian programme has had a direct impact on this research project, but, the overall treatment principles, approach and philosophy has shaped our local interventions. The main tools that have been used from Canada in this research project are the *SARA* guide on identifying risk factors with the respondents who participated in this study. In addition, the most comprehensive literature searches and current research trends are located at the British Columbia Institute of Family Violence Prevention.

Nevertheless, the improved training and selection of prosecutorial staff in the specialized courts in Canada is an aspect that could further enhance local initiatives. Although specialized courts for family violence are used, the attending staff may not necessarily have received advanced, thorough training that would equip them for the task at hand. The effectiveness of these inputs also resulted in additional court mandated programmes for perpetrators that are housed in probationary and correctional institutions (Rossiter et al., 1999:50). In South Africa, the paucity of court-mandated services that exist are mainly located within the private and non-governmental organisation sector.

7.4. New Zealand models: Functional elements of successful initiatives

The Hamilton Abuse Intervention Pilot Programme in New Zealand is fairly well known and is modelled very strongly on the Duluth Model. This model was launched in 1991 in a region called Hamilton with approximately 90 000 inhabitants. Rossiter et al. (1999:51) state that the programme has several components similar to the Duluth programme and can be described as operating within a government policy that supports pro-arrest frameworks with strong prosecution strategies, non-diversionary court-mandated programmes for perpetrators and strong penalties for non-compliance. More importantly, the victims' concerns are considered in setting bail conditions and they have to be informed of any bail conditions that are set.

In terms of this model, the responsibility for implementation of local protocols and support services lies with the police and repeat offenders are sentenced in order to achieve deterrence and prevent recidivism. The direct services to victims and perpetrators are fairly extensive and run concurrently with well-developed government policies and protocols.

Prior to the development of this programme the New Zealand Government avoided arresting perpetrators of domestic violence and women had difficulties in obtaining protection through the courts. This programme was developed in response to the gaps that were identified between the experiences of women subjected to domestic violence and the response of the justice system. The identified gaps in the New Zealand approach are not dissimilar to some of those identified in South Africa. Rossiter et al. (1999:52) identify these gaps as:

- The New Zealand police avoided arresting perpetrators of domestic violence;
- Judges, prosecutors and police agencies often made statements that blamed the victim for failed prosecutions;

- Domestic violence perpetrators tended to receive lighter sentences than comparable assaults against strangers;
- Victims had difficulties in obtaining protection orders through the family court;
- Judges tended to take the approach that “there are two sides to a story” where both parties are viewed as equally responsible and that violence is a relationship problem;
- There was a tendency to blame the victims for their reluctance to expose themselves to risks of further violence by testifying in criminal courts; and
- There was a lack of inter-agency co-operation between the main role-players.

The Hamilton Intervention Model involves the co-operation of Maori and non-Maori women’s refugees, the police, criminal courts, the family court and the community corrections (Rossiter et al., 1999:54).



The key components of the Hamilton Intervention Project are:

- Development of a shared responsibility philosophy;
- Addressing the violence is a prime priority rather than the maintenance of the relationship;
- Physical violence is seen as only one aspect on a continuum of behaviours;
- The capacity of men to use elements of the criminal justice system in order to continue with intimidation and abuse are explicitly recognized; and
- Developed strategies are in place to limit the effectiveness of men’s attempts to use power and control at a systemic level to legitimize their perspective of violence.

7.4.1. Programme principles and guidelines

The general principles and guidelines under-girding the New Zealand approach are encouraging and can serve as examples for developing our local initiative and intervention. A particularly helpful feature of this approach is the attention

paid to cultural diversity issues in the development of intervention programmes (Busch and Robertson, 1995).

7.4.2 Programming - women and men

An attractive feature of this programme is the provision that is made for both the men and women involved in domestic violence. In South Africa, initiatives for the victim and the perpetrator are often separate and isolated as well as housed by different non-government organizations. The New Zealand programme provides for those women whose partners are involved in educational programmes to attend orientation groups that explain the nature of the programme as well as address personal safety concerns (Rossiter et al., 1999:57).

These authors concur that although some men are “self referred” in reality they have been pressured to participate in some way, either by another department or by their spouses or by the imminent threat of court action. This concurs with this writer's experience (FAMSA, 2004) that self-referred men have usually been threatened with further action by their partners or may have been instructed by a treatment provider to seek programme involvement.

7.5. Summary

Rossiter et al. (1999:120) conclude that, while there is clearly a convergence around broad philosophies and aims, and a general recognition of the importance of a gender analysis of power and control in the design and delivery of programmes, even at this descriptive level of analysis it can be seen that actual practices supporting these principles vary significantly from location to location.

Yet there is also clear evidence in the literature that service delivery implications of mandated programmes, community-based integrated programmes and programmes located in the criminal justice system are emerging. Yet, Rossiter et

al. (1999:125) concur that these factors may well be the actual determinants of successful batterer intervention programmes.

Rothman & Thomas (1994:32) reminded one that once information is gathered, writers analyze the critical features of programmes and practices that have previously addressed the problem of interest.

They further concurred that the following questions are of note:

- Is there a model programme policy or practice that has been successful in changing targeted behaviours and outcomes?
- Is there a model programme or policy or practice that was unsuccessful?
- What caused it to fail?
- What events appeared to be critical to success of failure?
- What specific procedures were used in the programme, policy or practice?

Taking the above questions into consideration, the relevant practices and policies that have emerged in the programmes discussed in this chapter appear to be the following:

- Programme philosophy and policy;
- Assessment structure(s);
- Programme design and implementation; and
- Intervention guidelines & tools.

It would therefore appear that the programmes for domestic violence that yield the most positive outcomes are those programmes that operate from an integrated approach; in other words, those programmes that derive principles from the main theories of domestic violence listed in chapter four.

It follows that those programmes that are rooted in a specific approach, for instance the psychological approach, appear ineffectual, since they ignore broader

socio-political and systemic dictates that are important. Furthermore, it is also evident that programmes which utilize a programme design and structure and which include the legal, political and sociological influences, are more apt to implement policies and philosophies that are inclusive and lend themselves to collaboration and networking.

It is also apparent that comprehensive assessment practices such as risk assessment and lethality assessment procedures are integral to effective batterer intervention and accountable domestic violence prevention.

The following chapter will provide a description of one risk assessment instrument, namely the *SARA* guide and its relevance to domestic violence prevention *per se* and batterer intervention programming, specifically. The next chapter will also provide an analysis of how this instrument was utilized to inform batter intervention programming and to highlight the risk factors that emerged from this study.



SECTION D

DESIGN AND EARLY DEVELOPMENT

This section of the report contains three chapters.

Chapter Eight

This chapter outlines the implementation of the SARA guidelines. It further reports on data collection and analysis. Quantitative and qualitative approaches are used to record the data and the words of both perpetrators and their victims.

Chapter Nine

The technology, namely guidelines for risk-based assessment and intervention are dealt with in chapter nine. Specific guidelines are provided for prospective treatment providers who intend to implement or develop batterer intervention programmes.

Chapter Ten

This chapter contains specific conclusions and offers recommendations for consideration in the further management of batterers *per se* and domestic violence specifically. Ideas are also recommended in terms of further areas of research or inquiry into the field of intimate violence.

Chapter Eight: Implementation of the *SARA* assessment guide: Data collection and analysis

8.1. Introduction

Mullen (in Rothman & Thomas, 1994:163) stated that, for social scientists, design most typically means the structuring of a research study, but in the context of intervention research, it means the formulation of intervention constructs. He argued that, in contrast with other models, the intervention design and development framework is based on the assumption that research findings can be converted systematically into social interventions. The social intervention may be a strategy, technique or programme; informational or training materials; environmental design variables; a motivational system; a new or modified policy or procedures. For the purposes of this study, however, it refers to the design of assessment and intervention guidelines for the management of the perpetrator of domestic violence. Mullen also alerted us that “methodology of intervention research is not well developed and design the least developed”. Researchers more often employ conventional techniques from basic explorative social research in order to explore the problem, but also to design and develop knowledge for the purpose of providing a practical application.

Hence this chapter will report on the findings that emerged from data collected by using the *SARA* assessment guide in order to inform an intervention. The first section reports on the quantitative approach to analyzing the data collected from the 53 male respondents. The second section illuminates the perceptions and experiences of the 47 female respondents, and is further presented as qualitative collateral information.

8.2. Research methodology and design

8.2.1. Sampling

The 53 male respondents who were included in this study were purposefully chosen within a specific period. In addition, approximately 47 women were also recruited to participate in this study. The sample of women did not necessarily include every partner of those interviewed for this study, but also included women who sought intervention as a result of domestic violence. The sample of 47 women was used primarily as sources of collateral to compare the findings from themes that emanated from the batterers who participated in this study. Greater elaboration is provided in chapter two, where the main processes are discussed in the context of this particular model. It further adds qualitative information which illustrates the experiences of survivors of domestic violence.



8.2.2. Data collection

Data was collected from those who participated in the study through:

- Structured interviews using the *SARA* assessment guide for both the male and female respondents; and
- Semi-structured interviews using the *SARA* interviewing guide with women who were known victims of domestic violence.

Most of the data collection activities were undertaken at the offices of FAMSA, Western Cape, or at the Kenilworth Clinic, Kenilworth in Cape Town. Participants were informed of the scope of the study, what the intended outcomes were, and were given an opportunity to decline participation. Most of those interviewed consented to participation and 9 participants declined to sign letters of consent, arguing that it was unnecessary since they were investing in other methods to address their problem of intimate violence.

8.2.3. Research instrument

The research instrument that was selected is the Spousal assault risk assessment guide (*SARA*). The writer chose this guide since it appeared to have been grounded on empirical validation and continuous scrutiny.

The *SARA* assessment guide is the result of a co-ordinated effort and response by the British Columbia Institute on Family Violence, the British Columbia Forensic Psychiatric Services Commission, and the British Columbia Ministry of Women's Equality as well as other government and non-profit agencies (Kropp et al., 1995:1).

The *SARA* is a clinical guide of risk factors for spousal assault and comprises 20 individual items identified by an extensive review of the empirical literature (Cooper, 1993:2), as well as a review of articles written by clinicians with extensive experience in evaluating and treating men who abuse their partners.

The critical item in the use of the *SARA* helps the evaluator to analyze a critical incident in terms of its impact on the relationship and ensuing violent responses. Kropp, et al. (1995:20) refer to the critical items as those that, given the prevailing circumstances, are sufficient on their own to compel the evaluator to conclude that the individual poses an imminent risk of harm. These authors argue that risk is not simply a linear function of the number of risk factors present in a case, and that numerical codes are therefore not simply managed to provide a "score".

The *SARA* is not a test or a scale and its purpose is not to provide an absolute or relative measure of risk, using cut off scores or norms. Thus this tool is accessible and useful to a range of individuals who engage in work with perpetrators.

Although there are other assessment tools available, the *SARA* assessment guide takes the following important issues into consideration:

- The guide can be administered by the practitioner using a semi-structured or structured interview as per the recommendations of the developers of this guide;
- The guide allows the practitioner to interview the perpetrator and thereby gain his participation in the assessment process;
- The guide allows for a comprehensive study of other sources of collateral and records; and
- Illiteracy problems do not exclude the perpetrator from the evaluation process.

8.2.3.1. Description of the Spousal assault risk assessment guide (SARA)

The *SARA* was preceded by an in-depth study that perused all the literature and research where risk for violence in intimate relationships was studied (Cooper, 1993:3).



This review focused on studies that:

- Discriminated between those who used violence in intimate relationships and those who did not use violence (Hotaling & Sugarman, 1986; Tolman & Bennett, 1990); and
- Identified recidivistic factors among known perpetrators (Gondolf, 1988; Saunders, 1992a).

These main studies confirmed that the specific risk factors identified through these studies concurred with those reported in more general discussions of risk for violence. It further confirmed the feasibility of constructing a specific guide with known risk factors.

The *SARA* was constructed to capture traits, characteristics and incidents that were specific rather than isolated or specific behavioral acts. Hence, the *SARA*

consists of twenty factors referred to on the *SARA* as items, grouped into the following content areas:

- 8.2.3.1.1. Criminal history;
- 8.2.3.1.2. Psychosocial adjustment;
- 8.2.3.1.3. Spousal assault history;
- 8.2.3.1.4. Index offence; and
- 8.2.3.1.5. Other considerations.

8.2.3.1.1. *Criminal history*

According to the authors of the *SARA* several studies indicated that a prior criminal record for unrelated offences was associated with an increased risk for spousal violence. These studies indicated that the risks were amplified for spousal assault specifically and for general violence generally.

The factors that are covered in the *SARA* include past history of violence as well as a failure to abide by conditions that are imposed by a court of law or similar structures. In addition three specific factors of a past criminal record are included and these are:

- Past assault of family members of origin or children (Item 1)
- Past assault of friends, acquaintances or strangers (Item 2)
- Past violation of protection orders or bail conditions (Item 3)

This section then addresses violence that has been directed at persons other than the intimate partner of the perpetrator.

8.2.3.1.2. *Psychosocial adjustment*

Kropp et al. (1995:9) state that two *SARA* items reflect the observation that recent or continuing social maladjustment is linked with violence. Recent

relationship problems (item 4) refer to separation from an intimate partner or severe conflict in the relationship within the past year. Recent employment problems (item 5) refer to unemployment and/or extremely unstable employment in the past year. Although it is unclear whether social maladjustment is the result of a more chronic psychopathology or the cause of acute situational financial and interpersonal stress, yet these factors appear to be important predictors.

The following items are addressed under psychosocial adjustment:

- Recent relationship problems or a separation from the intimate partner (Item 4);
- Recent employment difficulties or unstable employment history (Item 5);
- Maladjustment in the perpetrator's family of origin covers areas such as childhood victimization or exposure to violence (Item 6);
- Recent substance abuse or dependency (Item 7);
- Recent suicidal or homicidal ideation or intent (Item 8);
- Recent psychotic or manic symptoms (Item 9); and
- Personality Disorder with anger, impulsivity or behavioural instability (Item 10).

The next three items concern behaviour or attitudes that condone or accompany assaultive behaviour. For instance:

- Past violation of no contact orders (Item 15)
- Extreme minimisation or denial of spousal assault (Item 16)
- Attitudes that support and/or condone wife assault (Item 17)

8.2.3.1.3. Spousal assault history

This section addresses spousal assaults that have occurred in the past and seven items assess a history of spousal assault. Kropp et al. (1995) explain that risk factors based on the alleged or current offences are included in a

different section so that evaluators can more easily separate the quantum of perceived risk attributed to formally documented events.

The first four items concern the nature and extent of past assaults and includes past sexual assaults or sexual jealousy and is based on the supposition that past behaviour can predict future behaviour (Monahan, 1981). The last items in this section also tests behavior or attitudes that accompany assaultive behaviour. In these items scrutiny is directed at whether the perpetrator has failed to comply with specific conditions that govern contact with the victim. Kropp et al. (1995:11) explain that these violations of specific contact conditions are directly relevant to spousal assault risk assessment that it should be dealt with specifically. These authors argue that the focus of items 16 and 17 cover a wide range of beliefs or values that may encourage patriarchy, misogyny as well as the use of physical violence or intimidation to resolve conflicts and enforce control.



8.2.3.1.4. *Index offence*

This section consists of the following three items:

- Severe and/or sexual assault (Item 18);
- Use of weapons and/or credible threats of death (Item 19); and
- Violation of a ‘no contact’ clause or agreement (Item 20).

Finally, a last section covers behaviors that are uncommon but dangerous and could include the following: stalking behaviour, a history of disfiguring, torturing, maiming, a history of sexual sadism and/or threats to kill friends or persons with whom the ex-spouse may be involved with in a new relationship.

8.2.3.1.5. *Other considerations*

This final section does not contain specific items and allows the evaluator to document risk factors that are not included elsewhere and that may be unique

to the specific perpetrator. This section also allows the evaluator to document specific behaviors such as stalking, disfigurement or sexual sadism that the perpetrator may have used in his attacks on the victim or children.

8.2.3.2. Application of the SARA

The following contexts form the main areas for using the *SARA*.

8.2.3.2.1. Bail conditions

When an offender appears in the court on charges of violating a final protection order or when an interim protection order is granted, the magistrate can be guided by the outcomes of the assessment done with the *SARA*. The magistrate can further make an informed decision about attaching specific conditions to the bail application or the conditions attached to the protection order.



8.2.3.2.2. Sentencing

The results of the *SARA* could be used in the sentencing structure for specific offenders. Currently, the magistrate has to make decisions about risks or the potential for continued harm based on only the accounts provided by the complainant and the defendant. Although in more serious matters the concerns of other professionals may be included in the court document(s), however this is not the norm.

8.2.3.2.3. Warning third parties

This tool could be very useful to organisations or individuals who provide treatment, rehabilitation or assessment services to wife perpetrators. The *SARA* can be used to determine risk to the extended support network of the victim, particularly in the light of family murders that occur in South Africa.

If the organisation has validated information on risk(s) or threat(s) that have been directed at the parents, for instance of the victim, they could be warned to take necessary precautions.

Although the *SARA* has been developed specifically for use in the criminal justice system, it does provide practitioners and organisations with other potential use. It is my opinion that the *SARA* can be adapted with success in our African context

Although the *SARA* has been developed specifically for use in the criminal justice system, it does provide practitioners and organizations with other potential use. It is my opinion that the *SARA* can be adapted with success in our African context

8.2.3.2.4. *Coding*



The *SARA* is not ‘scored’, but the evaluator has to consider the three following judgments that are coded on a summary form:

8.2.3.2.5. *Presence of individual items*

The presence of individual items is coded using a 3-point response format:

0 = absent, 1 = sub threshold, and 2 = present.

Items may also be ignored when there is insufficient information available to the evaluator. Kropp et al. (1995:21) say based on their experience and preliminary research the presence of individual items is a relatively objective indicator of risk. Of course, completing the *SARA* does require some degree of professional, subjective judgment on the part of the evaluator, however, research suggests that the inter-coder agreement concerning the presence or absence of *SARA* items is very high.

8.2.3.2.6. Presence of critical items

Critical items are those factors that are identified as sufficient enough to warrant concerns about risk and that the perpetrator poses an imminent risk of harm. Kropp et al. (1995:20) say that the critical items are included in recognition of the fact that risk, as perceived by the evaluator, is not a simple linear function of the number of risk present in a case. This is also the reason that numerical codes are not simply tallied in order to yield a total score. Critical items are coded using a 2-point format: 0 = absent, 1 = present.

8.2.3.2.7. Summary risk judgments

Kropp et al. (1995:20) explain that evaluators frequently are required to address two separate issues: imminent risk of harm to the spouse and imminent risk to some other identifiable person. The other identifiable person could be the children from the relationship, family members, in-laws or a new partner in the life of the spouse. The risk is then calculated with the following format: 1 = low, 2 = moderate and 3 = high.

In the event of a high rating the evaluator has the responsibility of identifying who the potential victims are and in this way, the evaluator's overall professional opinion and judgment is brought to bear. Kropp et al. (1995) state that research conducted to date suggests that summary risk judgments made using the *SARA* assessment guides have produced good inter-coder reliability.

8.2.3.3. SARA reliability and validity

Kropp and Hart (2000) tested the *SARA* with 2 681 offenders and concluded that it is the only risk assessment guide available that has been validated empirically. The findings of the studies undertaken support the reliability, validity and utility of the assessment guide. Goodman, Dutton and Bennet

(2000:65) found the guide to have predictive accuracy, especially when used in conjunction with a “*SARA*-informed clinical judgment”

This writer agrees with Cooper (1993:2) who argued that the specific training or expertise of clinicians does not preclude one from making errors, since we are all human beings who are prone to certain limitations in how we arrive at judgements. Another area of concern is that, as practitioners, we can make judgments that are not rooted in sound theoretical or empirical explanations or relationships.

In conclusion, Kropp et al. (1995:2) state that the task of clinical prediction invites evaluators to isolate key variables that might accentuate or diminish the possibility of violence. Hence knowledge of such factors is obviously important for reasons of preventing violence and therefore form a crucial part of treatment planning.

The *SARA* assessment guide was developed after comprehensive literature studies and research into all the available assessment tools and their applicability (Kropp et al., 1995; Cooper, 1993). The writer’s decision to use the *SARA* assessment guide was therefore informed by its comprehensive scrutiny prior to its availability. It was also of importance to examine the results that would be yielded in South Africa in order to consider programme design and implementation with perpetrators. The following section provides an analysis of the findings from the structured interviews conducted with a sample of 53 perpetrators of domestic violence.

8.3. Implementation of the *SARA* assessment guide: Data analysis

8.3.1. Occupational analysis

A full record of the job-related matters of the 53 respondents was made from which the following was learnt: 16 (30.19%) were professional; 21 (39.63%) practised skilled labour; 8 (15%) were self-employed, of which 1 (1.9%) was

retired; 2 (3.8%) worked as unskilled labourers and 6 (11.4%) were unemployed. It is highly likely that the people who were included in this study were constrained by the knowledge of the existence of such a counselling service and financial or mobility restraints, not by their culture or custom.

8.3.2. Marital status

Twenty-two (41.51%) of the respondents in the sample were married, ten (18.9%) were divorced and 12 (22.7%) were separated. Nine (17%) clients were living alone or cohabitated (four stated that they cohabitated and five said that they lived alone).

8.3.3. Source of referral

Nine (16.7%) of the respondents were asked by their partners to attend the domestic violence programme as a condition to remain in the relationship. In seven (13.20%) of the instances the partner was admitted to a psychiatric facility as a result of the domestic violence. Their female partners were admitted as a result of depression and anxiety problems, while the perpetrator was referred to the researcher. None of the respondents in this sample were admitted to the private psychiatric facility, although other perpetrators are usually admitted. Mental health professionals; social workers, psychologists, psychiatrists and occupational therapists referred 21 respondents. The court referred 12 respondents, which implied that an interim protection order or a final order was issued against the respondent.

None of the respondents in this study was referred to the programme as a result of violating their bail or parole conditions. This implied that these respondents did not have a prior conviction in which bail or parole was part of the sentence structure. The self-referred respondents requested admission to the domestic violence programme as a result of a separation from their partner, or their partner's initiation of divorce proceedings, or request a criminal investigation.

8.3.4. Statistical methods applied

Descriptive statistical methods were used to elucidate the information contained in the data collected. Proportions, especially row percentages, were calculated where necessary to understand how the data was partitioned by the various phenomena. For most of the contingency tables, it was not necessary to calculate the Chi-squared test of association. The reader should read the critical item on the horizontal level to ascertain whether the item was indicative of concern for the victim, whilst the vertical reading of the data confirms whether the variable was present or not. In other words, the horizontal level clarifies whether the item was a critical item or not. Whilst the vertical reading confirms the presence of the item.

8.3.5. Criminal history

Kropp et al. (1995) highlight the numerous studies which indicated that a prior criminal record for offences unrelated to spousal assault was associated with an increased risk for violence in general and also more specifically, for recidivistic spousal assault. Hence, this section addresses the past history of violence and the failure to abide by conditions imposed by the courts or criminal justice agencies. The *SARA* assessment guide includes three specific indicators of a past criminal record, namely; the past assault of other family members; the past assault of strangers or acquaintances; and the past violations of protection orders, bail or probation conditions. Kropp et al. (1995:3) caution that any failure in these categories is considered a poor prognostic indicator. The various components of the *SARA* were recorded for each member of the sample, as well as the related or associated critical items.

8.3.5.1. Assault of other family members

This category refers to violence directed at the perpetrator's family of origin or against his children. This means that the violence was directed at members of his family and not friends or acquaintances.

Table 3

Assault of other family members and whether the associated incidents qualified as critical items.

Assault of other family members as a critical item	Data	Assault of other family members		Total
		No	Yes	
No	Frequency	11	4	15
Yes	Frequency	0	38	38
Combined Totals		11	42	53
Row Percentage		20.8%	79.2%	100.0%

It is well documented that perpetrators of intimate violence are also prone to using violence against other family members. (Kropp et al., 1995). This table shows that 42 respondents (79.2%) out of the 53 used violence against other family members. In other words, they have assaulted either parents, in-laws, siblings or immediate family members of their primary victim. Out of the 42 respondents the assault of other family members was a critical item for 38 respondents. This means that for 38 respondents the assault of other family members either aggravated the relationship with the spouse or increased the risks of harm to the victim and others in the family.

Eleven respondents did not assault other family members. Thus none of these respondents could have "Assault of other family members" as a critical item. For four respondents out of the 42 who registered Assault of other family members', the incidents did not qualify as a critical item. This implied that the

respondents assaulted other family members in incidents that were not directly linked to current risks or harm. This further implied that the violent incidents were one-off incidents that created animosity but were not necessarily critical items in the relationship to his intimate partner.

8.3.5.2. Assault of friends and acquaintances

This category refers to persons who are not biological or legal members of the perpetrator's family.

Table 4

Assault of friends and acquaintances and whether the associated incidents qualified critical items.

Assault of friends and acquaintances as a critical item	Data 	Assault of friends and acquaintances		Total
		No	Yes	
No	Frequency	20	2	22
Yes	Frequency	0	31	31
Combined Totals		20	33	53
Row Percentage		37.7%	62.3%	100.0%

This table shows that 33 respondents out of the 53 also assaulted friends or casual acquaintances. Research generally shows that assaulters who have a history of violence may also assault others and not only direct their violence towards intimate partners (Gottfredson & Gottfredson, 1988; Browne, 1997; Austin & Dankwort, 1999; Kropp et al., 2000). For 31 out of the 33 respondents who also assaulted friends or acquaintances proved to be a higher risk by the critical item presence. Out of the 20 respondents who denied being violent towards persons other than an intimate partner, 2 respondents were identified as having the assault of friends or others as a critical item. This could mean that,

although these respondents were also violent towards others in certain circumstances, their partners felt at risk because of their violent responses in certain circumstances. For instance, the partners feared going to a social event, just in case another person provoked their partners to an incident of violence. Thus complete correspondence was noted between the assault of friends and acquaintances and whether it was a critical item in the violence.

8.3.5.3. Violation of protection orders, no contact agreements or bail conditions

This item refers to the perpetrator's refusal or failure to abide by the requirements of a protection order, conditions of bail or parole. This item includes whether the perpetrator failed to honour a "no contact" clause or condition.

Table 5

Violation of protection orders/ bail conditions or no contact agreements and whether the associated incidents qualified as critical items.

Violation of protection order/bail conditions as a critical item	Data	Violation of protection orders/ bail conditions		Total
		No	Yes	
No	Frequency	19	1	20
Yes	Frequency	0	33	33
Frequency of Q (Combined Totals)		19	34	53
Row Percentage		35.8%	64.2%	100.0%

Table 5 shows that out of the 53 respondents a total of 34 respondents violated the protection order, bail conditions or a no-contact agreement. Out of the 34 respondents a total of 33 respondents had the violation as a critical item, which means that it posed a direct threat to their intimate partners. Of these respondents one respondent did not have this as a critical item because he was

either living in the same house or vicinity as the victim, but did not necessarily pose a direct threat or risk to the victim.

Assaulters who demonstrate a lack of regard for mandatory restraints, supervision or conditions set out by a court of law have a higher likelihood of recidivating.

8.3.6. Psychosocial adjustment

The first item of the second section on psychosocial adjustment was on “Recent relationship problems with respect to spouse”. This was one of the criteria for admission into the study and therefore all the cases had relationship problems and it was also a critical item. For this reason no table was added in this paragraph because all 53 cases were in the same cell.



8.3.6.1. Relationship problems

The data in this study reflects that all the respondents experienced and identified relationship problems as a critical item and a reality. Nevertheless, they often referred to their relationship problems in terms of communication difficulties. All the respondents also identified their relationship problems as a critical item that contributed to their use of violence within the relationship. The definition of “Relationship problems” formed a part of the inclusion criteria of this study.

8.3.6.2. Recent employment problems

This section refers to the impact, if any, that recent unemployment problems may have had on the violent responses by the perpetrator.

Table 6*Recent employment problems and whether the incidents qualified as critical items*

Employment problems as a critical Item	Data	Employment problems		Total
		No	Yes	
No	Frequency	36	1	37
Yes	Frequency	0	16	16
Frequency (Combined Totals)		36	17	53
Row Percentage		67.9%	32.1%	100.0%

The data in this table demonstrates that 36 out of the 53 respondents did not experience “Employment problems” at the time that they participated in the research project or that employment issues impacted on their use of violence. While seventeen respondents claimed that they experienced employment difficulties, only sixteen of them agreed that the employment problem(s) was a critical item in their use of violence or abusive behaviour. One respondent experienced employment problems but did not identify this as a critical item and it implied that this did not influence the use of violence or abusive behaviour.

There is a commonly held belief that men are prone to use violence when they experience employment problems or when they hold positions in highly stressful careers or places of employment. The results obtained from this study suggests that the study group did not display more violence as a result of their employment as compared to the general population of men who use violence in their intimate relationships. The respondents in this study did not have more stressful occupations compared to the general population.

8.3.6.3. Victim of and/or witness to family violence as a child

This category encapsulates whether any of the perpetrators in this study witnessed or experience childhood victimization.

Table 7*Victim of and/or witness to family violence as a child*

Victim/witness to family violence as a critical item	Data	Victim/witness to family violence		Total
		No	Yes	
No	Frequency	9	1	10
Yes	Frequency	0	43	43
Frequency (Combined Totals)		9	44	53
Row Percentage		17.0%	83.0%	100.0%

The data in table 7 shows that nine out of 53 respondents claimed that they were never exposed to family violence or witnessed violence in their childhood. While 44 respondents confirmed that they had either experienced family violence or were a witness to violence during their childhood. Out of the 44 respondents who confirmed that they had either experienced family violence or been exposed to it, only one respondent said that this was not a critical item in his current abusive behaviour, while 43 respondents confirmed that their prior exposure and/or experience is a critical item in their current functioning.

8.3.6.4. Substance abuse and addiction

This category examined whether the perpetrators in this study displayed a tendency to abuse substances and whether this misuse was linked to the violence.

TABLE 8*Substance abuse and addiction (Unusual addictions are mentioned by name in rows)*

Substance abuse and addiction as a critical item	Data	Substance abuse and addiction		Total
		No	Yes	
No	Frequency	20	3	23
Pornography Addiction	Frequency	2	0	2
Prostitution	Frequency	1	0	1
Yes	Frequency	0	27	27
Frequency (Combined Totals)		23	30	53
Row Percentage		43.4%	56.6%	100.0%

It is apparent from the data in table 8 that 30 out of the 53 respondents acknowledged that substance abuse and/or addiction was a problem in their use of violence against their partners. While 23 respondents denied that substance abuse or addiction was significant in their use of violence against their partners. Yet, out of these 23 respondents three respondents used prostitution and pornography in an addictive manner that contributed to their responses in the relationship. These three respondents did not identify the addiction to pornography and/or prostitution as a critical item in their intimate relationship.

The respondents who admitted to substance abuse and/or addiction largely used alcohol and drugs in their addictive behaviour. Out of the 30 respondents who admitted to using drugs and/or alcohol in an addictive manner, three respondents used pornography and/or prostitution although they denied that it was a critical item.

8.3.6.5. *Suicide and homicide*

This category examined whether there was a link between homicidal ideation or intent as well as the presence of suicidality and the domestic violence.

Table 9
Suicide and homicide

Suicide/ homicidal ideation as a critical item	Data	Suicide/homicidal ideation		Total
		No	Yes	
No	Frequency	16	2	18
Yes	Frequency	2	33	35
Frequency (Combined Totals)		18	35	53
Row Percentage		34.0%	66.0%	100.0%

The data in table 9 reflects that 66% of the respondents included in this sample admitted to using suicide or death threats to intimidate their partners. Out of this group of 35 respondents 33 respondents admitted that this was a critical item in their relationship to their partners. This implies that they either made direct or veiled threats to kill their partners, the children or members of the extended family, or that they used suicide or attempted suicide as a means to intimidate their partners. Out of the 35 respondents two respondents' suicidal or homicidal responses did not qualify as a critical item. This can be attributed to the fact that their suicidal or homicidal behaviour no longer posed a direct threat to their partners because they may have been separated already at that time. The attempted suicidal or homicidal behaviour would have occurred while they were either divorced or separated from their partner so that this response had no impact on the partner or the family.

The data in this table also confirms that a greater percentage of abusive men use death threats against their partners or family members as part of their violence. It

also confirms that suicidal attempts are used in the same manner that is used to intimidate their victims.

8.3.6.6. *Mental health/Psychiatric problems*

This section explores whether specific mental health problems either existed or were diagnosed at any point in the perpetrators who participated in this study.

Table 10

Mental health or psychiatric problems

Mental health problems as a critical item	<u>Data</u>	Mental health problems		Total
		No	Yes	
No	Frequency	29	1	30
Yes	Frequency	0	23	23
Frequency (Combined Totals)		29	24	53
Row Percentage		54.7%	45.3%	100.0%

The data in table 10 shows that 29 out of the 53 respondents did not have a history of psychiatric or mental health problems. This means that 29 respondents out of the 53 had not been diagnosed with a psychiatric illness or known mental health condition. Out of this sample, 24 respondents had either received treatment or had been diagnosed with a psychiatric disorder or condition. However, out of the 24 respondents only one respondent's diagnosis did not count or qualify as a critical item. The one respondent had a diagnosis of multiple sclerosis, which is not a psychiatric condition, although depression occurred as a consequence of the damage caused by the Multiple Sclerosis.

The 24 respondents who had a psychiatric diagnosis included Affective Mood Disorders among other psychiatric illnesses that contributed to their violence.

However, the majority of the respondents did not have a psychiatric illness or mental health problems that caused their violence towards their intimate partners.

8.3.6.7. Impulse disorder and anger management problems

This section examined whether any of the perpetrators who participated in this study experienced personality disorders with anger, impulsivity or behavioural instability.

Table 11

Personality (PD) and impulse disorder or anger management problems

Personality disorder/ impulse/ anger as a critical item	Data	Personality disorder/ impulse/anger		Total
		No	Yes	
No	Frequency	6	0	6
Yes	Frequency	0	47	47
Frequency (Combined Totals)		6	47	53
Row Percentage		11.3%	88.7%	100.0%

The data in table 11 reflects that 47 out of the 53 respondents had problems with anger or impulse control disorder. The remaining 6 respondents claimed that they did not have problems in this area. This implies that these six respondents were of the opinion that they could control their anger and impulses for immediate gratification. The data also reflects that for these 47 respondents the anger and impulse disorder control was a critical item in their violence towards their intimate partner(s).

8.3.7. Domestic violence history

This section examined whether the perpetrators who participated in this study demonstrated assaultive behaviour in past relationships.

8.3.7.1. Past physical assault

Table 12

Past physical assault of previous partners.

Past physical assault of previous partners as a critical item	Past physical assault of previous partners		Total
	No	Yes	
No	6	0	6
Yes	0	47	47
Frequency (Combined Totals)	6	47	53
Row Percentage	12%	88%	100%

The data in this table indicates that 47 respondents out of the 53 who participated in this study had a history of using physical assault against their intimate partners or significant others for example the children or in-laws. Only six respondents did not have a history of using past physical assault as a critical item. This may imply that these six respondents did not have a prior history to using physical assault however; they may have resorted to other forms of intimidating or controlling others or their intimate partners.

8.3.7.2. Past sexual assault and sexual jealousy

This category examined whether the respondents admitted to using past sexual assaults or were prone to intense sexual jealousy.

Table 13
Past sexual assault/jealousy

Past sexual assault/jealousy as a critical item	Past sexual assault/jealousy		Total
	No	Yes	
No	3	1	4
Yes	0	49	49
Frequency (Combined Totals)	3	50	53
Row Percentage	6%	94%	100%

This table indicates that only three out of the 53 respondents did not have a history of using sexual assault or showing sexual jealousy towards their partners. Although one respondent had the use of sexual assault and jealousy as a critical item, this indicates that the respondent may have had this item on a protection order but denied the allegation against him. The other 49 respondents all admitted to using sexual assault and sexual jealousy during their intimidation of their partners. The use of sexual jealousy and sexual violence includes, but is not limited to, accusing their partners of being unfaithful or forcing them into having sex.

8.3.7.3. Past use of weapons and credible threats of death

This section examines whether perpetrators have used weapons or credible death threats as part of their violent responses.

Table 14*Past use of weapons and credible threats of death*

Past use of weapons and credible threats of death as a critical item	Past use of weapons and credible threats of death		Total
	No	Yes	
No	13	0	13
Yes	0	40	40
Frequency (Combined Totals)	13	40	53
Row Percentage	25%	75%	100%

The data in this table shows that 13 respondents out of the 53 denied that they either used death threats or weapons in their attacks on their intimate partners. Whilst 40 respondents admitted to either using death threats or a weapon in the attacks on their partners.

8.3.7.4. Recent escalation in frequency or severity of assault

Frequency / severity of attacks escalated

The fourth question of the third section on domestic violence was on “Recent escalation in frequency or severity of assault”. For this reason no physical table was added in this paragraph because all 53 cases were in the same cell, that is the ‘Yes’; ‘Yes’ cell.

8.3.7.5. Past violation of protection orders or ‘no contact’ contracts

This category refers to whether the perpetrators had violated any contracts, formal or informal to refrain from having contact with the victim or significant others in the past.

Table 15*Past violation of protection orders or “no contact” contracts*

Past violation of protection orders or “no contact” contracts as a critical item	Past violation of protection orders or “no contact” contracts		Total
	No	Yes	
No	10	0	10
Yes	0	43	43
Frequency (Combined Totals)	10	43	53
Row Percentage	19%	81%	100%

The data in this table indicates that 43 respondents out of the sample of 53 had a history of violating protection orders or contravening a ‘no contact’ agreement with their partners. However, ten respondents out of the 53 denied that they had ever violated a protection order condition or an agreement not to have contact with their partners. This history may or may not have included the current allegations of violations of a protection order or a no contact agreement. In other words, they had violated these conditions prior to the current relationship.

8.3.7.6. Extreme minimization or denial of spousal assault history

This category examined denial systems or minimization of the perpetrators that supported patriarchal entitlement or enabled the perpetrator to believe that he was justified in using domestic violence.

Table 16*Extreme minimisation or denial of spousal assault history*

Extreme minimisation or denial of spousal assault history as a critical item	Extreme minimisation or denial of spousal assault history		Total
	No	Yes	
No	3	0	3
Yes	0	50	50
Frequency (Combined Totals)	3	50	53
Row Percentage	6%	94%	100%

Only three respondents out of the 53 did not chronically deny, minimize or rationalize their abusive attitudes, beliefs and responses toward their intimate partners. Out of the 53 respondents 50 chronically denied their abusive behaviours or attitudes. In other words 50 out of the 53 respondents were under the impression that they were not violent and that their partners either deserved the violence or that the partners had provoked them into using violence or controlling behaviours. For 50 respondents their denial and minimization was a critical item according to the results in this table hence complete correspondence was noted with the factor of minimization and denial of spousal assault.

8.3.7.7. Attitudes that support or condone spousal assault

This category examined values or attitudes of the perpetrator that supported or condoned the use of violence in an intimate relationship.

Table 17*Attitudes that support or condone spousal assault*

Attitudes that support or condone spousal assault as a critical item	Attitudes that support or condone spousal assault		Total
	No	Yes	
No	4	0	4
Yes	0	49	49
Frequency (Combined Totals)	4	49	53
Row Percentage	8%	92%	100%

There was a one-to-one correspondence between the presence or not of 'attitudes that condone or support domestic violence' and whether this factor was classified as a critical Item. Therefore the 'corresponding critical item' did not provide extra information about the 53 respondents.

8.3.8. Current offences

This category examined whether the current offence also included sexual battery or sexual brutality.

8.3.8.1. Severe or sexual assault

Table 18

Severe or sexual assault

Severe or sexual assault as a Critical item	Severe or sexual assault		Total
	No	Yes	
No	22	0	22
Yes	0	31	31
Frequency (Combined Totals)	22	31	53
Row Percentage	42%	58%	100%

The majority (58%) of the 53 respondents in this study assaulted others sexually or severely. There was a one-to-one correspondence between the presence or not of 'severe or sexual assault' and whether this factor was categorised as a critical item. Therefore the 'corresponding critical item' did not classify the 53 respondents differently.

Although assumptions are held that perpetrators of intimate violence often deliberately infect their partners with sexually transmitted diseases, including HIV/AIDS, this was not included in this category of severe or sexual assault. This omission marks a shortcoming of this study since it would have been significant to enquire whether any of the perpetrators used the threat of HIV/AIDS in a deliberate manner to further intimidate or frighten their partners.

8.3.8.2. Use of weapons

This category examined whether the perpetrator used weapons in the violence towards his intimate partner.

Table 19*Use of weapons*

Use of weapons as a critical item	Use of weapons		Total
	No	Yes	
No	20	0	20
Yes	0	33	33
Frequency (Combined Totals)	20	33	53
Row Percentage	38%	62%	100%

Sixty-two percent of the respondents used weapons in the current assault proving to be a critical item for these respondents.

8.3.8.3. Death threats



This section examined whether the perpetrator threatened to kill the victim, her friends or significant others in the use of violence.

Table 20*Death threats*

Death threat as a critical item	Data	Death threats		Total
		No	Yes	
No	Frequency	20	0	20
Yes	Frequency	0	33	33
Frequency (Combined Totals)		0	33	53
Row Percentage		38%	62%	100%

The data in this table indicates that sixty-two percent of the respondents used credible death threats in the current offence. This also proved to be a critical item which suggests that subsequently their intimate partners felt threatened or at risk.

8.3.9. Violation of parole order or bail conditions

This section examined whether the respondents in this study violated parole or bail conditions.

8.3.9.1. Violation of parole order or bail conditions

Table 21

Violation of parole order or bail conditions

Violation of parole order or bail conditions as a critical item	Data	Violation of parole order or bail conditions		Total
		No	Yes	
No	Frequency	18	0	18
Yes	Frequency	0	35	35
Frequency (Combined Totals)		18	35	53
Row Percentage		34%	66%	100%

Sixty-six percent of the 53 respondents violated their parole order or bail conditions. There was equivalence between the presence or not of 'violate parole order or bail conditions' and whether this factor was categorised as a critical item. Therefore the 'critical item: violate parole order or bail conditions' did not classify the 53 respondents differently.

8.3.10. Physical assault

This category examined whether physical assault was part of the assaultive behaviour by the perpetrator.

8.3.10.1. Physical assault

Table 22
Physical assault

Physical assault as a critical item	Data	Physical assault		Total
		No	Yes	
No	Frequency	2	0	2
Yes	Frequency	0	51	51
Frequency (Combined Totals)		2	51	53
Row Percentage		4%	96%	100%

Only two respondents did not physically assault their partners. There was equivalence between the presence or not of 'physical assault and whether this factor was categorized as a critical item. Therefore the 'critical item: physical assault did not classify the 53 respondents differently which means that complete correspondence is noted.

8.3.11. Summary: Prevalence of risk factors addressed in the SARA

In the preceding result section the relationship between each pair of measurements (the measurement and its corresponding critical item) was studied. It was also investigated whether there were unusual mismatches. In the following table (table 21) the twenty-two original measurements were divided into four sets.

In this section cross-tabulation of pairs of measurements will be formed and the critical item classifications will be ignored due to the strong link between the original measurement and the critical item classifications. In the complete study twenty-two original measurements were made on the fifty-three study subjects.

Table 23

Measurement descriptions and univariate binary distributions of each dimension as well as a column to describe the dependency

Measurement Name	Abbreviation	Yes	No	Status
Assaulted Other Family Members	ASLT FAM	42	11	Not Used
Assault Friends	ASLT FRDS	33	20	Used
Violate Parole Order / Bail Conditions	VIOL P/O BL C	34	19	Used
<hr/>				
Relationship Problems with Spouse	RELTNSP PBLMS	53	0	Not Used
Employment Problems	EMPLT PBLMS	17	36	Used
Victim or Witness of Family Violence / Domestic violence	VTIM/WMS FV/DV	44	9	Not Used
Substance Abuse	SUBST A/D	30	23	Used
Suicide / Homicide Ideation	SUIC/HOM INT/IDA	35	18	Used
Mental Health Problems	MENT PBLM	24	29	Used
<i>Physical D</i> Impulse Disorder/Anger Problem	PD IMPULS/ANG	47	6	Not Used
<hr/>				
Also Attacked previous Partners	AOP	47	6	Not Used
History of Sexual Assault or Sexual Jealousy	HAS/SJ	50	3	Not Used
Use of Weapons / Death Threats	W/DT	40	13	Used
Frequency / Severity of Attacks – escalated	F/SE	53	0	Not Used
Violated Parole/ Protection Order before <i>No Contact</i>	VPI/O/NC	43	10	Not Used
Extreme Minimizing and Denial Attitudes, beliefs and values that condone/support Domestic violence	EM/D AVB	50 49	3 4	Not Used Not Used
<hr/>				
Severe and/or Sexual Assault	SA	31	22	Used
Use of Weapons	UW	33	20	Used
Death Threats	DT	33	20	Used
Violate Parole Order or Bail Conditions	VI/PO	35	18	Used
Physical Assault	PA	51	2	Not Used

However, for “relationship problems with spouse” and “frequency/severity of attacks – escalated” measurements, all the subjects displayed these characteristics. The logical result of this fact was that there did not exist a comparative group without these characteristics, respectively.

For some of the other dimensions like: “victim or witness of family violence/ domestic violence”; “*Physical D* impulse disorder/anger problem”; “also attacked previous partners”; “History of sexual assault or sexual jealousy”; “Violated parole conditions or protection order before *no contact*”; “Extreme minimizing and denial”; “Attitudes that condone/support domestic violence and physical assault” the absence of these characteristics was very low (varied between two and nine). The low occurrence of the absent characteristics in the preceding list influenced the Chi-squared test in such a manner that it will have an extremely low power to detect associations between two different measurements. These measurements were thus omitted from the pair-wise association study.

Another characteristic “Assaulted other family members” was also not used in the pair-wise analysis, because it was strongly related to “Assault friends”. There were twenty-two original measurements of which eleven were used in the subsequent pair-wise analysis of the remaining eleven. The Pearson Chi-squared test for association (dependency) of the measurements on one another was performed. The association score is high for a measurement when it is related to the other ten measurements (see column and row names of Table 21).

In the following table, the pair-wise associations were summarised by means of the p-value of the Pearson Chi-squared test. If a proportion less than 0.05 appeared in a cell it implied that there was a significant relationship between the two measurements linked by the meeting point of the column and row. For example, observe that the entry in the cell (**ASLT FRDS, W/DT**) was equal to 0.0008. This implied that there was a strong association between Assault Friends (**ASLT FRDS**) and Use of Weapons / Death Threats (**W/DT**). Therefore, all the measurements linked by small proportions (p-values less than 0.05) respectively for rows and columns were related.

Table 24*Relationship between the elements of the SARA*

	ASLT FRDS	VIOL P/O BL C	EMPLT PBLMS	SUBST A/D	SUIC/ HOM INT/IDA	MENT PBLM	W/DT	SA	UW	DT	VI/PO
ASLT FRDS		0.2795	0.3903	0.1845	0.0118	0.2417	0.0008	0.1207	0.0435	0.0435	0.4699
VIOL P/O BL C	0.2795		0	0.0300	0.	0.	0.0262	0.0004	0.0236	0.0236	0.0000
EMPLT PBLMS	0.3903	0.5019		0.4135	0.	0.	0.4236	0.9730	0.8010	0.7225	0.2704
SUBST A/D	0	0	0.413		0.	0.	0.1287	0.4138	0.0576	0.0576	0.0024
SUIC/HOM INT/IDA	0.0118	0	0	0.2002		0.	0.0020	0.1367	0.0118	0.0118	0.0771
MENT PBLM	0	0	0	0.4308	0.0664		0.9421	0.2718	0.5475	0.9743	0.5024
W/DT	0	0	0	0.1287	0.	0.942		0.0029	0.0001	0.0001	0.0020
SA	0.1207	0.0004	0.9730	0.4138	0.1367	0.2718	0.0029		0.0000	0.0000	0.0001
UW	0.0435	0.0236	0.8010	0.0576	0.0118	0.5475	0.0001	0.0000		0.0000	0.0002
DT	0.0435	0.0236	0.7225	0.0576	0.0118	0.9743	0.0001	0.0000	0.0004		0.0002
VI/PO	0.4699	0.0000	0.2704	0.0024	0.0771	0.5024	0.0020	0.0001	0.0002	0.0002	

Association (dependency) between *SARA* elements was present when the p-values for each pair of measurements (row and column) of the corresponding cell, was less than 0.05. A summary measure was constructed for each row to establish how strong that measurement was related to the other measurements, and the larger the summary measurement was, the stronger the relationship was to the other measures as a group.

Table 25

Measurement descriptions as well as a column to describe the association (dependency) with the remaining measurements

Measurement Name	Abbreviation	Summary Measure for Association
Assaulted Other Family Members Assault Friends Violate Parole Order / Bail Conditions	ASLT FAM A VIOL P/O BL C	Not Used 26.0 37.0
Relationship Problems with Spouse Employment Problems Victim or Witness of Family Violence / Domestic violence Substance Abuse Suicide / Homicide Ideation Mental Health Problems <i>Physical D</i> Impulse Disorder/Anger Problem	RELTNSP PBLMS E V S S MENT PBLM P	Not Used 8.1 Not Used 23.2 33.0 8.4 Not Used
Also Attacked previous Partners History of Sexual Assault or Sexual Jealousy Use of Weapons / Death Threats Frequency / Severity of Attacks – escalated Violated Parole/ Protection Order before <i>No Contact</i> Extreme Minimizing and Denial Attitudes, beliefs and values that condone/support Domestic violence	AOP HAS/SJ W F/SE VPI/O/NC EM/D A	Not Used Not Used 50.4 Not Used Not Used Not Used Not Used
Severe and/or Sexual Assault Use of Weapons Death Threats Violate Parole Order or Bail Conditions Physical Assault	SA UW D V P	49.4 53.0 50.2 53.9 Not Used

The first group showed weaker inter-relationship. The second group consisted of a mixture of weak and stronger inter-relationships. The last five measurements displayed the strongest inter-relationships.

8.4. Discussion of quantitative findings of the implementation of the SARA assessment guide: Male respondents

This section of the thesis provides a succinct synopsis of the findings arising from the quantitative analysis. The main categories outlined in the Spousal assault risk assessment guide (*SARA*) will be used to discuss the salient features of the enquiry. Intermittently, direct quotations from the male respondents (53) will be used to illuminate particular concepts and issues.

8.5. Criminal history

The findings of this study indicate that perpetrators of violence often have a past history of directing their violence towards other family members and relatives. It shows that at least 79.2% of the respondents in this study had a prior history where they assaulted in-laws, parents, siblings or immediate family members of their intimate partners. This bears testimony to the accounts provided by some of the women (refer to sample of respondents – 47 - cited in the latter section of this chapter that deals with a qualitative analysis that friends of their partners often told them about past incidents of “fights” with the relatives of previous partners.

This study also showed that 33 respondents out of the 53 directed their violence towards friends or acquaintances of their intimate partners. Out of the 33 respondents who also assaulted friends or non-family members, for 31 respondents it proved to be a critical factor. In other words, this implies that the perpetrator would attack, threaten and harm anybody they perceived to be interfering in his “private affairs”.

The findings of this study concur with research outcomes that perpetrators often have a history of failure to abide by specific conditions regarding the consequences of their behaviours. In terms of the risk assessment literature it is irrelevant whether the conditions were imposed following an incident or

allegation of domestic violence: failure to abide by specific restrictions present as a poor prognostic factor (Hobart, 2002; Kropp et al., 1995 & 2000).

This study showed that 64.2% of the respondents violated either the conditions of the protection order, bail conditions or a 'no contact clause'. The 'no contact clause' would have been suggested or implemented in conjunction with a counsellor, social worker or other mental health practitioner.

Current research findings also indicate that perpetrators who have a history, past or current of violating conditions imposed through protection orders, bail conditions or a no contact agreement have a higher propensity towards recidivating (Andrews, 1989; Hart, Kropp & Hare, 1988; Nuffield, 1982).

8.6. Psycho-social adjustment

Kropp et al. (1995:9) state that recent or continuing social maladjustment is linked with violence. Recent relationship problems refer to separation from an intimate partner or severe conflict in the relationship within the past year. The findings of the current study highlight that all the respondents in the sample experienced severe relationship problems with their partner. The respondents also identified relationship problems as a critical item in their intimate violence.

She wanted to wear the pants in the house and refused to listen to me...so I had to teach her the hard way. She only listens once she gets hurt and does not know how to communicate with me.

(Respondent # 12, FAMSA, Cape Town).

The relevance of employment difficulties is also included under psycho-social adjustment and refers to unemployment and/or chronic unstable employment during the past year of the assessment. This study showed that 67.9% of the respondents did not experience employment problems or that employment was a significant factor in their violent responses. Although 17 respondents agreed that

they experienced employment difficulties, only 16 respondents confirmed that it influenced their violent behaviour.

Yet it is interesting that many respondents were of the opinion that if their partners had a higher income than themselves it contributed to tension, although it did not necessarily contribute to the violence.

This result is significant since assumptions are held that men who hold specific jobs or careers are more prone to domestic violence because of the inherent stress levels of their occupation. Particular reference is made to those men who are employed in the police services, navy or army in a South African context. Nevertheless, the limitation of the sample size and the sources of referral do not lend the writer to make an informed comment on this aspect. The representation of those men who are employed in the defence forces or police services in this sample is not sufficient to make a definitive comment on the nature of employment and/or its linkage to intimate violence.



Kropp et al. (1995:10) state that the item that refers to the childhood history of the perpetrator is historical in nature and refers to maladjustment in the individual's family of origin. According to these authors this is one of the most robust risk factors for spousal assault identified in the literature. The current study showed that 83% of the respondents claimed that they had either experienced childhood victimization or had been a witness to family violence in their families of origin. This result concurred with the writings of Bookwala et al. (1992); Buehler et al. (1992); Carroll (1994); Arroya & Eth (1995) & Kropp et al. (1995) and with commonly held notions that boy children who are exposed to family violence or childhood victimization are more likely to direct violence at an intimate partner. Out of the 44 respondents who admitted the impact of their childhood exposure or experience, only one respondent denied that there was a linkage between these two factors.

I always vowed that I would never walk in my old man's shoes.... now I am worse than he was and more violent than he was towards my mother and us.

(Respondent # 24, Famsa, Western Cape).

The *SARA* assessment guide includes the use of alcohol abuse and/or addiction under the category of the psycho-social category. Substance abuse is related to criminality, recidivism in general and it is believed that perpetrators are more likely to have a history of substance abuse. Yet, Rossiter (1999:43) stated that there is often a commonly perceived causal link between alcohol/substance misuse and domestic violence. While Gelles (in Gelles & Loseke, 1993:167) cautioned that with the exception of amphetamines, there is little evidence to support a causal link between substance abuse and domestic violence.

Yet Australian Research indicated that “as many incidents of domestic violence occur without alcohol as with alcohol” (Wallace, 1993:3). The findings of the Matthews et al. (2004) confirm the role of alcohol in intimate partner violence. Moreover, this author's study for the thesis showed that 56.6% of the respondents claimed that substance abuse played a significant role in their intimate violence, while 23 respondents denied that substance abuse or addiction played a role in their violence towards their partners.

Out of the 23 respondents, however, three respondents admitted that other addictions contributed to their violent behaviour. These three respondents further admitted that addiction to prostitution and/or pornography was a significant causal factor.

Whenever she checked my credit cards and discovered that I used the services of a sex worker, she would freak ...I punched her because she would not give me sex when I needed it...So what is a man supposed to do?

(Respondent # 16, Kenilworth Clinic, Cape Town)

One of the three respondents admitted that exposure to pornography reinforced his thoughts about stereotypical gender roles. Nevertheless, Wallace (1993:4) cautioned that a number of patterns emerge where alcohol consumption is also a feature of domestic violence, namely:

- a) In most cases, domestic violence occurs with or without alcohol;
- b) In some cases, alcohol makes no difference to the frequency or severity of violence. Alcohol may increase or decrease physical violence but generally, the findings of this study concur with most arguments in the literature regarding the link between substance abuse and domestic violence.

The recent study on femicide by Matthews et al. (2004) further support the view that alcohol misuse is a significant factor in the cases of femicide in South Africa.

With regard to suicide and homicide, this study indicated that 66% of the respondents used suicide or death threats to intimidate their partners. Out of this group of 35 respondents, at least 33 admitted that this was a critical issue in their relationship to their partners.

In comparison to the study undertaken by Hobart (2002), over 25% of domestic violence fatalities were homicides or suicides. Yet some suspicion remains that this percentage could be higher, since the statistics are based only on the number of perpetrators who successfully kill themselves or others.

Nevertheless, many of the perpetrators in the author's study denied the severity of using death threats or threatening suicide.

I do not know why she is making a big deal out of that. I only wanted to frighten her. That is why I told her that, if I can't have you, nobody else will. Anyway, I did not cock the gun when I placed it on the table in front of me.

(Respondent # 43, FAMSA, Western Cape.)

The findings of this study showed that 29 out of the 53 male respondents did not have a history of psychiatric illness, while 24 of the respondents had either received psychiatric treatment or had been diagnosed with a psychiatric condition or illness. Out of those 24 respondents, only one respondent's diagnosis was not linked to the violence or seen as a critical item in the domestic violence. This one respondent had a diagnosis of multiple sclerosis, which is not a psychiatric condition *per se*, although depression is often a consequence of this illness.

The psychiatric conditions for the other 23 respondents ranged between Affective mood and personality disorders. This finding concurs with the views held by Dutton (1995), who viewed the individual traits of the perpetrators as causal agents for their violence. Dutton & Golant (1995) stated that many features of the Borderline personality organisation and its more severe form, Borderline personality disorders, can be identified in male batterers using clinically validated psychological instruments.



Yet, the majority of the perpetrators in this study did not have a diagnosable psychiatric condition that proved to be a causal link to their intimate violence. Moreover, one also needs to take into consideration that many of the respondents were referred by psychiatrists or had been recruited from a residential treatment programme at a private psychiatric clinic.

Hare (1991) concurred that personality disorders are very common in offender populations generally and among domestic violence perpetrators specifically. Personality disorders are characterized by anger, impulsivity and behavioural instability. Saunders (1993) pointed out that personality disorder is considered a “probable risk factor” and most husbands who assault while in treatment have elevated profiles on standard personality tests.

Thus, the category that addresses impulse disorder and anger management problems appears to concur with the findings on psychiatric illness or mental health problems. In terms of the impulse disorder/anger management problems, 47

respondents out of the 53 admitted that they could not control their impulsivity or anger. Only six respondents admitted that they were able to control their impulsivity and anger and could delay impulses for immediate gratification.

The implication of this finding is that, although a formal diagnosis had not been made, at least 88.7% of the respondents fulfilled some of the criteria for impulse disorder problems and that managing their anger fell within the ambit of this category.

Regarding the range of psychiatric illness, many of the perpetrators presented with symptoms of depression and anxiety when their partners left them or applied for a divorce as a consequence of the violence used in the relationship. Yet, one cannot conclude reliably that the depression was the causal agent in the use of intimate violence.

8.7. Domestic violence history



Research-based literature showed that men who have demonstrated assaultive behaviour in either past or current intimate relationships are at risk for future violence (Fagan et al., 1983; Sonkin, 1987). The data in this study showed that 47 respondents out of the 53 had a history of assault against their intimate partners or significant others.

The first time I became violent was when I was in high school and I shoved my girlfriend around, but thought that at least I did not smack her.

(Respondent # 15, Kenilworth Clinic, Cape Town)

I used physical violence and control in all my relationships, but realized that I had a problem when I tossed my last wife out of the window of our second floor flat, because she would not serve the children breakfast when I told her to.

(Respondent # 52, FAMSA, Western Cape)

Many of the respondents who participated in the rehabilitation programme at FAMSA would admit to using some form of violence in prior relationships, although few could readily admit the degree to which their violence escalated over time.

Kropp et al. (1995:39) state that typologies of spouse assaulters often indicated that the most severe patterns involved sexual assault and sexual jealousy. Hence, men who had sexually assaulted their partners and/or had demonstrated significant sexual jealousy had more elevated risks for violent recidivism.

This study has shown that only three out of the 53 respondents did not have a history of sexual assault or sexual jealousy towards their partners. Out of the 49 respondents who admitted to using sexual assault or jealousy, several of them admitted that this often included, but was not limited to, accusations of being unfaithful.

I used to check what underwear she would choose for the day, wait until she returned from work so that I could check it for evidence of sexual unfaithfulness. Sometimes, I would take her 'soiled' underwear to her bosses to show what a whore she was.

(Respondent # 53, FAMSA, Western Cape)

I would put pressure on her to engage in 'swinging' with partners of my selection. This also allowed me to demand sex whenever I wanted it, in any way I wanted it, or gave me permission to call her derogatory names.

(Respondent # 50, FAMSA, Western Cape)

I have never forced her to be sexual with me, I would simply instruct her to lie still, until I had finished.

(Respondent # 31, FAMSA, Western Cape)

After she took out the protection order against me for the beating, I started sodomizing her, because the protection order did not state that I could not do this.

(Respondent # 29, FAMSA, Western Cape)

She must have been sleeping with her pastor, why else would she be spending all her time at the church, most evenings, when I was left at home with our children.

(Respondent # 20, Kenilworth Clinic, Cape Town)

These words of the respondents who participated in this study concurred with the presence of both sexual assaults and sexual jealousy used in the intimate relationship with their partners. Many of the female respondents confirmed the findings of sexual assault and the use of sexual jealousy that the male respondents admitted to.

The data in this study confirmed that perpetrators who have used a weapon in past assaults are more at risk of continued violence. Out of the 53 respondents, 40 admitted that they either used a weapon or a death threat against intimate partners. The specific type of weapon, however, was not itemized for analysis during this study. The following words of the respondents substantiate statements in this regard.



I stabbed her with a screwdriver in the neck and attacked the policeman who was sent to our home with a ten pound hammer.

(Respondent # 17, FAMSA, Western Cape.)

I threatened to set her and the children alight when she tried to escape.

(Respondent # 44, FAMSA, Western Cape.)

I held the carving knife to her throat and I knew that I wanted to kill her.

(Respondent # 11, FAMSA, Western Cape)

Many of the respondents who participated in this study confirmed that there appeared to be a trajectory of violence over time. Hence all 53 respondents admitted that there was an escalation in the severity of their violence and that it progressed from less to more.

This study also showed that 43 out of the 53 respondents had a history of violating “no contact” agreements or protection order conditions. This meant that these respondents were either instructed to refrain from contact with their intimate partners or significant others by a court order, bail condition, or by a mental health treatment provider. Kropp et al. (1995:43) state that research indicated that past violations of release and/or supervision conditions were associated with general and violent recidivism.

Some of the respondents stated the following:

I simply wanted to see whether she was serious about the protection order.

(Respondent # 17, FAMSA, Western Cape)

Dutton (1995) stated that many serious and persistent offenders routinely engaged in minimization and/or denial of their dangerous behaviour. In the study for this thesis only three out of the 53 respondents did not chronically deny, minimize or rationalize their abusive belief systems, values and responses.

The following excerpts highlight this denial and/or minimization of the abuse.

If she listened, I would not have had to use force or violence.

(Respondent # 12, FAMSA, Western Cape)

I am not a violent person, I simply pop my cork from time to time.

(Respondent # 31, FAMSA, Western Cape)

It's not like I stabbed her or anything, I merely gave her smack or two.

(Respondent # 11, FAMSA, Western Cape).

These words of the respondents also support the finding of this study that showed 92% of the respondents held attitudes, values and beliefs that support or condone the use of violence in an intimate relationship.

8.8. The current offence

Kropp et al. (1995:47) state that severe violence and sexual violence in the index offence are both associated with increased risk for future violence. The data in this study showed that the majority of respondents (58%) used sexual violence or battery. Yet, many of the victims did not necessarily report the sexual battery because of the nature of it.

The following statements by some of the respondents refer:

I showed her who the boss is and, yes, I did not take 'no' for an answer. I continued having rough sex with her despite the fact that she was crying.

(Respondent # 18, Kenilworth Clinic, Cape Town)

I forced anal sex on her because of her crap attitude.

(Respondent #37, Kenilworth Clinic, Cape Town)



I broke her arm then forced myself on her, but I took her to hospital afterwards and told her that she could tell the doctors that I was responsible for her injuries.

(Respondent # 27, Kenilworth Clinic, Cape Town)

Many of the respondents indicated that they did not believe in concepts such as marital rape, which further indicated that sexual battery was not viewed as deviant or unnatural behaviour. Apart from using sexual violence, the current offence also included the use of weapons. Although the data does not reflect this specifically, but the interviews with the respondents showed that knives and guns were the weapons of choice, although any object proved to be a potential weapon in a conflict situation. Furthermore, the majority of respondents admitted to using physical assault in the index offence.

8.9. Attitudes that support or condone spousal assault

Many authors emphasized that a number of socio-political, religious, cultural and personal attitudes differentiate between men who have recently assaulted their partners and those who have not (Kropp et al., 1995; Strauss et al., 1980; Saunders, 1992b). The outcome of this study concurred with this finding in that 92% of the male respondents held attitudes, values and beliefs that support or condone spousal assault.

The following refers:

If women do not want to listen, then they should feel.

(Respondent # 22, FAMSA, Cape Town)

She would not have got hurt, if only she'd shut up.

(Respondent # 30, Kenilworth, Cape Town)

How could she refuse me sex, when we are married? It's like having to bark yourself, when you do own a dog!

(Respondent # 41, FAMSA, Cape Town)

She is not a victim, she is my wife!

Respondent # 40, FAMSA, Cape Town)

What does she do at home the whole day? When I walk in at night, the house is in disarray and she is still busying bathing the children? Am I expected to help in the house when I go out to provide for the family?

The writer agrees with Kropp et al. (1995:47) who argue that there is a common thread across these attitudes that support or condone spousal assault, that implicitly or explicitly encourage patriarchy, misogyny and the use of violence to

resolve conflicts. The authors further state that these attitudes often co-exist with minimization and denial of spousal assault and are associated with increased risk of violent recidivism.

8.9.1. Summary

The writer selected the categories of the *SARA*, namely, the criminal history, psycho-social adjustment, history of spousal assault, current offence and attitudes that condone spousal assault to illuminate the findings of this study. The current offence or index offence was not examined from a qualitative perspective since the data is relatively clear.

Yet, it would appear that the findings of this study concur with the main threads detected in the literature regarding the risk markers for continued violence. Rothman & Thomas (1994:164) stated that the Intervention Design and Development framework is based on the assumption that research findings can be converted systematically into social interventions. Hence design is a stage of purposive planned change: one of several alternative processes leading to the development of social interventions.

The findings of the quantitative analysis therefore inform the proposed intervention, namely; the construction of guidelines for the assessment and programme development for perpetrators. These results highlight the need to move away from a “one size fits all” mindset in the management of perpetrators of domestic violence. Clearly, specific assessment criteria must be applied before programme development or intervention input is executed.

8.10. Analysis and discussion of qualitative findings: Female respondents

8.10.1. Introduction

This section of the report will address the findings of the interviews and focus groups that were held with the sample of 47 female respondents. The writer included the 47 respondents to use the technique of triangulation in order to achieve more accurate and credible results, since scepticism existed about whether the male respondents could be relied upon to provide an accurate account of their violence. In addition, other efforts to ensure trustworthiness of perpetrator data, included perusal of available records, such as legal documents (protection order applications and charge sheets), referral letters from mental health referees or women's advocacy organisations (shelters, women's support groups and activists).



8.10.2. Research methodology and design

This section of the report provides further elaboration on the sample of 47 female respondents. The data in this section of the report has been analysed in terms of the writings by Creswell (1998:143).

8.10.2.1. Sampling

The 47 female respondents were selected through purposive sampling and those who sought intervention for domestic violence within a specific period were approached to participate in the study. Only 27 of the female respondents, however, were intimate partners of the male respondents (reported on earlier in this chapter), while 10 females who were approached declined to participate.

These respondents originated from similar referral sources, namely: psychiatrists, social workers, interdict clerks, or those who had been admitted to Kenilworth Clinic as a result of depression or anxiety.

The respondents who declined to participate in the study were either no longer interested in pursuing a relationship with their abusive partners or could not participate for logistical reasons.

8.10.2.2. Data collection

Data was collected from the 47 female respondents through:

- Semi-structured interviews – using the *SARA* assessment guide.
- Selecting those female respondents who sought intervention as a result of domestic violence without necessarily having contact or access to their partners.



All the research activities with the female respondents were conducted at the Kenilworth Clinic, Cape Town.

8.10.3. Data analysis: Semi-structured interviews

Creswell (1998:143) provided a data analysis spiral that described data management as the first loop in the spiral that begins the process. He further explained that, at an early stage in the analysis, the researchers organise their data into file folders, index cards or computer files. This principle informed the way the qualitative data from the 47 female respondents was managed in order to develop a narrative outcome.

Creswell (1998:142) further stated that data analysis is not off-the-shelf: rather it is custom-built, revised and “choreographed”. Hence the writer followed the spiral that includes moving from describing, classifying, and interpreting to developing themes that represent the “heart of the matter”.

The writer therefore adhered to the data analysis spiral postulated by Creswell (1998) to step back and form larger meanings of the reality of those who perpetrate domestic violence and the respondents who experience the violence.

The following section uses the broad categories of the *SARA* assessment guide to reflect the words of the female respondents.

8.10.3.1. Criminal history

The data obtained from the female respondents concurred with that of the male respondents (see previous section). The following themes emerged as significant regarding a prior history of intimate violence.

Theme 1: “I genuinely thought that he was misunderstood.”

This theme corresponds to the first four items on the *SARA* guide that talks to the nature and extent of past assaults in other relationships.

Female respondents confirmed that they were aware of rumours that their intimate partners were known for their “bad tempers”. Yet, when they confronted their partners, they were convinced that others were simply jealous of the new relationship.

The following words of the respondents refer:

When I asked him about the fights with the father of his ex, he assured me that his friends are merely trying to break us up, because they are jealous of our relationship. He seemed genuine and I really believed that his ex was spreading gossip about him and his behaviour.

(Respondent # 38, Kenilworth Clinic, Cape Town)

His ex told me that he used violence on her during her first pregnancy, but he denied this and convinced me that she would try and control him all the time.

(Female respondent # 42, Kenilworth Clinic, Cape Town)

He used to tell me how he followed his ex around despite the protection order, because he knew that she was too scared that he would embarrass her publicly.

(Female respondent # 27, Kenilworth Clinic, Cape Town)

8.10.3.2. *Psycho-social adjustment*

The overall results from the data obtained from the female respondents concurred with the main findings under this section with the male respondents. Yet, the themes that emerged further articulated the experiences of both the female and male respondents who participated in this study. This section summarizes the overall difficulties that are presented by the perpetrator and his life experiences.



Theme 2: “In his father’s footsteps”

This theme relates to the psycho-social items of the *SARA* guide that refer to the maladjustment problems in the perpetrator’s family of origin.

The female respondents confirmed that they were informed of a history of violence prior to the current relationship. Some of the respondents identified violence in their partner’s family of origin, while others confirmed that their partners had also been violent towards friends, acquaintances and extended family members.

Theme 3: “He was two different people; it’s like he had a split personality.”

This theme also illuminates the possibility that personality and psychological difficulties may be experienced by the perpetrator of domestic violence and

this is supported by some of the writings by Dutton (1995) as explained in chapter four.

Theme 4: “I knew that he wanted to kill me, I could see it in his eyes.”

Both the fourth and fifth themes illuminate the items on the *SARA* that highlighted the use of death threats or suicidal tendencies by the perpetrator.

He used his belt to me beat me and broke the glass table so that he could stab me with a piece of glass.

(Respondent # 12, Kenilworth Clinic, Cape Town)

He held the gun to my head while my children watched and cried.

(Female respondent # 11, Kenilworth Clinic, Cape Town).

My eight- year- old son called me and he was hysterical, because he walked into the house from school and found his father attempting to hang himself from the ceiling. His father told him that it was my fault because I wanted a divorce.

(Female respondent # 6, *Kenilworth Clinic, Cape Town*)

Theme 5: “Death before divorce”

This theme reflects the use of death threats reflected in the findings with the male respondents. The wording of the theme comes from direct quotations of both male and female respondents.

Theme 6: “If he could just be taught to control his temper.”

This theme corresponds with the finding with the male respondents that showed the majority of perpetrators experienced problems with the management of anger impulses. Many of the female respondents (37) also

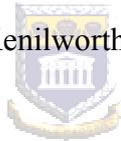
appeared to believe that the violence emanated from difficulties in anger management mainly.

Theme 7: “Once the beatings stopped, he started sodomizing me regularly.”

This theme supports the category of attitudes, beliefs and values that condone or support spousal abuse. Many of the perpetrators who stop using physical assault may often resort to other forms of intimidation. The following themes also illuminate the use of sexual assault or sexual violence by the perpetrator.

My husband sent his friend into the bathroom while I was having a shower and I knew that I would be in danger if I did not have sex with this friend, while he watched.

(Female respondent # 13, Kenilworth Clinic, Cape Town).



He would tell me that I would be the cause if he raped my thirteen- year- old daughter, because I refused him sex, two weeks after the birth of our first son.

(Female respondent # 18, Kenilworth Clinic, Cape Town)

He never ever raped me, I was just not allowed to refuse under any circumstances.

(Female respondent 21, Kenilworth Clinic, Cape Town)

8.10.3.3. Domestic violence history

The data in this section concurred with the results obtained from the male respondents which showed that men who have used violence in other intimate relationships will continue to do so. The following words by the female respondents underscore this finding:

When we were courting, he started shoving me around, but the first beating came during my first pregnancy.

(Female respondent #4 Kenilworth Clinic, Cape Town)

My husband swore at me in front of my work colleagues and when one of them protested, he beat him up and chased after him at high speed with me in the car. My colleague was too afraid to lay criminal charges against my husband out of concern for my safety... the staff knew that he would make me pay...

(Respondent #14, Kenilworth Clinic, Cape Town)

8.10.3.4. Current Offence

The experiences of the female respondents concurred with the findings of the male respondents that current offences often included sexual battery or assault.



He used to check my underwear whenever I came from a shop steward meeting. He was convinced that I had been unfaithful to him with my male colleagues.

(Female respondent # 5, Kenilworth Clinic, Cape Town)

I resigned from my job after my husband handed out flyers at the funeral of my manager's mother, informing funeral goers that I had slept with my manager.

(Female respondent # 12, Kenilworth Clinic, Cape Town)

8.10.3.5. Attitudes that support/condone domestic violence

The following themes and words of the respondents concur with the findings in the previous section with the male respondents. The words of the respondents further confirm that perpetrators of domestic violence lack the necessary empathy towards their victims that could deter ongoing violence, as

well as the fact that the attitudes and beliefs that they hold maintain their violent responses.

Theme 8: “He did not see me as a victim, but as his wife.”

He was very angry because the therapist asked him who his victim was.

(Female respondent # 22, Kenilworth Clinic, Kenilworth, Cape Town)

This theme concurs with the overall findings that perpetrators of domestic violence do not necessarily regard their partners as victims of violence, although other women who are beaten could be seen as such.

Theme 9: “I believed that I provoked his violence towards me.”

This theme concurs with the results obtained from both the female and male respondents that show many perpetrators to hold values and beliefs that condone domestic violence. This theme also bears relevance to the items on the *SARA* that highlights the beliefs of the perpetrator.

8.10.4. Summary

The overall results gleaned from the female respondents concur with data that was generated from the semi-structured interviews with the male respondents. Although the writer has followed the data analysis spiral of Creswell (1998) with the female respondents and a quantitative approach with the male respondents, there appears to be congruence with the overall picture that has emerged.

An attempt was made to take the qualitative data apart and search for common themes that illuminate the realities and experiences of both the males and females affected by domestic violence.

The writer agrees with Creswell (1998:144) that, although it is indeed difficult to reduce the data down to only five or six themes, the identified themes do address the main categories outlined in the *SARA* assessment guide.



Chapter Nine: Management of domestic violence: Risk-based assessment and intervention guidelines with perpetrators of intimate violence

9.1. Introduction

This research project was initiated on the basis that guidelines and structures for work with the perpetrator must be governed by the overriding concern for the safety of the perpetrator's partner and children. Thus the outcomes of this study, namely: risk-based assessment and intervention guidelines - are clearly directed at those perpetrators whom Johnson (1995:283) described as "patriarchal terrorists" and not those men who appear to engage in "common couple" violence, which is seemingly a once-off episode with no set patterns of escalation.



The findings of this study confirm that there is a pressing need for comprehensive assessment and intervention with perpetrators who display a pattern of assaultive behavior that escalates over time and in severity. It is also evident that more severe and injurious abuse is likely to be associated with specific risk factors and that one cannot address single aspects of battering only, but that a comprehensive, research-based approach may be demanded.

Nevertheless, the literature reviews undertaken for the purposes of this study clearly suggest that the development of an assessment and intervention framework can reveal important aspects with regard to battering. Thus, for the purposes of this study, the writer of this thesis used intervention research that is defined in the *New Dictionary for Social Work* (1995:35) as "research directed at the establishment of procedures for designing, testing, evaluating and refining techniques and instruments with a view to intervention in social problems in communities and groups". Furthermore, as outlined in chapter one, the concept of intervention, which is intended as an outcome of this study is defined in the *New Dictionary for Social*

Work (1995:35) as “the professional behaviour of a social worker to bring about change in the person-environment situation to achieve the objectives of the agreement of cooperation (contract) which has been entered into with the client”.

For the purposes of this study, an intended outcome is the development of guidelines for risk-based assessment and intervention with batterers to address the problem of ongoing domestic violence. This notion is also supported by the feedback that was received from the training undertaken with various organisations, as reported in chapter two of this thesis. Instead of searching for the most effective programme type or programme content, the development of a framework, containing the essentials, is more appropriate.

Although the writer of this thesis recognises the importance of identifying standards for batterer intervention, this has not been the scope of this study. The writer is of the opinion that, if a framework and set of guidelines for the development of intervention programmes with the batterer is prioritized, the next logical step is to create standards and guidelines that can be applied to ensure the accountability, responsibility and efficacy of batterer intervention in South Africa.

9.2. Application and summary of the design and development model

This section of the report provides a synopsis of the application of the Rothman & Thomas (1994) design and development model that was used in this study and the outcomes that inform the intervention, namely: the assessment and intervention guidelines.

This summative graph (see figure 2 on page 225A) alerts the reader to the different steps that were undertaken to develop the technology. It further illustrates the activities that informed the final intervention, namely: an assessment and intervention framework.

The writer decided to combine the third and fourth phase as well as to omit the last phase, Dissemination and marketing, although for the purposes of this section of the report, specific activities are mentioned for both the third and fourth phase. Similarly, the proposed product was tested in training programmes and seminars but was presented as “work-in-progress” projects that could be altered by the outcome of this study (Ghana, FAMSA, NICRO).

9.3. Summary

In conclusion, the following information from the different phases contributed to the development of the final product.

Problem analysis and project phase activities provided the substantiation that the management of the perpetrator is indeed necessary. The feedback and information gleaned from this phase provided opportunities to involve those directly affected by domestic violence, albeit perpetrators, survivors, treatment providers, or prosecutors. The feedback confirmed that intervention with the batterer is essential as a strategy to protect women and children, particularly because many abused women do not necessarily want to lose the relationship with her assailant: it's simply the violence and control that she rejects. The feedback as well as the literature on abused women confirms that many abused partners return to their assailants in the hope that the violence and control will stop.

The information gathering and synthesis phases enabled the writer to consult research-based information on an area that was fairly familiar because of the length of time the writer had been working with the issue. Nevertheless, the literature searches and internet research provided clarity regarding definitions of domestic violence, programme effects, treatment approaches, and theoretical constructs. The literature search on African issues pertaining to domestic violence was crucial in providing a home-grown context. This phase also compelled the writer to undertake specific site visits to different countries and to develop an interest in legal management of the perpetrators as part of an intervention strategy. This further provided the writer with

sufficient material to engage in a comparative analysis, crossing the divide between the developed and developing world in its management of the problem. In addition, this phase culminated in the writer developing an international network of colleagues and mentors, resulting in improved and transparent practice.

The phase, design, early development and pilot testing also shows that the existing group at FAMSA was used to test ideas, hunches or trends that surfaced during the research process. The writer was of the opinion that the existing programme could be a reliable place to test new ideas or programme developments since the participants were in the programme for a long time already (for example: at least eight weeks). An assumption was held that the participants in the existing programme at FAMSA had already been influenced by prior programme content and concepts, and seemingly understood the values, attitudes and behaviours that were needed to reduce continued battering. Thus two new groups (a group-based intervention for perpetrators of domestic violence as well as a support group for women affected by this problem) were established at the Kenilworth Clinic, Cape Town, to engage in further development and refining of the intervention. Hence, for the duration of the research project, the writer had two perpetrator groups as well as a support group for survivors of domestic violence. The one hundred respondents (53 males, 47 women) were recruited specifically to implement the *SARA* assessment guide. Hence this phase provided opportunities for the writer to test and challenge her own assumptions, biases and preconceived ideas about the management of perpetrators. This particular phase provided opportunities for learning for the writer and enabled the writer to increase programme accountability and efficiency.

The pilot testing during this phase revealed that a more integrated approach was required in terms of the approach as well as the implementation of a batterer intervention programme. The results of the pilot test of the *SARA* guidelines during this phase concurred with the findings of NICRO (Liddle, 2002; Quimpo, 2001). These findings revealed that the checklist provided helpful categories, but that the use of scoring into high, medium and low risk warranted more practice in

order for the assessor to develop an acceptable level of competency. Nevertheless, the pilot test undertaken in relation to the batterer intervention programme showed that a comprehensive framework was more helpful than a prescriptive programme that was difficult to implement. The results from the training activities undertaken, as reported in chapter two concurred with this finding.

Although the evaluation and advanced development phase did not form part of the activities for the purpose of this thesis, the technology will be subjected to ongoing scrutiny in research activities upon completion of this thesis. Clearly, the management of batterers and the area of domestic violence is dynamic by its nature and new technologies or trends are developed regularly. The development of risk-based intervention is also relatively new, therefore any technologies designed to address batterer intervention programming must be tested and evaluated regularly.

The highlighted section (9.4.) that follows is the outcome of this study. It is presented as a separate section that can be used by those practitioners who intend engaging with batterer intervention programming. The assessment and intervention guideline offers practical, how-to information in setting up assessment and intervention with batterers.

9.4. Outcome of the study: Risk-based assessment and intervention guidelines with perpetrators of intimate violence

Compiled by Marcel P. Londt, November 2004

9.4.1. Preface

Male violence against intimate partners is a serious problem and specific strategies are essential to control battering in an intimate relationship. Although a growing body of knowledge and research findings illuminates what the nature of these strategies should be, the danger still exists that a “one-size-fits-all” approach becomes the only tool to intervene in this problem. The purpose of this framework is to provide essential components to construct batterer intervention programmes that rely on risk-based assessment.

The most popular approach to batterer intervention programs have been the Duluth Model, which is located within a feminist approach. Although this model and the feminist approach provides a valuable context for batterer intervention programming, it has become evident that a more comprehensive assessment and intervention may be required. This is particularly important since the incidence and nature of the type of violence directed at intimate partners by abusive men appears to be more pervasive. Clearly, some abusive men do not respond to batterer intervention programming or its effects, which implies that one needs to examine various factors more closely. The need for identifying risk markers and utilizing the information gleaned from this in the batterer intervention programme is thus a priority.

The goal of this framework, therefore, is to offer suggestions for essential components in developing and implementing a batterer intervention programme. Ideas, concepts and programme issues are offered as suggestions rather than as a prescriptive model that is rigid in its application. The reader is encouraged to use the “nuts and bolts” suggested in order to compile suitable programmes that are tailored to the needs of a specific community or region.

The research on which this framework is based highlighted specific risk factors that can influence the final implementation of a batterer intervention programme, the selection of participants, and the ongoing assessment of these participants.

The following process was followed based on the methodological framework of Rothman & Thomas (1994:99):

- Analysis of the problem through focus groups, meetings with stakeholders, international site visits, as well as engaging with the proposed clientele and their victims;
- Information on batterer intervention programmes and domestic violence, *per se*, was gathered through a comprehensive literature review; the study of the legal strategies for domestic violence in different countries, and an examination of models that could offer functional elements for a proposed framework and approach;
- The proposed intervention was then piloted and tested with non-government organisations as well as in training workshops, locally and in Ghana, in order to develop a set of guidelines that were appropriate to our local context and were practical in their application; and
- Lastly, groups were established to test ideas and hunches, while 100 respondents were recruited to implement an existing risk assessment guideline, namely the *SARA*, to identify risk factors.

The reader is referred to chapters two and three of this thesis on which this guideline is based, for additional information on the pilot tests and the organisations that were involved.

This framework is thus informed by the outcomes of the research study undertaken, the scrutiny of literature sources, current research on the treatment of batterers, as well as elements of successful interventions with this clientele group.

The suggested framework offers the reader information on the most salient features that emanated from the main theories of causality in domestic violence, as well as appropriate definitions that determine the nature and scope of the problem. Ideas are offered on the essential components that are required for comprehensive assessment activities, while the appendices of the research study offer an outline of the *SARA* guidelines.

Lastly, the main principles, philosophy and approach to batterer assessment and intervention, as well as the overall structure, are outlined. Specific readings are suggested to assist the reader in developing specific skills and techniques in programme development as well as risk-based assessment.

The proposed framework is summarized in a graphic illustration in order to provide the reader with a “stand-alone” mind map that could be developed further or adjusted in accordance with the specific needs or characteristics of a given community, clientele group or region.



9.4.2. Programme framework

The following is a proposed framework that is suggested for batterer intervention programming. The different components of the framework will be discussed in the following diagram. Many practitioners who are faced with the task of developing an intervention often import programmes that have been utilized elsewhere and are then faced with the challenge of aspects of the intervention that are inappropriate for the communities it is intended for. Hence the writer of this thesis thought it more feasible to identify the essentials that are required for batterer intervention programming that could allow practitioners to apply their minds creatively in refining the intervention.

9.4.2.1. *Proposed framework*

The information in figure 3 (see page 231A) depicts the main components of the proposed framework. The theoretical approach is based on an integrated or eclectic approach that draws from the various theories that are found to explain domestic violence causality, as well as their treatment implications. While the assessment phase suggests that the reader selects an assessment instrument, in the case of this study, the SARA guideline was utilized. Thereafter, the reader is directed to the main programme principles, philosophies and approach in which to locate the batterer intervention programme. The programme structure is clarified and this is followed by various evaluation activities. The last segment provides the reader with the suggested tools, techniques and information that addresses “how to” questions. Further elaboration is contained in the section of these proposed guidelines on all the different components.



9.4.2.2. *Theoretical approach and definitions of batterer intervention*

Clearly, no single approach to the treatment of batterers appears to be more superior than another. Yet important contributions are made from the psychological, social-cultural and feminist approaches to treatment. Although the writer stated in chapter one of the thesis that the main paradigm for examining the

Refer to the Domestic Violence Act 116/1998 for a sound legal definition of domestic violence! See also Ganley, A. (1996) for a working definition!

"Weak evidence exists to support that one approach to battering is superior over another. But, the good news is that a framework that consists of those qualities that impact positively on battering can effectively inform an intervention program"(Hanson & Wallace-

management of the batterer would be feminist, this study has nevertheless revealed that this paradigm is only one of several ways to view domestic violence. While it is important to maintain a gendered perspective in order to address this problem, however, it is useful to remember that, if a hammer is the only tool available to the practitioner, every problem

has to be that of a nail. Therefore, an integrated or eclectic approach provides the treatment provider with an opportunity to draw from all the approaches which add value to intervention with the perpetrator.

The integrated approach also facilitates for incorporating unique cultural aspects that may have to be considered in the provision of batterer intervention programming.

According to Hanson & Whitman (1995) we can only guess that some approaches are more effective than others, because the research literature is sparse and existing controversies cannot be resolved through references to existing studies. Ganley (1989:199) confirms that, for effective intervention in domestic violence, we must be willing to struggle with the varying theoretical frameworks - not just for abstract debate, but for the sake of developing a consistent, reliable, comprehensive theory that will allow us to explain, predict and eliminate domestic violence. The writer of this thesis agrees with her that we should be willing to adapt our theoretical framework so that we do not use the right technique for the wrong reason or the wrong technique for the right reason.

9.4.2.3. Assessment

The assessment process allows one to gather information on both the abusive behaviour of the batterer and its impact on the intimate partner or significant others. This process also enables the practitioner to gauge the willingness to accept responsibility or to change abusive behaviours, attitudes or beliefs and whether the batterer is a suitable candidate for intervention.

The writer agrees with Russell (1995) who cautioned that the practitioner can expect the batterer to present as being defensive, tending to minimize or deny the extent of his abusiveness, as well as to blame the victim. This is

particularly relevant during the initial interaction with the batterer who often attempts to disguise the shame, guilt and inadequacy they tend to experience. Nevertheless, it is important that the assessment of the perpetrator should explore the following fundamental elements:

- Exploration of the range of the perpetrator's abusive behaviour;
- Use of structured tools to gather information on the range and frequency of the violence;
- Use of critical incident logs or instruments to monitor the abusive behaviour, attitudes or values that support or condone violence towards women;
- An assessment of individual as well as environmental factors; and
- Risk factor analysis.

Ongoing assessments are essential. Offenders usually recidivate within six months of initial programme involvement. Assessments must also consider other problem situations that confound the battering.



The literature and research undertaken for the purpose of this research confirms that men who use intimate violence tend to minimize, deny or rationalize the use of violence, and are therefore unreliable sources of primary information. Subsequently, the practitioner needs to consider the use of collateral records to substantiate accounts given by the perpetrator and these could include:

- Referee reports by other treatment providers;
- Case or docket information contained by police or the interdict clerks in the event of charges that were laid or with protection order applications;
- Reports by the victim and/or members of her family; and
- Victim impact statements.

The writer of this thesis has found it useful to provide the perpetrator with exercises where he is asked to rate his abusive behaviour in the past and

present towards intimate partners, as well as inviting the partner to complete the same exercise. These techniques engage the perpetrator in the assessment process without necessarily escalating the feelings of shame, humiliation or resentment they often appear to experience during the initial contact with a practitioner.

9.4.2.3.1. *Assessing dangerousness*

Clearly, an outcome of this study concurs with other research (Kropp et al., 1995) that the best predictor of future behaviour is past behaviour. The implication of this is that perpetrators must be assessed in terms of the risk they pose to their intimate partners or others.

Since the protection and safety of women and children are paramount to the provision of perpetrator intervention programmes, it is essential to explore the responsibility of warning third parties. This is of particular relevance when perpetrators are assessed for involvement in community-based programmes. It is apparent that risk and dangerousness may vary from person to person, confirming that not all perpetrators are necessarily suitable for involvement in community-based perpetrator intervention programmes.

Consider these articles for guidance in developing your assessment acumen!

Webster et al. (1985).

Websdale (2000b).
<http://www.vaw.umn.edu>.
 Accessed August 11, 2004.

Kropp et al. (1995).

Dutton & Starzomski (1997).

Refer to the bibliography of this thesis.

The *SARA* guideline provides a succinct category of factors that need to be considered for dangerousness, while other factors are:

- Recent escalation of violence;
- Use of credible threats;

- Perpetrator has a clear plan for revenge or harm;
- History of weapon use;
- Entrenched denial;
- Impulsivity; and
- Substance abuse.

In the considered opinion of the writer, agencies that provide or intend to provide intervention programmes to perpetrators of domestic violence should explore the use of well-developed and research-based risk

H

Kropp et al. (2000).

ossiter et al. (1999).

assessment tools. Evaluators cannot be tasked with this function without having access to thorough assessment instruments. In addition, the following aspects should be taken into account:

- Clarity on nature, scope and definitions of domestic violence;
- Knowledge of current legislation, procedures and processes that govern domestic violence; and
- Attitudes, values and beliefs that promote a respectful, yet firm disposition towards the perpetrator.

In summary, the practitioner needs to have clarity on how the assessment data will and could be used. Assessments are undertaken by those who have the required qualifications in the mental health field or as in the writer's case, in social work. Nevertheless, the risk factor instruments or guidelines do require training and repetition until the competency is achieved and can be used confidently by the practitioner.

9.4.2.3.2. *Partner involvement – assessment*

Assessments are generally undertaken so that decisions could be reached regarding intervention or the management of either the partner or the perpetrator. Thus the assessment is given additional substance if the partner is involved at some stage in the process of gathering information. In the writer's experience, some partners are often reluctant to participate in any activities that the perpetrator has to engage in.

Partners cannot be forced to participate in the assessment if they are reluctant, which means that the practitioner/evaluator may need to explore other sources of collateral to substantiate the assessment.

9.4.2.3.3. *Evaluation/continuous assessment*

It is important that the practitioners engage in ongoing assessment and evaluation of not only the batterer, but also the intervention that is provided. Programme participants must be engaged in this process of checking whether goals are being achieved and what the required changes are. The process of scrutiny underscores the importance of accountability and responsibility for both the perpetrator and those who offer a service to change dangerous behaviour.

It is also important to consider the unique features of the batterer, the community in which the service is provided, and the broader community in this regard. Although the writer has found it useful to engage the partner of the batterer in appropriate assessment activities, careful consideration must be given to the nature of the relationship with the batterer and the level of risk, if any, to the partner.

The use of the cycle of abuse as developed by Walker (1979) is a valuable tool in engaging the batterer in self-evaluation and assessment. The writer of

this thesis adapted the original diagram in order to reflect realities of both the batterer and his victim which emerged during the course of this research project.

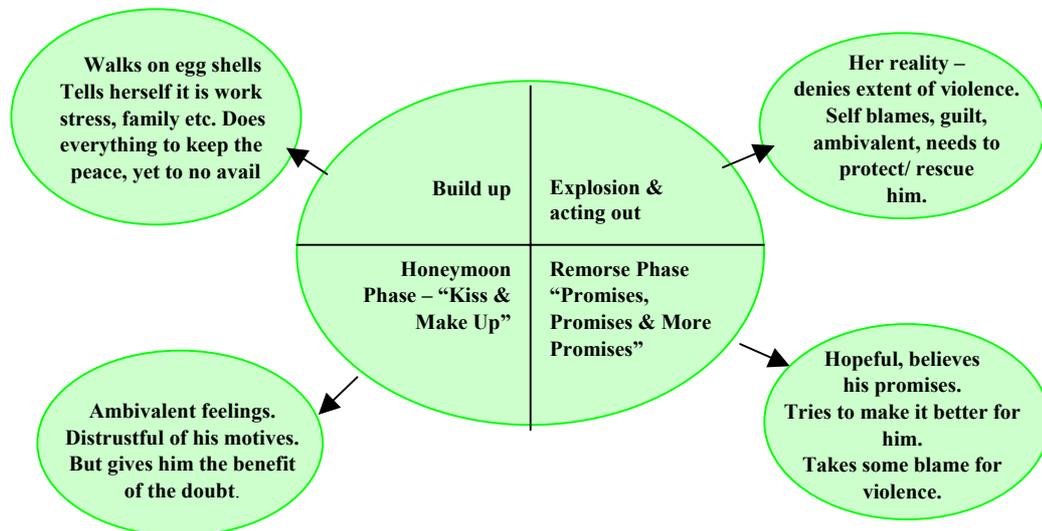


Figure 4. Cycle of abuse

Walker (1984) developed this cycle that initially identified the stages that some spousal battering goes through, namely escalation to explosion to honeymoon period. This cycle is useful with some batterers to support them in learning that the violent responses are not mere “stand-alone, once-off episodes” but that there is a progression. It further provides the facilitator with opportunities to encourage the batterer to develop a curiosity about their behaviour as well as to understand how they can intervene to stop the escalation.

9.4.2.4. Programme principles, philosophy and approach

The writer of this thesis discovered six principles that were developed by Thorne-Finch (1992) and referred to as a “social-constructionist intervention” approach useful in developing a framework for the fundamental goals of batterer intervention programmes. These principles developed by Thorne-

Finch (1992) are drawn from feminist perspectives and appear to encapsulate the most important aspects.

Social constructionism is an eclectic treatment philosophy with a pro-feminist foundation and addresses battering as a cultural, legal, political, educational, medical and spiritual issue. Hence effective intervention must incorporate these different levels:

- Violence is culturally and experientially learned behaviour, therefore much of the male socialization contributes, to and rewards the belief that male violence towards women is acceptable;
- The batterer must be encouraged to accept responsibility for his behaviour and be discouraged from blame shifting;
- The batterer must be provided with opportunities to acquire healthier skills, values, beliefs and behaviours that could also increase his responsibility and accountability;
- The primary focus of risk-based batterer intervention is to end the battering and not necessarily to maintain a specific relationship or family structure or to convince the partner to leave the batterer; and
- Group-based intervention is a more useful tool since it lessens guilt, shame and isolation of the batterer and it provides mutual support and encouragement to change from others in a similar situation.

However, this writer is of the opinion that the following additions could be considered in developing a rationale for programme goals:

- To strive towards reducing the incidence of domestic violence by developing a “Zero Tolerance” approach and ethos, thereby creating a culture of deterrence;
- Programme providers must engage in collaborative initiatives with other stakeholders,

of
no

namely justice; victim advocacy services, and social service providers;

- The perpetrator must be encouraged to take financial responsibility for programme involvement so that the programme is funded by the perpetrators themselves, where possible and feasible.
- A comprehensive intervention programme must include thorough and ongoing assessments and evaluations.

9.4.2.4.1. *Programme integrity*

The words “programme integrity” is generally used to describe the characteristics of the batterer intervention programme that supports accountable, responsible and effective intervention, and also demonstrates the principle of fairness, respect and the best interest of all. Few authors define this concept but some explanations support the notion that the treatment providers seek to uphold specific values and principles towards the recipients of the programme (Hanson & Wallace-Capretta, 2000a:17).

The research undertaken for the purposes of this study shows that the strongest indicator for programme efficacy could be identified as programme integrity. Programmes that appear to have deficits in its implementation and are presented as ad-hoc, inconsistent and poorly planned produce the higher rates of recidivism. Treatment providers must, therefore, ensure that the programme is consistent, reliable and offers the participants sufficiently predictable structure and outcomes.

In addition, the following checklist could be used as a marker for ensuring that the philosophy of the intended programme adds value to the integrity of the programme. Refer to chapters four, five and six of the research report that this technology emanated from.

- Belief that violence is intentional and clarity of the definition of domestic violence (Paymar, 2000);
- Individual men can alter their violent responses if they are provided with the appropriate education, support and accountability systems;
- A conscious understanding that involvement in an intervention programme does not guarantee that the perpetrator will automatically refrain from violence and control completely;
- Patriarchy is understood to be a major contributing, predisposing and maintaining component in the use of violence in an intimate relationship (Walker, 1979);
- The provision of perpetrator programmes should not compete for resources of funding with victim services or programmes. Perpetrator programmes cannot be prioritized in a community where no support services or similar projects are available to victims of domestic violence; and
- Couple counseling as an initial approach to domestic violence intervention is contraindicated and dangerous.

In conclusion, programme integrity can address the issue of premature termination because clear evidence exists that those offenders who fail to complete treatment are more likely to recidivate than those who complete their treatment. (Hanson & Wallace-Capretta, 2000).

9.4.2.4.2. *Programme structure*

It is imperative that treatment providers of batterer intervention programmes develop selection and admission criteria. In the experience of the writer, admissions were either court-mandated or self-referrals by the perpetrator himself or a referral by his

partner or a family member. In addition to developing admission and selection criteria, it is strongly suggested that a formal contract form part of the batterer's inclusion in the programme. This contract should be a written contract that clearly stipulates programme demands, conditions for both parties involved, namely the treatment provider and the batterer. It should also provide information on fees, how information is managed, namely whether feedback is provided to referees, partners or the courts as well as what the nature of the release of information is. The programmes that the writer developed used a written contract that also included a standard permission for release of information agreement. Such agreements are relevant, particularly when the batterer poses a direct threat to his partner or others or when he makes valid threats of harm during the course of his programme participation.

Weekly sessions provide the sense of security and predictability for the batterer, hence it is important to provide a framework where the nature of the program, its length, the scope and who provides the service are clearly spelt out. The programme structure and its predictability is particularly important since premature termination of treatment is usually higher during the initial phase of intervention.

The literature and research consulted for the purposes of this study also illuminate the fact the structure of the group sessions is paramount and should include specific fundamentals. The process of recap or check-in during the early stage of the group allows the batterer to develop critical reflection of abusive behaviours, beliefs and patterns that should be corrected during programme involvement. Although the group activities require more structure during the beginning phase of intervention, flexibility can be escalated as the batterer develops the capacity to alter abusive beliefs, attitudes and behaviours.

9.4.2.4.3. *Use of group-based intervention*

The advantage of group-based involvement over individual programme involvement is emphasized in the literature and various models that were examined for the purposes of this study. The group as a medium also allows the batterer to interact with others who share several commonalities and provides the programme staff to intervene in order to alter the dangerous beliefs, values and attitudes of the batterer. In addition, the group as a medium allows the participants to challenge prevalent male beliefs as they achieve different levels of change and self- reflection.

Groups that are facilitated by a male/female facilitation pair also provides opportunities to model appropriate behaviours to the participants and can serve as a template for gendered relations outside of the group. Russell (1995:55) describes the group as a microcosm of an alternate social environment that provides permission to challenge the beliefs that support dangerous behaviours.

9.4.2.4.4. *Staff and facilitators*

Although basic qualifications are a necessity to address assessment and intervention functions with perpetrators the following issues need to be considered by those who are going to intervene in perpetrator intervention:

- Facilitators need to interrogate their own attitudes, values and behaviours that reflect sexism or patriarchal influences;
- It is important to believe in a strengths-based approach that informs attitudes towards programme participants;

- Extensive training is essential in domestic violence and there should be a desire to acquire a conscious understanding of the dynamics of domestic violence; and
- It is important to develop a thorough understanding and knowledge of characteristics of the perpetrator.

9.4.2.4.5. *Criteria for evaluators/practitioners*

The nature of offenses and the intimate violence *per se*, often creates much fear, anger and resentment in practitioners who may not be familiar or enthusiastic about intervening with perpetrators of domestic violence. The current situation in the non-governmental and governmental agencies often preclude that social workers have a choice in whether they want to engage in services to perpetrators of domestic violence.



In the writer's experience, much of the fear and resentment is fuelled by a sense of inadequacy in terms of the qualities or competencies that are required to intervene with dangerous individuals or groups.

Therefore, the following criteria needs to be considered by practitioners who will find themselves facing the task of providing perpetrator intervention programmes:

- Training and tuition in assessment procedures and instruments;
- Access to research-based risk factor analysis;
- Consistent supervision and support; and
- Access to literature and theories that inform work with violent perpetrators.

9.4.2.4.6. Collaboration/networking

Batterer intervention programmes cannot be implemented as ‘stand-alone’ interventions. Therefore it is imperative that other role players be included as partners. To this end it may be necessary for the programme providers to liaise with shelters or treatment providers to the victim in order to ensure that the intervention does not escalate the danger for women and children. When batterers present themselves, voluntarily for programme involvement and their partners have sought shelter elsewhere, they often exert pressure on the facilitator to disclose the whereabouts of their partners. In the experience of the writer, the batterer who enters treatment as a desperate measure to get his partner back often displays a sense of entitlement that the programme provider should convince her that he is no longer a danger. The batterer often believes that by entering treatment the risks he poses are significantly reduced and therefore the expectation exists that the treatment provider will convince his partner to “give him another chance”. Against this background, treatment providers have to network with those who are involved in advocacy and lobbying, shelter provision as well as the officers of the criminal justice system. Another important role for the treatment provider of a batterer intervention programme is that one should include education and awareness raising to interdict clerks, police officers and the community as part of the service to the batterer. The collaborative networking should include sharing knowledge that is gained as we learn more about the batterers and their responses to intervention.

9.4.2.5. Suggested programme content

This section contains information that addresses the “how to” question and consists of two tables that provide items for the batterer intervention programme as well as information to implement these aspects. An outline for a group session is also suggested that the facilitators may want to consider as their own intervention acumen is shaped and refined through repetition and

experiential learning. The reader is cautioned that these items provide a roadmap for the facilitator, but the substance is added as one learns from ‘working in the trenches’. This experience allows the facilitator to continually review the activities that provide progress and movement in the group as well as those which lead to both the participants and the facilitators being stuck in an impasse.

Table 26

Suggested programme content

Topic	Objective
1. What is domestic violence?	To help the perpetrator identify his range of abusive behaviours.
2. Attitudes, values and beliefs	Enable the perpetrator to identify his own belief systems that influences his choice of violence
3. Masculinity/ femininity traps	To explore the linkages with gender-based stereotypes and it relation to the perpetrator’s use of violence.
4. Alcohol and substance abuse effect.	To enable the perpetrator to identify the impact of substance or alcohol use on the use of violence.
5. Jealousy.	To enable the perpetrator to explore the underlying emotions in order to develop self and prevent misinterpretations.
6. Power & control in the intimate relationship.	Use of the power and control wheel to identify areas that require change (See Duluth model)
7. Equality wheel.	To promote skill development in achieving equality through negotiation and compromise.
8. Anger, aggression and identifying triggers.	Skill development in anger management and identifying triggers.
9. Safety plans.	Skill development and strategies for managing conflict situations prior to the use of violence.
10. Victim empathy and victim impact.	Identifying the impact of violence on the victim/family and the use of role- plays to develop victim empathy.
11. Assertiveness training.	Skill development in assertiveness.
12. Family of origin exercises	Resolution of childhood trauma.
13. Self worth, self-competency and self esteem development.	To provide the perpetrator with an opportunity to improve sense of self.
14. Relationship skills.	To develop skills in building, maintaining and sustaining an intimate relationship.
15. Cycle of violence.	Helping the perpetrator to familiarize himself with his own cycle of violence, its precursors, triggers and possible solutions.

Table 27*The toolbox unpacked: Readings and resources*

Topic	Possible resources
1. What is domestic violence?	Ganley, A (1996) Understanding Domestic Violence in improving the health care response to domestic violence: A resource manual for health care providers. San Francisco: Family Prevention Fund & Pennsylvania Coalition against domestic violence.
2. Attitudes, values and beliefs	Russell, Mary Nomme (1995) Confronting abusive beliefs. Group treatment for abusive men. London: Sage publications.
3. Masculinity/Feminity Traps	Wexler, D.B. (2000) Domestic violence 2000. An integrated skills program for men. New York: W. W. Norton & Company
4. Alcohol and substance Abuse effect.	Spicer, J. (1993) The Minnesota Model. The evolution fo the multidisciplinary approach to addiction recovery. Minnesota: Hazelden Educational Materials.
5. Jealousy.(Taming the green eyed monster)	See Wexler (2000) More info on the ref.
6. Power & control in the intimate relationship.	Paymar, M. (2000) Violent no more: Helping men to end domestic abuse. California: Hunter House.
7. Equality wheel.	See Paymar (2000) More info
8. Anger, aggression and identifying triggers.	Anderson, G. (1996) A complete guide to anger management. Los Angeles: Anderson & Anderson, APC
9. Safety plans.	See Paymar (2000), Wexler (2000), Anderson (1996) more info on the ref.
10. Victim empathy and victim impact.	Videos: 'Behind the walls', WRI Education, PO Box 9359, San Diego,USA,, 'Compassion: Activating compassion in spouse abusers', University of Maryland School of Social Work. Intermedia, Seattle, http://www.intermedia-inc.com , 'Why God, why me?' Safer Society Press, http:// www.saferociety.org
11. Assertiveness training.	See also Jenkins, A. (1990) Invitations to responsibility. The therapeutic engagement of men who are violent and abusive. Adelaide: Dulwich Centre Publications Video series: 'Ending Family Violence', www.saferociety.org
12. Family of origin exercises	Participants are asked to collect information, photos, mementos about their gamily of origin. A family tree is constructed and they are encouraged to trace patterns, trends and genealogical characteristics as well as evidence of violent or controlling behaviours in their families of origin. See also Jenkins (1990)
13. Self worth, self-competency and self esteem development.	The use of role plays are strongly advocated for in this section of the program. See also Jenkins, A. (1990) Invitations to responsibility. The therapeutic engagement of men who are violent and abusive. Adelaide: Dulwich Centre Publications.
14. Relationship skills.	See Anderson (1996), Jenkins (1990) more info on ref.
15. Cycle of violence.	See Wexler (2000), Paymar (2000), more info on ref

The information in table 27 provides the reader with references and resources to operationalise some of the activities referred to in the toolbox. The readings

and the resources are mere suggestions that will assist the facilitator to develop their own intervention acumen. The writer has found it very useful to use information gleaned from the listed readings, but also to use appropriate audio-visual aids, such as videos in the group sessions. The videos referred to in this table are specifically made to address aspects of domestic violence.

In addition, the use of role-plays and vignettes are particularly useful when group members are lower functioning or are very concrete in their thinking. Many models include written tasks and assignments, especially in the anger management activities where it is common practice to ask participants to keep an anger log. However, in the experience of the writer, participants who are illiterate or have educational deficits, the role- plays and vignettes can be used effectively without creating additional feelings of shame and inadequacy

Many of the listed activities may require more than one session and could be used in a looping fashion, where the facilitator repeats aspects of the topic during later sessions for more in-depth discussion. The following outline provides the reader with a template for how the group session can be constructed in order to include specific programme content or activities. The use of specific interventions is intended to differentiate the batterer intervention programme from an ordinary support or psychotherapeutic group intervention.

9.4.2.5.1. Suggested outline for a group session

1. **Lay out** - members introduce themselves when new group members join the group. They state why they are in the programme, for how long, whether they are court mandated and what they have learnt from their programme involvement, as well as what their treatment goals are.
2. **Check-In** - group members reflect on their past week and talk about incidents where they used power and control tactics in a relationship or

situation. The purpose is to receive critical feedback, get support or acquire new facts to alter their attitudes, values, beliefs or behaviors.

3. **Burning issues** - during this time slot, group members are encouraged to reflect on difficult experiences or critical incidents during the past week. Often group members use this time to share issues of concern and these could be job-related, family – related or current experiences they had during the past week.
4. **Programme activity** - could include a didactic presentation, role play, group discussion, use of audio-visual aids or a workshop. Members can also be encouraged to present a prepared segment of the programme, for example anger management strategies.
5. **Evaluation** – this usually provides the programme participant with an opportunity to reflect on his participation in the group session. Also creates a space for unresolved tension or issues that the perpetrator needs to address. This segment usually ends with the programme participant reflecting on identified goals for the week.

9.4.2.5.2. Additional self-report and self-evaluation exercises

The following self-report exercises can be used with batterers who have been in the programme for a few sessions. These exercises are intended to assist the batterer in self-evaluation and where appropriate, engage the partner in feedback to the programme facilitators. In the experience of the writer, the batterer often stops using physical assault and battery but may substitute the violence with other controlling behaviours, such as economic control or may use concepts such as equality in an abusive or controlling manner. It is not uncommon for the batterer to use economics or the care of children to rationalize unfair responses. Hence, these exercises are offered as templates that can be modified to suit the patterns or needs of the participants that emerge during the course of intervention.

Suggested self evaluation checklist for perpetrators to assess attitudes that demonstrate economic control.

Name

Date:

Score:

Checked by:

My Response(s)	Yes	Not at all	Still too often	Partner still confronts me about this	Occasionally	It's only something she brings up to undermine my recovery	She only uses this to gain control over me
	1	2	3	4	5	6	7
I still make all financial decisions.							
We go 50/50 financially despite the fact that I make much more money							
I always have money for my own hobbies although she cannot even afford personal items (toiletries)							
Sometimes she seems afraid to discuss finance with me							
If I get paid for media interviews, I should give it to her							
I do not use physical abuse, but remain controlling							

Suggested checklist for self- evaluation by the perpetrator to assess controlling behaviours and responses in the relationship once the physical abuse has stopped.

Name

Date:

Score:

Checked by:

My Response(s)	Yes	I am not aware of this.	Still too often.	Not at all.	Partner confronts me about this and I respond positively .	She complains about it sometimes, but it is only because she is being difficult.	Don't know what her problem is. I am not hitting her.
	1	2	3	4	5	6	7
I still make all recreational decisions.							
We go 50/50 in child care tasks when we socialize							
S/he takes care of the children most of the time							
Sometimes she seems afraid to ask me to share chores or baby sitting							
I do not share her views on what a basic need is for the children							
I do not use physical abuse, but remain controlling							
I make it obvious that I am embarrassed by her weight gain, dress sense etc. in public							

Note to self:

I obviously need to set goals to change the following aspects of my behaviour:

- 1.
- 2.
- 3.

I shall review my goals in conjunction with my partner on:

Date:

Partner: date:



The information and items contained in these self-reports have been constructed in response to patterns noted in the batterer intervention groups that the writer was involved in. Therefore these items may have to be modified to reflect the areas of concern that programme participants display whilst involved in the reader's batterer intervention programme.

The feedback and insights that are derived from these self-evaluations are discussed during the group session and members are encouraged to provide critical feedback to one another and to set time-lines for achieving goals that are developed in response to the self-reports.

9.4.3. Summary

The design of the technology that forms the basis of this research study is an attempt to provide a framework, rather than a prescriptive programme or model that could be utilized in batterer intervention initiatives. In the writer's experience, several models are available internationally, that one can consult, however, the ignorance about the nuts and bolts that are required often deter practitioners from developing intervention programmes. Hence the writer deemed it more appropriate to articulate a set of guidelines that could provide a framework and then enable the practitioner to develop a programme that is appropriate to a specific community that is also considers the available resources.

Therefore, some templates are suggested that have been used successfully in programmes that the writer of this thesis has been involved in for the past fifteen years. These templates have been modified in keeping with the information that emanated from the research undertaken for the purposes of this study yet it remains mere suggestions that could be adapted by practitioners to suit their own programme needs. The reader is encouraged to develop their own 'toolbox' in response to the impact of different activities and techniques that are applied and in this sense aspects of the learning theory applies in terms of repeating the interventions that provide efficacy and success and reviewing skills or activities that do not produce the desired outcomes.

Chapter Ten: Summary, conclusions and recommendations

10.1. Introduction

The structure of this chapter does not conform to that of the traditional research report because it is informed by the outline of the Intervention research: Design and development model as outlined in chapter one.

The intended outcome of this research methodology is the development of a social work technology, namely: a framework for the assessment and intervention with batterers. Moreover, findings based on empirical research are not presented in the traditional format of reporting.

The process of information gathering and design have been implemented and reported on in this study in order to achieve the development of the technology. Hence, this chapter is intended to highlight the goals and the objectives of this research study, as well as to provide the main outcomes of the research process and to provide a synthesis of the main findings in order to offer appropriate recommendations.

10.2. Goal and objectives of the study

In chapter one, an ultimate goal of this study was identified as the development of a social technology, namely: guidelines for risk-based assessment and intervention with batterers. This technology is intended to guide treatment providers in compiling a batterer intervention programme as an intervention to address the problem of continued domestic violence.

To realize this goal the following objectives were stated:

1. To analyze the problem of the management of perpetrators of domestic violence and the need for batterer intervention programmes from a local and international perspective.
2. To gather and synthesize information relating to the understanding of domestic violence *per se*, theoretical perspectives on the management of the perpetrator and models for interventions.
3. To design and develop guidelines for the assessment and intervention of batterers in order to implement a batterer intervention programme.
4. To implement a risk assessment instrument called the *SARA* guidelines to identify risk markers that predispose towards continued acts of domestic violence.
5. To compile a research report that will provide the findings and outcomes of this study and that could serve as a basis for ongoing research activity on the topic of domestic violence



10.3. Summary of the research methodology

The implementation of the Intervention research design and development model by Rothman and Thomas (1994) enabled the writer to achieve the stated objectives. This methodological model as well as techniques from basic research contributed to the goal of the study being achieved.

The following phases reflect the activities that were undertaken to this end:

Phase One - The problem analysis was achieved by a qualitative research approach using focus groups with batterers, meetings with

magistrates, informal interviews with local and international stakeholders, and attending local and international conferences. Papers were also presented internationally and locally.

Phase Two- Information gathering and synthesis was achieved by doing an extensive literature review, locating definitions of domestic violence, identifying the main theories of causality and the implications for intervention, examining elements of successful models and site visits to international batterer intervention programmes.

Phase Three- The Design, early development and pilot testing activities articulated into observations of groups that were established to test the intervention, undertaking training in Ghana and with local non-government agencies using the technology as “a work-in-progress” product. These activities also resulted in valuable feedback that was used to refine and modify the technology.

Phase Four- Further developments were undertaken when two new groups were established at Kenilworth Clinic: a batterer intervention group as well as a women’s support group, the recruitment of one hundred respondents to implement the *SARA* guidelines, and pilot tests of both the assessment and intervention guidelines by NICRO, one of the non-governmental agencies that received training.

Thus the objectives of the study were achieved and the framework and guidelines for the assessment and intervention of batterers compiled, as well as the completion of the final research report. Although the evaluation and advanced development was not embarked upon, the technology remains a work-in-progress that will be developed upon completion of this research project.

10.4. Summary of the findings

The findings of the problem analysis phase:

- 10.4.1.** Domestic violence is a serious and pervasive problem and requires specialized intervention. This reality emerged very strongly from the interviews, focus groups and networking that the writer engaged in during the problem analysis phase.

The findings of the information gathering phase:

- 10.4.2.** The question of how best to intervene with batterers remain unanswered. Sufficient evidence exists, however, that an integrated or eclectic approach is advisable so that the problem can be tackled at micro, meso and macro level.
- 10.4.3.** The feminist approach remains an integral part of batterer intervention programmes, yet it is not the only lens with which to view the problem. Other approaches provide useful insights that can contribute to effective batterer intervention programmes. The conclusions drawn from the literature study strongly support this notion that no one approach or model is superior to another.
- 10.4.4.** The cognitive-behavioural interventions that derive from the social learning approaches cannot be ignored as a valuable contribution in changing the belief systems and the behaviours of the perpetrators.
- 10.4.5.** The biological approaches offer explanations for those perpetrators who do have organic problems, such as head injuries or temporal lobe epilepsy. Whilst this is applicable to a smaller group of perpetrators, sufficient evidence exist that these individuals will require pharmacological intervention as well as the interventions based on other approaches to managing perpetrators of domestic violence.

10.4.6. The Duluth Model is one of the hallmarks of the feminist approach, however, it is apparent that aspects of this model is replicated in effective models of intervention. The most commonly used tools from this model appear to be the equality, power and control wheel and most programmes draw from the political analysis that is offered by the Duluth model. Another tool that emanates from the feminist explanation is the cycle of violence that is also used widely in successful models of intervention with batterers.

The findings of the design, early development and pilot testing phase:

10.4.7. Batterer intervention programs cannot operate as stand-alone entities with a singular approach. Assessment and intervention strategies must take into account that activities must be directed at micro, meso and macro level. Hence, aspects such as relationship skills, self empowerment, substance abuse and personal inadequacies must be incorporated into the intervention activities. Similarly, assessment must include several factors in order to refine and improve the management of the batterer and promote the safety of women and children.

The findings on the implementation of the *SARA* guidelines in the process of further development:

10.4.8. Batterers who have a history of assault are more likely to continue their brutality against their partners or significant other which implies that these batterers should not be included in batterer intervention programs without a court-mandated agreement. These men also tend to disregard any conditions that are instituted to control their contact with or access to their victims. This outcome from the implementation of the *SARA* guidelines seemed very clear and compelling.

10.4.9. Batterers who have experienced or witnessed family violence appear to be more prone to continued violence in their intimate relationships.

- 10.4.10.** All batterers in this study demonstrated that they have intimate relationship problems that present as critical influences on their violent responses.
- 10.4.11.** The use of suicide and credible death threats must be taken seriously by treatment providers since many of the batterers use this mechanism to exert or maintain control over their intimate partners.
- 10.4.12.** Problems with impulsivity and the management of anger is crucial since it appears that most batterers cannot manage their anger and tend to be impulsive in this regard. Batterer intervention programmes must include thorough segments of the programme that addresses anger, anger management and impulsivity.
- 10.4.13.** Current offenses committed by the batterer usually include severe violence and -sexual battery.
- 10.4.14.** All the batterers who participated in this study demonstrated that they held attitudes, values and beliefs that either supported or condoned the use of violence in an intimate relationship.

10.5. Conclusion and ultimate outcome

The risk-based assessment and intervention guidelines is the ultimate outcome and conclusion of this study and is presented as a separate instrument. Within the context of the findings of this study and its correspondence to relevant literature, the following recommendations are offered.

10.6. Recommendations

The findings of this study concur with the main trends reflected in literature on domestic violence and the management of batterers. The implementation of the

SARA guidelines further confirmed that treatment providers must assess batterers very thoroughly prior to the commencement of batterer intervention programmes. The identification of risk markers must clearly be taken into consideration when programs are developed to manage the batterer as a means to stop ongoing domestic violence.

The following recommendations are offered in the planning. Development and implementation of batterer intervention programmes:

- 10.6.1.** Violence in an intimate relationship that falls within the scope of a specific definition cannot be considered against the context of ‘there are two sides to a story’.
- 10.6.2.** Treatment providers should bear in mind that the cessation of physical assault does not preclude other forms of ongoing abuse such as sexual, psychological, emotional or economic intimidation and control.
- 10.6.3.** Many batterers use suicide and death threats as a mechanism to exert or maintain control over their intimate partners. Attention must be paid to this during the assessment and/or intervention process.
- 10.6.4.** It should be noted that the current offense may include severe physical violence and sexual battery.
- 10.6.5.** Batterer intervention programs provide an opportunity to cross open ground, namely, the engagement of batterers in effective, responsible and transparent programs can contribute to reducing the likelihood of ongoing domestic violence.
- 10.6.6.** The following components must be considered in the programme content of a batterer intervention programme:

- Activities that address a history of violence and assault in intimate relationships;
- Psychosocial problems needs to be taken into account and translated into appropriate programme activities;
- Anger and impulsivity problems must be addressed;
- Addressing the values, beliefs and attitudes that batterers hold that support or condone intimate violence must be targeted and altered; and
- Programme activities that will help the batterer to develop victim empathy is imperative in helping them to also link the harmful impact on their victim to their own unresolved victimization issues from childhood or prior experiences.

10.7. Limitations of the study

Upon conclusion of this study, the writer of this thesis views the following as limitations of this study. Although some aspects are addressed in chapter one, the following remain challenges that the writer wishes to acknowledge:

- 10.7.1.** The Intervention research design and development was not followed rigidly because the technology will require further testing and refinement. Initial attempts at marketing were directed as a ‘project in progress’. This will be explored in further research-based activities.
- 10.7.2.** The sample size could have been increased, but the writer was concerned about bringing this research study to fruition because of the time already allotted to this project.
- 10.7.3.** The writer states in chapter one that the perspective is clearly informed by feminist explanations on the topic, however, the research process illuminated the reality that other perspectives could offer significant contributions to effective management of the batterer.

10.7.4. The data that was collected, analyzed and synthesized regarding legal interventions as contained in chapter five provided a useful context, but was not utilized beyond this. The writer considered the development of assessment and intervention guidelines as crucial, though the legal intervention is an integral part of how batterers are managed.

10.8. Recommendations for future research

Against the background of the findings and process of this research study the writer strongly recommends that:

- 10.8.1.** Risk-based assessment and intervention be implemented in order to develop knowledge about local trends.
- 10.8.2.** Batterer intervention programmes be evaluated locally to determine whether the risk markers and its impact on assessment and intervention does decrease the incidence of continued domestic violence..
- 10.8.3.** Specific research studies be undertaken to determine the issue of victim empathy with batterers and the relationship that the presence or absence of victim empathy has on recidivism.
- 10.8.4.** The relationship between substance abuse and battering be explored further since conflicting trends appear to be evident.
- 10.8.5.** The impact on treatment providers who provide batterer intervention programming is widely debated and many assumptions exist. This area should be explored in further research activities.

10.9. Concluding comments

The model Intervention research: Design and development by Rothman & Thomas (1994) provided the writer of this thesis with the opportunity to develop the intended social technology, namely the assessment and intervention framework. The fact that this phase model did not prescribe a rigid following of the phases, although it is followed sequentially, left the writer with opportunities to harness all the activities that were undertaken to complete this project. The writer could incorporate most of the activities that informed the eventual development of this framework. Hence this model was deemed appropriate to the task at hand and the fact that it is well suited to the research activities of social workers was a particularly attractive option to the writer.

The assessment and intervention guidelines are intended to provide the novice with a simple, easy 'how to' approach in commencing batterer intervention programmes. It is based on many of those activities and resources, used by the writer between 1989 and 2004, which proved effective and resulted in goal accomplishment. Many of these activities offered also include those that the recipients of the intervention responded to in a positive manner and found helpful in achieving their identified goals.

Figure 2

Summary of the research process, application and outcomes

Findings that informed the development

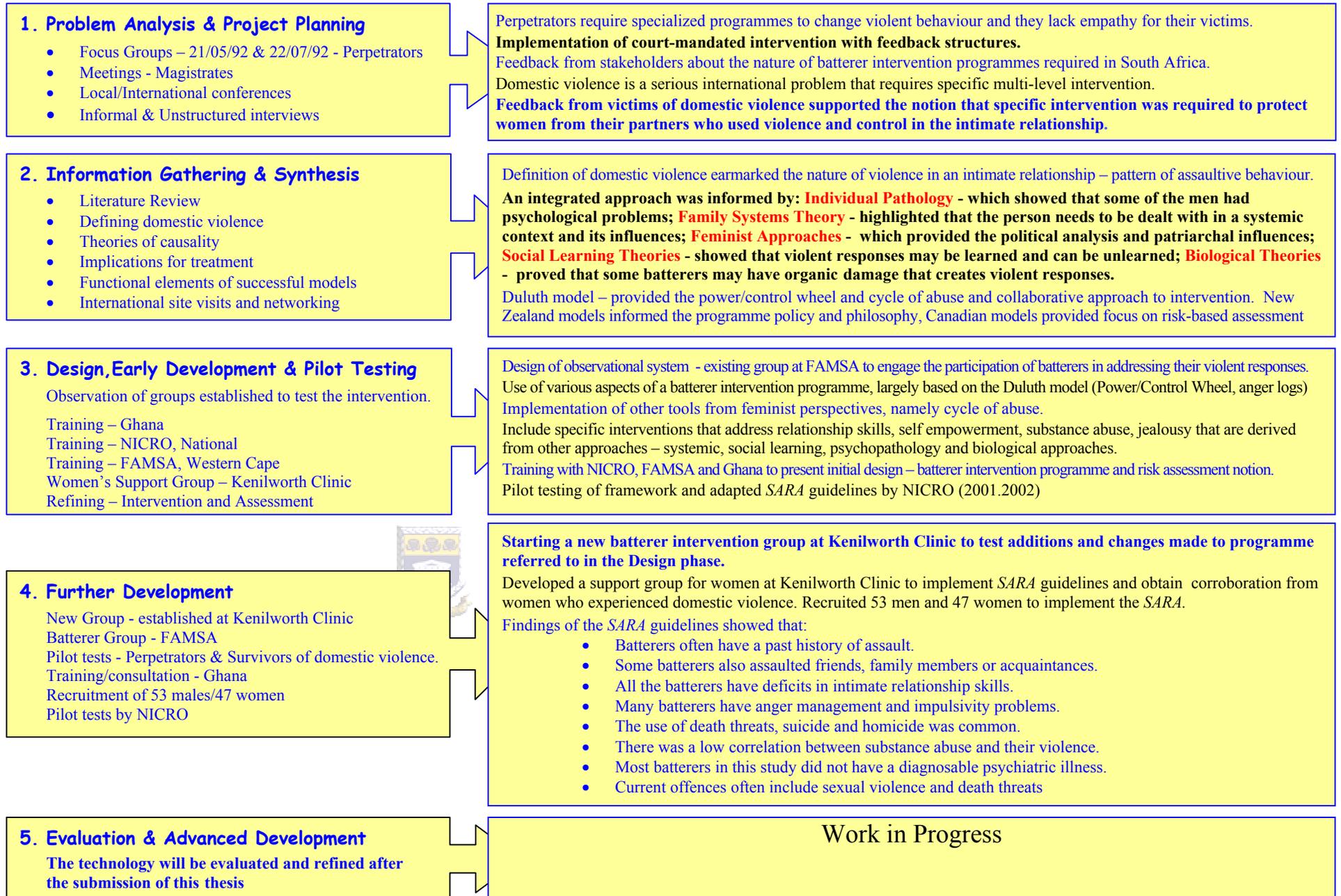
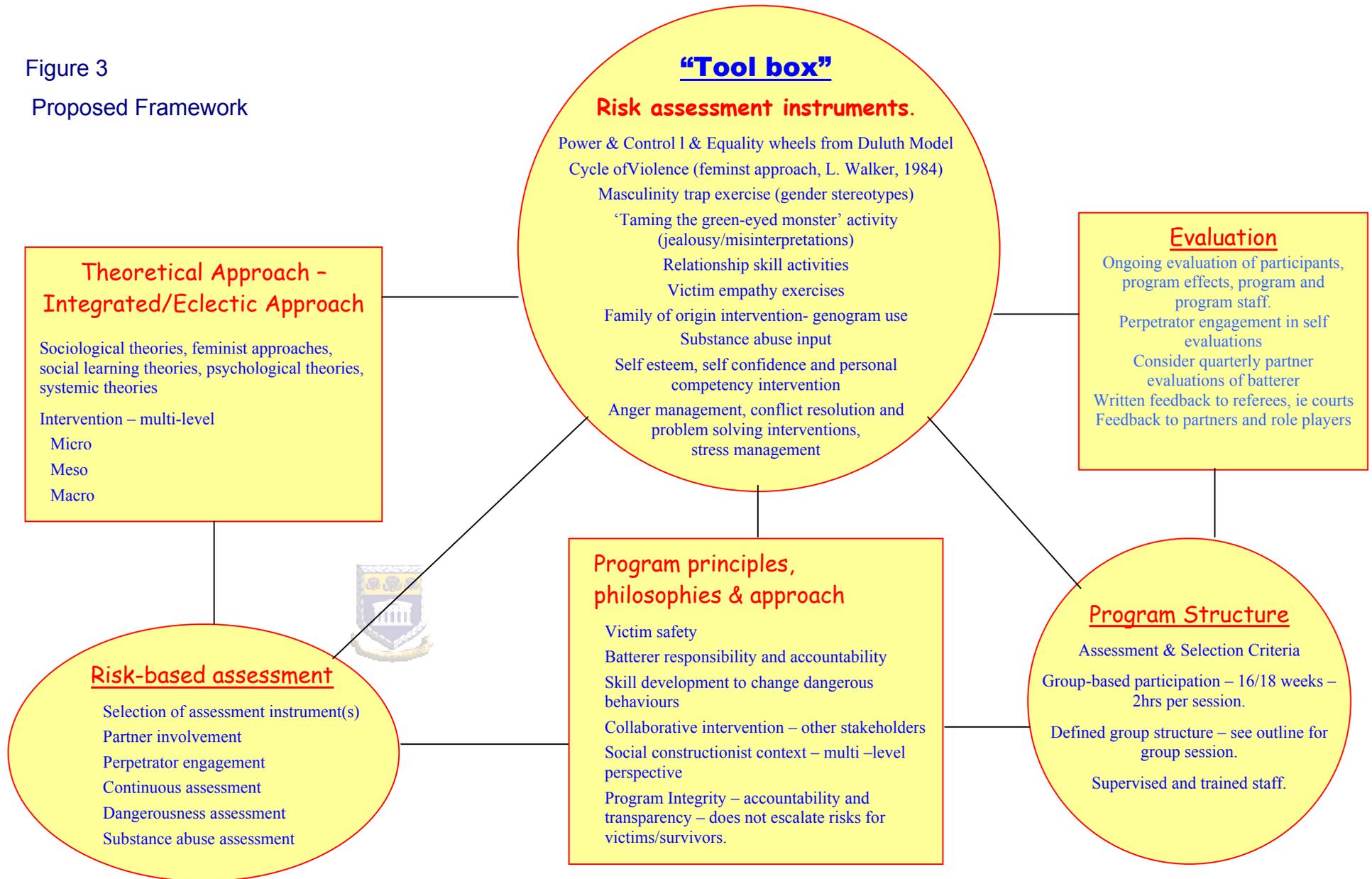


Figure 3
Proposed Framework



BIBLIOGRAPHY

- A Bill on Violence against Women, (Prevention, protection & prohibition) Act, 2002. Nigeria: The Legislative Advocacy Coalition on Violence against Women (Lacvaw).
- Abrahams, N., Jewkes, R. & Laubsher, R. 1999. *"I do not believe in democracy in the home": Men's relationships with and abuse of women*. Cape Town, South Africa: Medical Research Council (Cersa) Women's Health.
- Adams, D. 1988. 'Counseling men who batter: A pro-feminist analysis of five treatment models'. In K. Yllo, & M. Bograd (eds), *Feminist perspectives on wife abuse*. Newbury Park, CA, USA: Sage Publications.
- Aguilar, R. & Nightingale, N.N. 1994. 'The impact of specific battering experiences on the self-esteem of abused women', *Journal of family violence*, 9 (1): 35-45.
- Alexander, R. 1993. 'Wife-battering - an Australian perspective', *Journal of family violence*, 8 (3): 229-251.
- American Medical Association. 1992. *Diagnostic and treatment guidelines on domestic violence*. Chicago, IL, USA: American Medical Association.
- Anderson, G. 1996. *How to manage anger. Gaining control of ourselves. A complete guide to anger management*. Los Angeles, CA, USA: Anderson & Anderson, A.P.C.
- Andrews, D.A. 1989. 'Recidivism is predictable and can be influenced: Using risk assessments to reduce recidivism', *Forum on corrections research*, (1): 11-17.
- Appiah, D.C. & Cusack, K. (eds). 1999. *Breaking the silence & challenging the myths of violence against women and children in Ghana. A report of a national study on violence*. Ghana: Gender Studies & Human Rights Documentation Centre.
- Ardler, W. 1990. 'Service provisions for victims of domestic violence', *Aboriginal and Islander health worker journal*, 14 (1): 24-28.
- Arroya, W. and Eth, S. 1995. 'Assessment following violence-witnessing trauma'. In E. Peled, P.G. Jaffe & J.L. Edleson (eds), *Ending the cycle of violence: Community responses to children of battered women: 27-42*. Thousand Oakes, CA, USA: Sage Publications.
- Asbury, J. 1993. 'Violence in families of color in the United States'. In R.L. Hampton & T.P. Gullota (eds), *Family Violence: Prevention and treatment. Issues in children's and families' lives*, (1): 159-178. Thousand Oaks, CA USA: Sage Publications.
- Astin, M.C., Lawrence, K.C. & Foy, D.W. 1993. 'Post-traumatic stress disorders among battered women: Risk and resiliency factors', *Violence and victims* 8 (1): 17-28.

Astor, H. 1994. 'Violence and family mediation: Policy', *Australian journal of family law*, 8 (1): 3-21.

Austin, J.B. & Dankwort, J. 1999. 'The impact of a batterers program on battered women', *Violence against women*, 5 (1): 25-42.

Bain, P. 2004. 'Cuts to provincial services for victims of intimate-partner violence. Aware: Abuse of people with disabilities', *Vancouver, BC: Newsletter of the BC Institute against family violence*, 10 (1), Spring.

Bandura, A. 1976. *Aggression: A social learning analysis*. Englewood Cliffs, New Jersey, USA: Prentice Hall.

Barata, P. & Senn, C.Y. 2003. 'When two fields collide: An examination of the assumption of social science research and the law within the domain of domestic violence', *Trauma, violence, & abuse: A review journal*. (January): 4-1.

Bart, P.B. & Moran, E.G. (eds). 1993. *Violence against women. The bloody footprints*. Newbury Park, CA, USA: Sage Publications.

Bathrick, D., Carlin, K., Kaufman, G. & Vodde, R. 1992. *Men stopping violence: A program for change*. Atlanta, GA, USA: Men Stopping Violence Inc.

Bartle, S. & Rosen, K. 1995. 'Individuation and relationship violence', *American journal of family therapy*, 22 (3): 222-236, Fall.

Bennett, L.W., Tolman, R.M., Nogalski, C. & Srinvasaraghavan, J. 1994. 'Domestic abuse by male alcohol and drug addicts', *Violence and victims*, 9 (4): 359-368, Winter.

Benner, P. 1984. *From novice to expert: Excellence and power in clinical nursing practice*. Reading, MA, USA: Addison-Wesley.

Bergen, R.K. 1995. 'Surviving wife rape', *Violence against women*, 1 (2): 117-138, June.

Bograd, M. 1994. 'Battering, competing clinical modes and paucity of research: Notes to those in the trenches', *Counseling psychologist*, 22 (4): 593-597.

Bookwala, J., Frieze, I.H., Smith, A.C. & Ryan, K. 1992. 'Predictors of dating violence: A multivariate analysis', *Violence and victims*, 7 (4): 297-311, Winter.

Bortei-Doku, A.E. & Kuenyichia, A. 1999. 'Violence against women in Ghana'. In A. Kuenyichia (ed), *Women and law in West Africa: Situational analysis of some key issues affecting women human rights*. Ghana: Faculty of Law, University of Ghana.

Bowman, C.G. 2003. 'Theories of domestic violence in the African context', *American University journal of gender, social policy and the law*, 11.

Browne, A. 1997. 'Violence in marriage: Until death do us part?' In A. Cardarelli (ed), *Violence between intimate partners: Patterns, causes and effects*. Boston, USA: Allyn & Bacon Publishers.

Brownridge, D.A. 2003. 'Male partner violence against Aboriginal women in Canada: An empirical analysis', *Journal of interpersonal violence*, 18 (February): 65-83.

Buehler, C., Orne, J.G., Franck, L. & Anderson, O. 1992. 'Hostile inter-parental conflict and youth maladjustment', *Family relations journal*, 43 (4): 409-416, October (1994).

Burgess, R.L. & Draper, P. 1989. 'The explanation of family violence: The role of biological, behavioural and cultural selection'. In L. Ohlin & M. Tonry (eds), *Family violence*. Chicago, USA: Chicago University Press.

Busch, R. & Robertson, N. 1995. '*What's love got to do with it: An analysis of an intervention approach to domestic violence*'. Paper no. 8 presented at the Townsville Domestic Violence Conference. Townsville, Australia.

Buzawa, E. & Buzawa, C. 1996. *Domestic violence: The criminal justice response, second edition*. California, USA: Sage Publications.

Campbell, A. 1993. *Men, women and aggression*. New York, USA: Basic Books.

Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S.A., Mangello, J., Xu, X., Schollenberger, J., Frye, V. & Laughton, K. 2003. 'Risk factors for femicide in abusive relationships: Results from a multi-site case control study', *American journal of public health*, 93 (7): 1089-1097.

Campbell, J.C. (ed). 1995. *Assessing dangerousness. Violence by sexual offenders, batterers and child abusers*. Thousand Oaks, CA, USA: Sage Publications.

Campbell, J.C. 1992. "If I can't have you, no one will"- 'Power and control in homicide of female partners'. In J. Radford & D.E.H. Russell (eds), *Femicide: The politics of woman killing*: 100-112. New York, USA: Twayne Publishers.

Cardarelli, A.P. (ed). 1997. *Violence between intimate partners: Patterns, causes and effects*. Boston, USA: Allyn & Bacon Publishers.

Caringella-MacDonald, S. 1997. 'Women victimized by private violence: A long way to justice'. In A. Cardarelli (ed), *Violence between intimate partners: Patterns, causes and effects*. Boston, USA: Allyn & Bacon Publishers.

Carroll, J. 1994. 'The protection of children exposed to marital violence', *Child Abuse Review*, 3: 6-14.

Cesar, P.L. 1988. 'Exposure to violence in the families of origin among wife abusers and maritally non-violent men', *Violence and victims*, 3:49-36.

Chadwick, B., Bahr, H.M. & Albrecht, S.L. 1984. *Social science research methods*. Englewood Cliffs, New Jersey, USA: Prentice Hall.

Chapell, M. 2003. 'Violence against women with disabilities: A research overview of the last decade', *Aware: The Newsletter of the BC Institute against family violence*, 10 (1): 11-16, Spring.

Check, J.V.P. 1985. *The hostility toward women scale*. Canada: University of Manitoba. (Unpublished doctoral dissertation).

Cleage, P. 1993. *Deals with the Devil. And other reasons to riot*. New York, USA: Ballantine Books.

Compton, B.R. & Galaway, B. 1994. *Social work processes*. CA, USA: Wadsworth Publishing Company.

Constitution of Ghana, 1992. Government of Ghana.

Constitution of the Republic of South Africa Act 108 of 1996. Pretoria, South Africa: Government Printers.

Cooper, M. 1993. *Assessing the risk of repeated violence among men arrested for wife assault: A review of the literature*. Vancouver, British Columbia, Canada: British Columbia Institute Against Family Violence.

Corey, G. 2001. *Theory and practice of counseling and psychotherapy*. California, USA: Brooks/Cole Thomas Learning.

Crawford, M. 1997. *A content analysis of professional practice standards: Implications for an integrated approach to woman abuse*. Paper presented at British Columbia Association of counselors of abusive men conference. Vancouver, British Columbia, Canada: Fall conference.

Creswell, J.W. 1998. *Qualitative inquiry and research design: Choosing among five traditions*. USA: Sage Publications.

Criminal Code Act No.29 of 1960. Government of Ghana.

Cullen, M. & Freeman-Longo, R.E. 1995. *Men & anger. Relapse prevention guide to understanding and managing your anger*. Brandon, Vermont, USA: The Safer Society Press.

Cunningham, A., Jaffe, P., Baker, L., Dick, T., Malla, S., Mazaheri, N., Poisson, S. 1998. *Theory derived explanations of male violence against female partners: Literature update and related implications for treatment and evaluations*. London, UK: London Family Court Clinic.

Cusack, K. 2002. *Work with perpetrators of violence against women: Should we be doing it in Ghana?* Ghana: Special report to key stakeholders. (Unpublished).

Cusack, K. 2003. *Domestic violence bill or Domestic safety bill?* Ghana: Article published in the local newspaper as an editorial. (Unpublished).

- Cusack, K. 2003. *Report on draft domestic violence bill*. Ghana: Report to local consortiums on violence against women and children. (Unpublished).
- Dahl, T.S. 1987. *Women's law, an introduction to feminist jurisprudence*. Oxford, UK: Oxford University Press.
- Deschner, J. 1984. *The hitting habit: Anger control for battering couples*. New York, USA: Free Press.
- De Sousa, J. 1995. *Behind closed doors. Guidelines for supporting battered women and raising community awareness*. Cape Town: Catholic Welfare Bureau.
- Devlin, M. 1994. *Men's domestic violence and practice standards*. Queensland, Australia: Queensland Domestic Council.
- De Vos (ed), A.S., Strydom, H., Fouche, C.B., Poggenpoel, M. & Schurink, E. & W. 2002. *Research at Grassroots: A primer for the caring professions*. Pretoria, South Africa: Van Schaik Publishers.
- De Vos, A.S. 2002. 'Intervention research'. In A.S. De Vos (ed), H. Strydom, C.B. Fouche, M. Poggenpoel & E. & W. Schurink, *Research at Grassroots: A primer for the caring professions*. Pretoria, South Africa: Van Schaik Publishers.
- DiBlasio, F.A. & Proctor, J.H. 1993. 'Therapists and the clinical use of forgiveness', *American journal of family therapy*, (2): 175-184, Summer.
- Dobash, R.E. & Dobash, R.P. 1992. *Women, violence and social change*. London, UK: Routledge.
- Dobash, R.E., Dobash, R.P., Cavanagh, K. & Lewis, J. 1996. *Research evaluation of programmes for violent men*. Edinburg, Scottish.
- Domestic Violence Act 116 of 1998. Pretoria, South Africa: Government Printer.
- Doren, D.M.. 2002. *Evaluating sex offenders: A manual for civil commitment and beyond*. London, UK: Sage Publications.
- Dutton, D.G. 1994. 'Patriarchy and wife assault: The ecological fallacy', *Violence and victims*, 8 (2): 167-182, Summer.
- Dutton, D.G. & Starzomski, A.J. 1994. 'Psychological differences between court-referred and self-referred wife assaulters', *Criminal justice and behavior*, 21: 203-222.
- Dutton, D.G. & Starzomski, A.J. 1994. 'Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships', *Journal of applied social psychology*, 24: 1367-1386.
- Dutton, D.G. & Golant, S. 1995. *The batterer: A psychological profile*. New York, USA: Basic Books.

Dutton, D.G. & Starzomski, A.J. 1997. 'Personality predictors of the power and control wheel', *Journal of interpersonal violence*, 12 (1): 70-82.

Dutton, M.A. 1992. *Empowering and healing the battered woman: A model for assessment and intervention*. New York, USA: Springer Publishing Company.

Edleson, J.L., Stone, D.M. & Chapman, D.G. 1985. 'Group treatment for men who batter', *Social work research and abstracts*, 21: 18-21.

Edleson, J.L. & Tolman, R.M. 1992. *Intervention for men who batter: An ecological approach*. Newbury Park, CA, USA: Sage Publications. Interpersonal violence: The practice series.

Eichler, M. 1991, *Non-sexist research methods: A practical guide*. New York, USA: Routledge.

Else, L.T., Wonderlich, S.A., Beatty, W.W., Christie, D.W. & Stanton, R.D. 1993. 'Personality characteristics of men who physically abuse women', *Hospital and community psychiatry*, 44: 54-58.

Emlen, S.T. 1997. 'The evolutionary study of human family systems', *Social science/information sur les sciences sociale*, 36: 563-589.

Fagan, J. & Browne, A. 1994. 'Violence between spouses and intimates: Physical aggression between women and men in intimate relationships'. In A.J. Reiss & J.A. Roth (eds), *Understanding and preventing violence*, 3. Social influences. Washington, DC, USA: National Academy Press.

Featherstone, B. 1997. 'What has gender got to do with it? Exploring physically abusive behavior towards children', *British journal of social work*, 27: 419-433.

Ferraro, K. 1997. 'Battered women: Strategies for survival'. In A. Cardarelli (ed), *Violence between intimate partners: Patterns, causes and effects*. Boston, USA: Allyn & Bacon Publishers.

Ferree, M. 1990. 'Beyond separate spheres: Feminism and family research', *Journal of marriage and family*, 52, 866-884.

Fitz-Gibbon, C.T. & Morris, L.L. 1987. *How to design a program evaluation*. Newbury Park, CA, USA: Sage Publications.

Forjesson, W.I., Aarons, G.A. & Dunn, M.E. 2003. 'Development and confirmatory factor analysis of the abuse within intimate relationships scale', *Journal of interpersonal violence*, (March): 18-40.

Freeman, J. (ed), 1979. *Women: A feminist perspective*, California, USA: Mayfield Publishing Co.

Ganley, A. 1981. *Court mandated counseling for men who batter*. Washington, DC, USA: Centre for Women Policy Studies.

Ganley, A. 1989. 'Integrating a feminist and social learning analysis of aggression: Creating multiple models for intervention with men who batter'. In P. L. Ceasar & L.K. Hamberger (eds), *Treating men who batter: Theory, practice and programs*. New York, USA: Springer Publishing Company.

Ganley, A. 1991. 'Impact of domestic violence on the defendant and victim in the courtroom'. In *Domestic violence: The crucial role of the judge in criminal court cases. (A national model for judicial education)*. San Francisco, CA, USA: The Family Violence Prevention Fund.

Ganley, A. 1995. *Review of Intake Interviews with Batterers seeking Treatment Program, 1998-1994*. (Unpublished data).

Ganley, A. 1996. *Understanding domestic violence in improving the health care response to domestic violence: A resource manual for health care providers*. San Francisco, CA, USA: Family Violence Prevention Fund & Pennsylvania Coalition against domestic violence.

Gaptalk. 2001. 'Money matters: Making the act work'. *Gaptalk, newsletter of the Gender Advocacy Program*, (6): 2, Spring.

Gelles, R.J. & Loseke, D.R. 1993. *Current Controversies on Family Violence*. London, UK: Sage Publications.

Gelles, R.J. & Strauss, M.A. 1979. 'Determinants of violence in the family: Toward a theoretical integration'. In W.R. Burr, R. Hill, I.K. Nye & I.L. Reiss (eds), *Contemporary theories about the family*. New York, USA: Free Press.

Gelles, R.J. 1993a. 'Introduction'. In R.J. Gelles and D.R. Loseke (eds), *Current controversies on family violence*. California, USA: Sage Publications.

Gelles, R.J. 1993b. 'Through a sociological lens: Social structure and family violence'. In R.J. Gelles & D.R. Losseke (eds), *Current controversies on family violence*. California, USA: Sage Publications.

Ghana Domestic Violence Bill, 2000. Government of Ghana.

Gil, D.G. 1969. 'Physical abuse of children: Findings and implications of a nationwide survey'. *Pediatrics*, 44: 857-864.

Gil, D.G. 1970. *Violence against children: Physical child abuse in the United States*. Cambridge, MA, USA: Harvard University Press.

Gilbert, N. (ed). 1996. *Researching social life*: 94-115. Thousand Oaks, CA, USA: Sage Publications.

Gillespie, M.A. (ed). 1994. *Ms Magazine, September-October*. Boulders, Colorado, USA: Lang Communications.

Glanz, L.E. & Spiegel, A.D. (eds). 1996. *Violence and family life in a contemporary South Africa: Research and policy issues*. Pretoria, South Africa: HSRC Publishers.

Gondolf, E.W. 1997. 'Batterer programs', *Journal of interpersonal violence*, 12 (1).

Gondolf, E.W. 2002. *Batterer Intervention Systems: Issues, outcomes, and recommendations*. California, USA: Sage Publications.

Goodman, A.L., Dutton, M. & Bennett, L. 2000. 'Predicting repeat abuse among arrested batterers: Use of the danger assessment scale in the criminal justice system', *Journal of interpersonal violence*, 15 (1): 63-74.

Gottfredson, D.M. & Gottfredson, S.D. 1988. 'Stakes and risks in the prediction of violent behavior', *Violence and victims*, 3: 247-262.

Greene, A.F., Coles, C.J., & Johnson, E.H. 1994. 'Psychopathology and anger in interpersonal violence offenders', *Journal of Clinical Psychology*, 50: 906-912.

Hammersley, M. (ed). 1993. *Social research: Philosophy, politics and practice*. London, UK: The Open University in Association with Sage Publications.

Hansen, M. 1993. 'Feminism and family therapy: A review of feminist critiques of approaches to family violence'. In M. Hansen & M. Harway (eds), *Battering and family therapy: A feminist perspective*: 82-92. Newbury Park, CA, USA: Sage Publications

Hanson, R.K. & Wallace-Capretta, S. 2000a. *A multi-site study of treatment for abusive men. Report no. 2000-05*. Ottawa, Canada: Solicitor General of Canada.

Hanson, R.K. & Wallace-Capretta, S. 2000b. *Predicting recidivism among male batterers. Report no. 2000-06*. Ottawa, Canada: Solicitor General of Canada. Also available at <http://www/sgc/gc/ca/EPub/Corr/e200006/e200006.htm>.

Hanson, R.K. & Whitman, R. 1995. 'A rural community action model for the treatment of abusive men', *Canadian journal of community mental health*, 14 (1):49-59.

Harbison, J. 1991. 'Clinical decision-making in nursing', *Journal of advanced nursing*, 16:404-407.

Hare, R. 1991. *Manual for the Hare psychopathy checklist – revised*. Toronto, Canada: Multi Health Systems.

Hart, B. 1986. 'Lesbian Battering: An Examination'. In K. Lorbel (ed), *Naming the violence: Speaking out about lesbian battering*: 173-189. Seattle, WA, USA: Seal Publishers.

Hart, B. 1991. *Cost of Domestic violence*. Harrisburg, Pennsylvania, USA: Pennsylvania Coalition against Domestic violence.

Hart, B. 1992. *State codes on domestic violence: Analysis commentary and recommendations*. Reno, Nevada, USA: National Council of Juvenile and Family Court Judges.

Hart, B. 1993. 'Battered women and the criminal justice system', *American behavioural scientist*, 36 (5): 624-638.

Hart, S.D., Kropp, P.R. & Hare, R.D. 1988. 'Performance of male psychopaths following conditional release from prison', *Journal of consulting and clinical psychology*, 56: 227-232.

Hart, S.D. 1999. *Risk assessment and risk management: The state of the art*. Lecture at Third Nordic Forensic Psychiatric Symposium. Trondheim: Norway. August 25-28.

Hart, S.D. 2000. *Assessing risk for violence in sex offenders*. Paper presented at 6th International Congress on the treatment of sexual offenders. Vancouver, British Columbia: Canada. May 28-31.

Hart, S.D. 2001. *Assessing risk for spousal assault*. Workshop at the Family Violence Supervision Network. Portland: Oregon, USA. January 9.

Hart, W.J., Ashcroft, J., Burgess, A., Flanagan, N., Meese, C.M., Narramore, C., Ortega, R., & Seward, F. 1984. *Attorney General's task force on family violence*. Washington, DC, USA: U.S. Department of Justice

Harway, N. & Hanson, M. 1994. *Spouse abuse: Assessing and treating battered women, batterers and their children*. Sarasota, Florida, USA: Professional Resource Press.

Healy, K., Smith, C. & O'Sullivan, C. 1998. *Batterer intervention: Program approaches and criminal justice strategies*. Washington, DC, USA: National Institute of Justice, Office of Justice Programs, US. Department of Justice.

Helfer, R.E. & Kempe, C.H. (eds), 1968. *The battered child*. Chicago, IL, USA: University of Chicago Press.

Hilton, Z.N. 1994. 'The failure of arrest to deter wife assault. What Now?', *Violence update*, 4 (5): 1-4.

Hobart, M. 2002. 'Tell the world what happened to me: Findings and recommendations from the Washington State Domestic Violence Fatality Review, December'. <http://www.wscadv.org/>. (September, 2003).

Hobart, M. 2002. 'Tell the World What Happened To Me', *Washington State domestic violence fatality review*. Washington State, USA: Coalition against domestic violence, (December).

Hotaling, G.T. & Sugarman, D.B. 1986. 'An analysis of risk markers in husband-to-wife violence. The current state of knowledge', *Violence and victims*, 1:101-124

Jackson, S., Feder, L., Forde, D., Davis, R., Maxwell, C. & Taylor, B. 2003. *Batterer intervention programs: Where do we go from here?*. Washington, DC, USA: National Institute of Justice, Office of Justice Programs, (June).

James, K., Seddon, B. & Brown, J. 2002. 'Using It or Losing It: Men's Construction of their violence towards female partners'. Australia Domestic Violence Clearinghouse. <http://www.austdvclearinghouse.unsw.edu.au.html> (April 14, 2004).

Jasinski, J.L. & Williams, L.M. (eds). 1998. *Partner violence: A comprehensive review of 20 years of research*. California, USA: Sage Publications.

Jenkins, A. 1990. *Invitations to responsibility. The therapeutic engagement of men who are violent and abusive*. Adelaide, South Australia: Dulwich Centre Publications.

Jenkins, A. 1994. *Therapy for abuse or therapy as abuse*. Adelaide South Australia: Dulwich Centre Publications.

John Hopkins School of Public Health. 1999. *Population Reports*. USA: Centre for communication, John Hopkins School of Public Health.

Johnson, H. 1996. 'Violence and biology: A review of the literature', *Families in Society*, 77(1): 3-18.

Johnson, M. 1995. 'Patriarchal terrorism and common couple violence: Two forms of violence against women', *Journal of marriage and family*, 57:283-294.

Kantor, G.K. & Jasinski, J.L. 1998. 'Dynamics and risk factors in partner violence'. In J.L. Jasinski & L.M. Williams (eds), *Partner violence: A comprehensive review of 20 years of research*. London, UK: Sage Publications.

Kemmis, S. & McTaggart, R. 1990. *The action research planner*. Victoria, Australia: Deakin University.

Kelkar, G. 1992. In J. Radford & E.H. Russell (eds), *Femicide: The Politics of Woman Killing*. New York, USA: Twayne Publishers.

Keppel, G. 1994. *Design and analysis. A researcher's handbook, (second edition)*. Englewood Cliffs, New Jersey, USA: Prentice-Hall.

Kerry, G. 1998. *Risk Assessment of male batterers in a community setting*. Training Workshop at Counterpoint, Toronto, Canada: Professional Development Workshop, Fall.

King, J.A., Morris, L.L. & Fitz-Gibbon, C.T. 1987. *How to assess program implementation*. Newbury Park, CA, USA: Sage Publications.

Kropp, P.R., Hart, S.D., Webster, C.D. & Eaves, D. 1995. *Manual for the Spousal Assault Risk Assessment guide*. Vancouver, British Columbia, Canada: The British Columbia Institute Against Family Violence.

Kropp, P.R., Hart, S.D., Webster, C.D. & Eaves, D. 2000. 'The Spousal Assault Risk Assessment guide (SARA): Reliability and validity in adult male offenders', *Law & Human Behaviour*, 24 (1), 101-118.

Kupers, T. 1997. 'Book Review', *Journal of feminist family therapy: An international forum*, 9 (1).

Larkin, J. & Popealeni, K. 1994. 'Heterosexual courtship violence. The private and public control of young women', *Feminism and Psychology Journal*, 4 (2): 213-227.

Liddle, M. 2002. *Group work with Domestic violence Perpetrators: Evaluation Report of Pilot Projects - Wynberg & Mitchell's Plain Magisterial Courts*. Western Cape, South Africa: NICRO.

Limandri, B. & Sheridan, D. 1995. 'Prediction of intentional violence'. In J. Campbell (ed), *Assessing dangerousness. Violence by sexual offenders, batterers and child abusers*. Thousand Oaks, CA, USA: Sage Publications.

Lockhart, L.L., White, B.W., Causby, V., Isaac, V. & A. 1994. 'Letting out the secret: Violence in lesbian relationships', *Journal of Interpersonal Violence*, 9 (4): 469-492.

Matthews, S., Abrahams, N., Martin, L., Vetten, L., Van de Merwe, L. & Jewkes, R. 2004. "Every six hours a women is killed": A national study of female homicide in South Africa. Cape Town, South Africa: Medical Research Council: Division of Forensic Medicine & Toxicology, University of Cape Town, (June).

May, T. 1993. *Social research. Issues, methods and process*. USA: Open University Press.

McTaggart, R. 1991. *Action research. A short modern history*. Geelong, Victoria, Australia : Deakin University.

Meehl, P.E. 1989. 'Law and the fireside inductions (with postscript): Some reflections of a clinical psychologist', *Behavioral sciences and the Law*, 7 (4): 521-550.

Meredith, C. & Burns, N. 1990. *The index controlling behaviours*. Ottawa, Ontario, Canada: ABT Associates.

Miller, S. & Welford, C.F. 1997. 'Patterns and correlates of interpersonal violence'. In A. Cardarelli (ed), *Violence between intimate partners. Patterns, causes, and effects*. Boston, USA: Allyn and Bacon.

Monahan, J. 1981. *Predicting violent behavior: An assessment of clinical techniques*. Beverly Hills, CA, USA: Sage Publications.

Monahan, J. 1984. 'The prediction of violent behavior: Toward a second generation of theory and policy', *American journal of psychiatry*, 141: 10-15

Mones, A.G. & Panitz, P.E. 1994. 'Martial violence: An integrated systems approach', *Journal of Social Distress and the Homeless*, 3 (1): 39-51.

Moore, K.J., Greenfield, W.L., Wilson, M. & Kok, A. 1997. 'Toward a taxonomy of batterers', *Families in society: Journal of contemporary human service*, 78 (9): 352-359.

Morash, M. 1986. 'Wife Battering', *Criminal Justice Abstracts*, (June): 225-271.

Morris, L.L., Fitz-Gibbon, C.T. & Lindheim, E. 1987. *How to measure performance and use Tests*. Newbury Park, CA, USA: Sage Publications.

Murphy, M.C. & Cascardi, M. 1993. 'Psychological aggression and abuse in marriage'. In R.L. Hampton & T.P. Gullotta (eds), *Family violence: Prevention and treatment. Issues in children's and families' lives*, 1: 86-112. Thousand Oaks, CA, USA: Sage Publications.

Murphy, M.C., Morrell, M.T., Elliott, D.J. & Neavans, M.N. 2003. 'A prognostic indicator scale for the treatment of partner abuse perpetrators', *Journal of interpersonal violence*, 18 (9): 1087-1095.

Mutchnik, R. & Berg, B.L. 1996. *Research methods for social sciences: Practice and applications*. Needham Heights, MA, USA: Allyn & Bacon.

Needing, P.H. & Friedman, D.H. 1984. *Spouse abuse: A treatment program for couples*. Illinois, USA: Research Press Company.

Nicholls, T.L., Koch, W.J. & Kropp, R.P. 2002. 'Women's decision making in abusive relationships: A study to prevent violence against women', *The Newsletter of the BC Institute Against Family Violence*, 9 (11), Summer.

Nuffield, J. 1982. *Parole decision-making in Canada: Research towards guidelines*. Ottawa, Ontario, Canada: Ministry of Supplies and Services.

Pagelow, M.D. 1981. *Woman battering: Victims and their experiences*. Beverley Hills, CA, USA: Sage Publications.

Parentee, P., Artz, L. & Moul, K. 2000/1. *Monitoring the implementation of the domestic violence Act: First research report*. Cape Town, South Africa: Institute of Criminology, University of Cape Town.

Patterson, D.S. & Schwartz, P. 1994. 'The social construction of conflict in intimate same sex couples. In D. Cahn (ed), *Conflict in Personal Relationships. LEA'S Communication Series*. Hillsdale, NJ, USA: Lawrence Erlbaum Associates.

Patton, M.Q. 2002. 3rd Edition. *Qualitative Research and Evaluation Methods*. London, UK: Sage Publications.

Paymar, M. 2000. *Violent no more: Helping men end domestic abuse*. California, USA: Hunter House.

Pence, E. & Paymar, M. 1993. *Education groups for men who batter: The Duluth Model*. New York, USA: Springer Publishing Company.

- Petrik, N.D., Olson, R.E. & Subotnik, L.S. 1994. 'Powerlessness and the need to control: The male abuser's dilemma', *Journal of interpersonal violence*, 9 (2): 278-285.
- Pistole, C.M. & Tarrant, N. 1993. 'Attachment style and aggression in male batterers', *Family therapy*, 20 (3): 165-174.
- Pittman, F. 1990. 'The masculine mystique'. In 'The Networker', (May/June).
- Polaschek, D.L.L. & Reynolds, N. 2004. 'Assessment and treatment: Violent offenders'. In C.R. Hollin (ed), *The essential handbook of offender assessment and treatment*. West Sussex, England, UK: John Wiley & Sons Ltd.
- Prevention of Family Violence Act No.113 of 1993. Pretoria, South Africa: Government Printer.
- Prince, J.E. & Arias, I. 1994. 'The role of perceived control and the desirability of control among abusive and non-abusive husbands', *American journal of family therapy*, 22 (2): 126-134, Summer.
- Prochaka, J.O. & DiClemente, C.C. 1992. *The trans-theoretical approach. Handbook of psychotherapy integration*: 300-334. New York, USA: Basic Books.
- Quinsey, L.V., Harris, T.G., Rice, E.M. & Cornier, A.C. 1998. *Violent offenders: Appraising and managing risk*. Washington, USA: American Psychological Association.
- Quimpo, M. 2003. *The effectiveness of NICRO domestic violence programme: Perpetrators and partner perceptions*. Cape Town, South Africa: University of Cape Town: (Unpublished MA. thesis).
- Radford, J. & Russell, D.E.H. (eds). 1992. *Femicide. The politics of woman killing*. New York, USA: Twayne Publishers.
- Reason, P. (ed). 1988. *Human inquiry in action: Developments in new paradigm research*. London, UK: Sage Publications
- Rennison, C.M. 2003. 'Intimate partner violence'. USA Department of Justice: Office of Justice Programs. <http://www.ojp.usdoj.gov/bjs/abstract/ipvoI.htm>. (March, 2003).
- Rosenbaum, A. & O'Leary, K.D. 1981. 'Marital violence: Characteristics of abusive couples', *Journal of consulting and clinical psychology*, 49: 63-71.
- Rosenbaum, A. 1991. 'The neuropsychology of marital aggression'. In J.S. Milner (ed), *Neuropsychology of aggression*. Boston, USA: Kluwer Academic Publishers.
- Rossiter, C., Waddington, R. & Nancarrow, H. 1999. *Ending Domestic violence?: Programs for Perpetrators. Full Report*. Canberra, Australia: Commonwealth of Australia.

Rothman, J. R. & Thomas, E.J. (eds). 1994. *Intervention research: Design and development for human service*. New York, USA: The Haworth Press Inc.

Roy, M. 1988. *Children in the crossfire. Violence in the home - How does it affect our children?* Deerfield Beach, Florida, USA: Health Communications Inc.

Russell, D.E.H. 1982. *Rape in marriage*. New York, USA: MacMillan.

Russell, D.E.H. (ed). 1993. *Making Violence Sexy: Feminist views on pornography*. New York, USA: Teacher's College.

Russell, D.E.H. 1995. 'Murderous sexism: The forgotten issue in O.J.'s trial'. *Femina*, October 11 (Personal communication from Oakland, San Francisco, USA: Russell Publications).

Russell, M.N. 1995. *Confronting Abusive Beliefs. Group Treatment for Abusive Men*. London, UK: Sage Publications.

Saunders, D.G., Lynch, A.B., Grayson, M. & Lintz, D. 1987. 'Inventory beliefs about wife beating: The construction and initial validation of a measure of beliefs and attitudes', *Violence & victims*, 2: 39-55.

Saunders, D.G. 1992a. 'A typology of men who batter women: Three types derived from cluster analysis', *American journal of Orthopsychiatry*, 62: 264-275.

Saunders, D.G. 1992b. 'Woman battering'. In R.T. Ammerman & M. Hersen (eds), *Assessment of family violence: A clinical and legal sourcebook*: 208-235. New York, USA: Wiley.

Saunders, D.G. 1993. 'Husbands who assault: Multiple profiles requiring multiple responses'. In N.Z. Hilton (ed), *Legal responses to wife assault: Current trends and evaluation*. Newbury Park, CA, USA: Sage Publications.

Schechter, S. 1982. *Women and male violence: The visions and struggles of the battered women's movement*. Boston, MA, USA: Southend.

Schneider, E.M. 1994. 'Society's belief in family privacy contributes to domestic violence'. In K. Swisher, C. Wekesser & W. Barbour (eds), *Violence against women*. San Diego, CA, USA: Greenhaven Press.

Schneider, E.M. 2003. 'Afterword: The perils and pleasures of activist scholarship. [Symposium: Confronting violence and achieving gender equality: Evaluating battered women and feminist literature]', *American journal of Gender, Social Policy & Law*, 11:965.

Schurink, E.M. 2002. 'Deciding to use a qualitative research approach'. In A.S. De Vos (ed), H. Strydom, C.B. Fouche, M. Poggenpoel & E. & W. Schurink. *Research at grass roots: A primer for the caring professions*. Pretoria, South Africa: Van Schaik Publishers.

Schurink, E.M., Schurink, W.J. & Poggenpoel, M. 2002. 'Focus group interviewing and audio-visual methodology in qualitative research'. In A.S. De Vos (ed), H. Strydom, C.B. Fouche, M. Poggenpoel & E. & W. Schurink. *Research at grass roots: A primer for the caring professions*. Pretoria, South Africa: Van Schaik Publishers.

Schutte, De Wet. 1992. *Prioritising Community Needs*. Cape Town, South Africa: Human Sciences Research Council.

Serra, P. 1993. 'Physical violence in couple relationship: A contribution toward the analysis content', *Family Process*, 32 (1): 21-23.

Shepard, M. 1992. 'Predicting batterer recidivism five years after community intervention', *Journal of family violence*, 7 (3):167-178.

Sherman, L.W., Schmidt, J.D., Rogan, J.P., Gartin, P.R., Chon, E.G., Collins, D.J. & Bacich, A.R. 1991. 'From initial deterrence to long-term escalation: Short-term custody for poverty ghetto domestic violence', *Criminology*, 29: 821-849.

Siegal, J.M. 1986. 'Multi-dimension anger Inventory', *Journal of personality and social psychology*. 51: 191-200.

Skinnider, E. 1997. *The model strategies and practical measures on the elimination of violence against women in the field of crime prevention and criminal justice*. Paper presented at British Columbia Association of Counselors of Abusive Men. Vancouver, British Columbia. Canada: Fall conference.

Sonkin, D.J., Martin, D. & Walker, L.E. 1985. *The male batterer: A treatment approach*. New York, USA: Springer Publishing Company.

Steadman, H.J. 1987. 'How well can we predict violence for adults? A review of the literature and some commentary'. In F.N. Dutilleul & C.D. Foust (eds), *The Prediction of Criminal Violence*: 5-19. Springfield, IL, USA: Charles C. Thomas.

Steier, F. (ed). 1991. *Research and Reflexivity*. London, UK: Sage Publications.

Stith, S.M. & Farley, S.C. 1993. 'A predictive model of male spousal abuse', *Journal of family violence*, 8 (2): 183-201.

Stordeur, R. A. & Stille, R. 1989. *Ending men's violence against their partners: One road to peace*. Newbury Park, CA, USA: Sage Publications, Inc.

Straus, M.A., Gelles, R.J., & Steinmetz, S.K. 1980. *Behind Closed Doors*. Garden City, NY, USA: Anchor/Doubleday Publishers.

Straus, M.A., Hamby, S.L., Boney-McCoy, S. & Sugarman, D.B. 1996. 'The revised conflict tactics scale (CTS-20)', *Journal of family issues*, 7:283-316.

Sugarman, D.B. & Frankel, S.L. 1996. 'Patriarchal ideology and wife assault: A meta-analytic review', *Journal of family violence*, 11 (2): 13-49.

Sunday Times, March 22, 1998. Editorial.

Terminology Committee for Social Work. 1995. *New Dictionary of Social Work*. Cape Town, South Africa: Terminology Committee for Social Work.

Thomas, E.J. 1984. *Designing interventions for the helping professions*. Beverley Hills, CA, USA: Sage Publications.

Thorne-Finch, R. 1992. *Ending the silence: The origins and treatment of male violence against women*. Toronto, Canada: University of Toronto Press.

Ting-Toorney, S. 1994. 'Managing conflict in intimate intercultural relationships'. In D. Cahn (ed), *Conflict in personal relationships*: 47-77. LEA'S communication series. Hillsdale, NJ, USA: Lawrence Erlbaum Associates.

Tolman, R.M. & Edleson, J.L. 1995. 'Intervention for men who batter: A review of research'. In S. Stith & M. Strauss (eds), *Understanding partner violence*: 262-274. Minneapolis, MN, USA: National Council on Family Relations.

Travis, J. 1998. *Batterer Programs: What criminal justice agencies need to know*. Washington, DC, USA: National Institute of Justice: Research in Action.

Trute, B. 1998. 'Going beyond gender-specific treatments in wife battering: Pro-feminist couple and family therapy', *Aggression and violent behavior*, 3: 1-15.

Tulloch, S. (ed). 1993. *Readers Digest Oxford Complete Wordfinder*. London, UK: Readers Digest.

Tyagi, S.V. 1998. 'Risk assessment measures in prediction of domestic/interpersonal violence: A brief overview of some measures and issues', *Education wife assault newsletter*, 9 (1), June.

United States Violence Against Women Act (VAWA).

Ursel, J.E. 1997. 'The possibilities of criminal justice in domestic violence: A Canadian case study', *Current issues in criminal justice*, 8 (3): 263-274.

Vetten, L. 1998. "Man Shoots Wife". 'Intimate femicide, Gauteng', *South Africa in Crime & Conflict*, (6): 1-4, Winter

Vetten, L. 2000. 'The economics of domestic violence'. *The Sunday Independent*, March 12.

Vetten, L. 2001. 'Race, gender and power in the face of social change'. In J. Park, J. Fedler & Z. Dangor (eds), *Reclaiming women's spaces*. Johannesburg, South Africa: Nisaa Institute for Women's development.

Vetten, L. 2004. 'The quality of mercy'. *Mail & Gaurdian*, March 12-18.

Violence & Abuse Abstracts. 1995. *Current literature in interpersonal violence*, January, 1 (1). London, UK: Sage Publications Press.

Violence & Abuse Abstracts. 1995. *Current literature in interpersonal violence*, April, 1 (2). London, UK: Sage Publications Press

Violence & Abuse Abstracts. 1995. *Current literature in interpersonal violence*, July, 1 (3). London, UK: Sage Publications Press.

Violence & Abuse Abstracts. 1996. *Current literature in interpersonal violence*, January, 2 (1). London, UK: Sage Publications Press.

Vivian, D. & Langhinrichsen-Rohling, J. 1994. 'Are bio-directionally violent couples mutually victimized? A gender-sensitive comparison', *Violence and Victims*, 8 (2): 107-124, Summer.

Vold, G.B. & Bernard, T.J. 1986. *Theoretical criminology*, 3rd edition. New York, USA: Oxford University Press.

Walker, G.A. 1990. *Family violence and the women's movement: The conceptual politics of struggle*. Toronto, Canada: University of Toronto Press.

Walker, L.E. 1979. *The battered woman*. USA: Harper & Row Publishers Inc.

Wallace, A. 1993. *Alcohol and violence against women and children in the home*. National Symposium on alcohol misuse and violence. (Unpublished pamphlet).

Websdale, N. 1995. 'Rural women abuse: The voices of Kentucky women', *Violence against women*. 1 (4): 309-338.

Websdale, N. 2000b. 'In brief: Lethality assessment tools: A critical analysis'. National electronic network on violence against women. <http://www.vanet.org/VNL/library> (September 2004)

Webster, C.D., Ben-Aron, M.H. & Hucker, S.J. (eds). 1985. *Dangerousness: Probability and prediction, psychiatry and public policy*. New York, USA: Cambridge University Press.

Weisz, A.N., Tolman, R.M., & Saunders, D.G. 2000. 'Assessing the risk of severe domestic violence: The importance of survivor's predictions', *Journal of interpersonal violence*, 15 (1): 75-90.

Wexler, D.B. 2000. *Domestic violence 2000: An integrated skills program for men*. New York, USA: W.W. Norton & Company.

Whatley, M.A. 1993. 'For Better or Worse: The Case of Marital Rape', *Violence and victims* 8 (1): 29-39, Spring.

White Paper on Strategic Plan Policy. 2000. Minister for Welfare, Population and Development. Pretoria, South Africa: Government Printer

Wolffordt, S.M., Delbert, E. & Menard, S. 1994. 'Continuities in marital violence', *Journal of family violence*. 9 (3): 195-225.

Wyatt, G.E. 1994. 'Socio-cultural and epidemiological issues in assessment of domestic violence', *Journal of social distress and homelessness*, 3 (1): 7-21.

Yegidis, B.L. 1996. *Research methods for social workers*. USA: Allan & Bacon:

Yllo, K. 1993. 'Through a feminist lens: Gender, power, and violence'. In R. Gelles & D. Loseke (eds), *Current Controversies on Family Violence*: 46-62. Newbury Park, CA, USA: Sage Publications.

Yoshihama, M. & Sorenson, S. 1994. 'Physical, sexual, and emotional abuse by male intimates: Experiences of women in Japan', *Violence and victims*. 9 (1): 63-77, Spring.

Zubretsky, T.M. & Digirolamo, K.M. 1994. *Adult domestic violence*. The Alcohol Concept. (Unpublished pamphlet).



APPENDIX A

*SARA Manual**Appendix A*

British
Columbia
Institute
Against
Family
Violence

Spousal Assault Risk Assessment Guide

Name of Accused: _____		DoB: _____	
Name of Assessor: _____		Title: _____	
Signature: _____		Date: _____	

Criminal History	Rating (0-1-2)	Critical Item (Check box)
1. Past assault of family members	<input type="checkbox"/>	<input type="checkbox"/>
2. Past assault of strangers or acquaintances	<input type="checkbox"/>	<input type="checkbox"/>
3. Past violation of conditional release or community supervision	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Adjustment		
4. Recent relationship problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Recent employment problems	<input type="checkbox"/>	<input type="checkbox"/>
6. Victim of and/or witness to family violence as a child or adolescent	<input type="checkbox"/>	<input type="checkbox"/>
7. Recent substance abuse/dependence	<input type="checkbox"/>	<input type="checkbox"/>
8. Recent suicidal or homicidal ideation/intent	<input type="checkbox"/>	<input type="checkbox"/>
9. Recent psychotic and/or manic symptoms	<input type="checkbox"/>	<input type="checkbox"/>
10. Personality disorder with anger, impulsivity, or behavioral instability	<input type="checkbox"/>	<input type="checkbox"/>

(continued on next page)

SARA Manual

Spousal Assault History	Rating (0-1-2)	Critical Item (Check box)
11. Past physical assault	<input type="checkbox"/>	<input type="checkbox"/>
12. Past sexual assault/sexual jealousy	<input type="checkbox"/>	<input type="checkbox"/>
13. Past use of weapons and/or credible threats of death	<input type="checkbox"/>	<input type="checkbox"/>
14. Recent escalation in frequency or severity of assault	<input type="checkbox"/>	<input type="checkbox"/>
15. Past violation of "no contact" orders	<input type="checkbox"/>	<input type="checkbox"/>
16. Extreme minimization or denial of spousal assault history	<input type="checkbox"/>	<input type="checkbox"/>
17. Attitudes that support or condone spousal assault	<input type="checkbox"/>	<input type="checkbox"/>
Alleged (Current) Offence		
18. Severe and/or sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
19. Use of weapons and/or credible threats of death	<input type="checkbox"/>	<input type="checkbox"/>
20. Violation of "no contact" order	<input type="checkbox"/>	<input type="checkbox"/>
Other Considerations		
• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>

Summary Risk Ratings			
	Low	Moderate	High
1. Imminent risk of violence towards partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Imminent risk of violence towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify: _____			

Checklist of Information Sources

Interviews	Reviewed?
Interview with offender	Y N N/A
Interview with victim(s)	Y N N/A
Interview with others (specify): <ul style="list-style-type: none"> • _____ • _____ • _____ 	Y N N/A
Collateral Information	Reviewed?
Police reports:	
(a) Index offence	Y N N/A
(b) Past offences	Y N N/A
Victim statements	Y N N/A
Witness statements	Y N N/A
Criminal record	Y N N/A
Other (specify): <ul style="list-style-type: none"> • _____ • _____ 	Y N N/A

Y = Yes N = No/Not Available N/A = No/Not Applicable

SARA Manual

Questionnaires and Psychological Tests	Reviewed?
<p>With offender:</p> <p>(a) Physical abuse</p> <p>(b) Psychological abuse</p> <p>(c) Substance use</p> <p>(d) Other questionnaires or tests (specify):</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 	<p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p>
<p>With victim:</p> <p>(a) Physical abuse</p> <p>(b) Psychological abuse</p> <p>(c) Substance use</p> <p>(d) Other questionnaires or tests (specify):</p> <ul style="list-style-type: none"> • _____ • _____ • _____ 	<p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p> <p>Y N N/A</p>

Y = Yes N = No/Not Available N/A = No/Not Applicable

APPENDIX C

**Black eye,
Fractured arm,
Swollen lip.**

(could this have been prevented?)

**Introducing the
Spousal Assault Risk Assessment Guide,
a clinical checklist that quickly and accurately
identifies and isolates
crucial risk factors in potential abusers.**

**An essential tool in aiding
you to help identify potential abusers**



Helping You To Help Others

APPENDIX D

**Work with Perpetrators of Violence Against Women
Should we be doing it in Ghana?**

Recently Marcel Londt, lecturer in Social Work at University of Western Cape, facilitated a two week workshop in Accra. The main focus of the workshop was male perpetrators of violence against women and children. What began as a 'how to' workshop developed into a much broader reflection of national context, ideological differences and strategic questions regarding priorities for the violence against women sector.

The South African experience and factors that influence their perpetrator programmes are useful and instructive for reflecting on the if, why, how and when of work with batterers and sexual offenders in Ghana.

According to staff of the Western Cape Network on Violence Against Women, there is no ideological consensus in the violence against women sector about work with perpetrators in South Africa. Conflict and disagreement continue to simmer below and above the surface between organizations that provide victim recovery and support services and those that work with perpetrators of violence against women. Londt's herself admits that her work with perpetrators encountered much resistance and backlash from within the battered women's movement.

Similar divisions surfaced in the Accra meeting, where participants spanned across the entire ideological spectrum from advocates of family over autonomy for women, to welfarist agencies and practitioners, from religious organizations, to women centered counsellors and politicised feminist organizations. In some quarters fears were expressed that perpetrator programmes would siphon money and resources away from the very limited survivor recovery, support and counselling programmes that exist. In others, fears were expressed about timing and the strength and capacity of the women's movement to act as a watchdog directing and guiding perpetrator programmes. While in others, a sense of urgency was expressed that violent men were the more important targets of changes to beliefs, attitudes and values if we are to tackle the prevalence of violence against women.

In South Africa, work with perpetrators of violence against women took hold after years of action for battered women which centered around policy advocacy and setting up and providing services to survivors of rape and domestic violence. Many of these services were available to women when perpetrator programmes first began to appear. In fact, some programmes for batterers and sexual offenders were aimed at addressing the increasing numbers of women being victimized by male violence, despite increasing programmes for reducing violence, and what was seen as the low number of programmes aimed at raising the accountability of men and changing their behaviour.

Londt made it very clear that working with perpetrators is a minefield of risks and dangers. South Africa has a number of different kinds of perpetrator programmes, some of which increase the risks and dangers for women in or escaping from violent relationships. Faith based programmes for instance, that enable batterers to admit to beating their wives and apologize, stating that in so doing they are healed / saved for having repented, gamble with women's lives. According to Londt, many of these are programmes buy into the notion that women must submit to their husbands. They base their work on the idea that an apology is enough for forgiveness and healing and more dangerous, for stopping a man's violent behaviour. The fact that perpetrator programmes can and do compromise women's safety and reinforce values that contribute to violence against women indicates the need for standards and guidelines.

The most effective programmes, in terms of guidelines and principles, are the ones that raise the accountability of men for their violent behaviour. They are based on the notion that the use of violence is a choice, it is learned. Violence is used because it gets results. Persons working with perpetrators of violence against women would thus pay particular attention to a man's unwillingness to accept responsibility for his violence, to his blaming the woman for the violence, to attempts to minimize what he has done and to his giving excuses for what he has done to justify the act. Effective programmes also contain gender relations and human rights analysis, anger management, stress management, communication and empathy development.

Londt identified four key elements to perpetrator programmes: punishment, deterrence, retribution and management. Punishment, deterrence and retribution comprise sanctioning and are linked to the legal system. In South Africa, these elements are known as the court based approach which stipulates that when you are working with a perpetrator of domestic violence a crime has been committed. For having committed the crime the offender is sanctioned. In a court mandated system men come into the perpetrator programme for treatment by a court order. If they do not show up for the programme they will be locked up. An added element to this programme is that all men participating in this programme have to pay a fee. Incarceration, as well as the perpetrator programme, are both apart of the sanctioning.

The content of perpetrator programmes, unlike traditional counselling, is skills based. Skills based programmes work with batterers to understand the way they operate and to identify what they can do when certain feelings arise, but also on the more difficult task of changing beliefs, values and attitudes. In other words, the programme focuses on changing his behaviour by teaching new skills and working on thought processes. In so doing however, the batterer should be seen through the eyes of his victim/survivor. Such an approach avoids the counsellor falling into the trap of seeing him as the victim or diagnosing the problem based on his perception and not the real problem.

Londt uses a controversial approach in her skills and rehabilitation work with perpetrators of violence against women. Much like the philosophy of Alcoholics Anonymous, she states that batterers and sex offenders will never be cured. 'The one that believes that he is cured can be a danger' according to Londt, who reasons that the batterer needs to understand that he is 'always one step away from using violence again'. This is an approach she uses to make batterers aware that their violent behaviour is something they will always have to be working on. She admits this is a strategic starting point rather than one founded on scientific evidence, but also advises that therapy is not an exact science. 'There is no guarantee that therapy will bring about full recovery or the required changes'. It is also a rationale that requires ongoing monitoring of the perpetrator.

Central to every perpetrator programme is a risk assessment that assesses the dangers to the survivors and the counsellor working with the offender. A risk assessment will look at issues of lethality, use of weapons, threats of death or suicide, history of violence etc. All people doing this work must know how to do a risk assessment. To work without the tools of risk assessment, is to gamble with women's lives.

Finally, information gathered from work with perpetrators should be fed into the larger violence against women sector. It is work that, by its nature, can provide valuable insights into the thinking and behaviour of men who are violent with their partners. This information can, in turn, be used to increase women's safety.

What are the issues for Ghana to consider in beginning its own perpetrator programmes?

The South African experience provides us with an opportunity to think about a framework and some of the proper foundations for perpetrator work.

An audit of victim recovery and support services available for women and children at the national and regional levels, in both urban and rural contexts, in terms of access, availability, user friendliness revealed frighteningly few options for women and children nationwide. While this is an improvement over 5 years ago, it raises questions about whether we can afford to direct any resources to perpetrator programmes **at this time** in Ghana. Timing is a crucial question in light of the above and the unknown outcomes of such programmes in terms of tackling prevalence of violence against women. Certainly perpetrator work should not siphon money and resources away from victim recovery, support and advocacy work.

No perpetrator work should run without monitoring by the women's movement. Without a strong civil society network, performing a watchdog role perpetrator programmes run the risk of becoming dangerous to women and children and

feeding into an ideology of blaming women. The relative strength or weakness of the movement will influence the orientation of perpetrator work.

At this time we have no checks and balances, or standards and guidelines. A consultative process is lacking and we have a lot of fragmentation in the provision of services. Turning these around may help us to get the 'proper foundations' in place for expanding work in the violence against women sector to include perpetrator programmes. The differences that surfaced in the workshop are okay, so long as we can agree on some of the fundamentals in the violence against women sector.

Difference is separate from some of the inescapable territorialism that characterizes this sector. This can be one of the greatest threats to attempts to bring people together around a common issue for the "greater good" of the issue concerned. It is here where tension arises between individual needs and collective needs. A great deal of collaborative work is needed to tackle prevalence of violence against women. We need also to strengthen and use our networks, to link up to other anti-violence and social justice work and to identify where we can influence legislation.

APPENDIX E

MEN STOPPING VIOLENCE

1020 DeKalb Ave. #25
Atlanta, GA 30307
(404) 688-1376

BOARD OF DIRECTORS

Linda Bell
Julie Gazmararian, Treasurer
Robert Hahn, President
Kwamé-Osagyefo Kalimara
Mary Krueger
Vicki McLennan
Marian Meyers, Secretary
Loretta Ross
Althea Sumpter, Vice-President
Ran Young

HONORARY BOARD

Byllye Y. Avery
Sandra Barnhill, Esq.
Lucinda Bunnan
Pearl Cleage
Dr. Johnnetta Cole
Alice Franklin
Dr. Marvin Goldstein
Gus B. & Marian W. Kaufman
Daniel Levitas
Hon. John Lewis
Hon. Cynthia McKinney
Hon. Mary Margaret Oliver
Hon. Nan Orrock
Lynne Randall
Thomas C. Shelton, Esq.
Cathey Steinberg
Sherry Sutton
Mable Thomas
L. Paul Wiesner

STAFF

Dick Bathrick,
Community Intervention Dir.
Jane Branscomb,
Office Manager
Kathleen Carlin,
Executive Director
Red Crowley,
Instructor
Gus Kaufman,
Dir. of Men's Education
Sulaiman Nuriddin,
Instructor

Printed on recycled paper

August 23, 1994

Marcel P. Londt, Programme Director
Cape Town City Mission Homes and Services
P.O. Box 38211
Bridgetown 7764
South Africa

Dear Ms. Londt:

This is a belated response to your letter of April 11.

We too would like to keep in contact with you and your work toward ending violence against women. I have shared your letter with our Board member Loretta Ross, who travelled to your country to participate in elections monitoring.

We would be glad for you to use or adapt our curriculum manual for your use, with acknowledgement given to Men Stopping Violence. I enclose an order form for the manual and other printed material we have available. I also enclose copies of the first two issues of our semi-annual newsletter and will add your name to our mailing list for future issues.

Best wishes in your work.

Sincerely,



Kathleen Carlin
Executive Director

APPENDIX F



NICRO D.V. Risk Assessment Form (2001)

1. Personal Details

Surname: _____ Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone: (H) _____ (w) _____ (cell) _____

Source of referral: _____

 Voluntary referral: Yes No

Employment status

Employed (full time): Yes No

Employed (part-time): Yes No

Unemployed: Yes No

Current relationship

Living with partner Yes No

If no, current status of relationship with victim: _____

Current offence

Date of most recent incident of abuse: _____

Physical Verbal Emotional Financial Sexual

(tick all applicable)

Injuries caused related to the offence: _____

If weapons used, type: _____

Was victim admitted to hospital? Yes No

Did victim see a doctor? Yes No

Did perpetrator make death threats to the victim? Yes No

Prior History Of Abuse

Physical Verbal Emotional Financial Sexual

(tick all applicable)

Injuries caused related to the offence: _____

If weapons used, type: _____

Was victim(s) admitted to hospital?	Yes	No
Did victim(s) see a doctor?	Yes	No
Did perpetrator make death threats to the victim(s)?	Yes	No
Has threatened family members with violence:	Yes	No
Past assault of other family members:	Yes	No

Criminal record

Violation of Protection Order (Past):	Yes	No
(Current):	Yes	No
Arrested:	Yes	No
Previous convictions:	Yes	No
Types of Convictions: _____		

History of victimization of the perpetrator

Was a victim of abuse? (in family of origin):	Yes	No
Physical Verbal Emotional Financial		Sexual
(tick all applicable)		

Was a witness to abuse?	Yes	No
Physical Verbal Emotional financial		Sexual

Psycho-social Assessment

Isolation and withdrawal from social support, family , friends, or significant others:	Yes	No
Substance Abuse:	Yes	No
If yes, type: _____ Regularity: _____ Cost: _____		
Suicide attempts in last 24 months:	Yes	No
Mental Health / Psychiatric problems:	Yes	No
Minimizing guilt or denial:	Yes	No

Further points for consideration:**Outcome of assessment:**

Accepted for Domestic Violence Programme	Yes	No
Date of first group meeting		
Date of last group meeting		
Venue		

Signed: _____ (NICRO WORKER)

Date: _____

