Over the past 10 years, the traumatic effects on children of exposure to batterers have increasingly entered the public and professional eye. In the United States, 10% or more of women in relationships experience violence each year (Duffy, McGrath, Becker, & Linakis, 1999; M. Straus & Gelles, 1990), and a high percentage of these assaults are witnessed by one or more children, leading to an estimated 7 million or more children being exposed to acts of domestic violence per year (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006; review in Fantuzzo & Mohr, 1999). Domestic violence is perpetrated at higher rates toward mothers than toward women who do not have children (Denham et al., 2007; McDonald et al., 2006). A study of police arrests in Connecticut over a 12-month period found that children were recorded as present 43% of the time (Connecticut Department of Public Safety, cited in Berkman, Casey, Berkowitz, & Morans, 2004). Children of battered women have been found to be at increased risk for a broad range of emotional and behavioral difficulties, including suicidality, substance abuse, depression, developmental delays, educational and attention problems, and involvement in violence (Gleason,
Half or more of children exposed to batterers become directly involved in violence incidents through yelling at their parents during the assault, calling for help, or physically intervening. Children have been found to be present at nearly half of all police calls for domestic violence. In incidents that involve more severe levels of violence and in those involving substance abuse, children are even more likely to be present. Furthermore, children exposed to batterers are themselves at high risk to become direct targets of physical abuse and of sexual abuse. The danger even extends to homicide: One multiyear study found that, in approximately one fifth of domestic violence homicides and attempted homicides, a child of the battered woman is also killed in the process. Children exposed to domestic violence are also at risk for other kinds of child fatality. Finally, the violence is known to be a recurring cycle: Studies consistently have found that boys who grow up exposed to domestic violence have an increased likelihood to batter their own partners as adults.

The sources of emotional and behavioral difficulty for children of battered women are many, with the actual seeing or hearing of acts of violence being only the beginning. The presence in the home of a batterer, usually in the role of parent or stepparent, has a wide range of implications for family functioning. Batterers tend to be authoritarian yet neglectful parents, with far higher rates than nonbatterers of physically and sexually abusing children.
be highly manipulative (Lapierre, 2010; Bancroft, 2003; Jacobson & Gottman, 1998). They are more likely than nonbattering men to seek custody of their children in cases of divorce or separation (American Psychological Association Presidential Task Force on Violence and the Family, 1996; McMahon & Pence, 1995; Liss & Stahly, 1993) and can have several advantages over battered women in custody litigation (see Chapter 5). We believe therefore that the psychological distress observed in children exposed to domestic violence results not only from their witnessing of periodic acts of violence but also from exposure to a batterer and to his parenting style in everyday life; in fact, we believe that the phrase children exposed to batterers is more accurate than the current phrase children exposed to domestic violence for reasons that will become clear in the pages ahead. For closely related reasons, we find that a batterer’s parenting cannot be assessed separately from his entire pattern of abusive behaviors, all of which have implications for his children.

The mounting awareness that large numbers of children run the risk of being traumatized along with their mothers by domestic violence has led to a recognition of the need for improved interventions in the families of battered women and to specialized services for children. Skilled and sensitive responses are sought from child protective services, battered women’s programs, family courts, therapists, and the range of other institutions that serve families affected by domestic violence. In this book, we hope to contribute to the further development of these interventions by offering an extended analysis of the batterer in the family setting. Clinical experience and research on domestic violence over the past 20 years provide a coherent and consistent profile of the attitudes and behaviors that define batterers and that in turn shape the experiences and functioning of their family members. This deepening grasp among domestic violence professionals of the psychology and tactics of batterers creates an opportunity to develop systemic responses to families that take into account the full breadth and complexity of the injuries and challenges caused by batterers.

Research also points to an important degree of variability in how children are harmed by their exposure to domestic violence, including children who show mostly behavioral effects, children who experience emotional effects, and children who do not appear to be strongly affected in either category (Grych, Jouriles, Swank, McDonald, & Norwood, 2000). These findings point to the importance of developing
well-informed responses that avoid, for example, increasing stress for children who are functioning fairly well.

❖ DEFINING BATTERERS

Given the many interpretations of the term batterer that exist, we begin by providing and elucidating our working definition:

A batterer is a person who exercises a pattern of coercive control in a partner relationship, punctuated by one or more acts of intimidating physical violence, sexual assault, or credible threat of physical violence. This pattern of control and intimidation may be predominantly psychological, economic, or sexual in nature or may rely primarily on the use of physical violence.

A number of points need to be made about this definition. First, the definition we are using takes into account the presence of considerable variation in abusive style among batterers. This flexibility is important because, as we will see, the impact on children of living with a batterer varies depending on his level of violence, the extent of his cruelty and manipulativeness, his level of respect for sexual boundaries, his treatment of the children’s mother, and various other aspects of his behavior.

Second, our definition does not require the presence of beatings, but it does require that there at least be actions clearly intended as threats, such as raising fists, cutting phone lines, or deliberately dangerous driving. Although psychological abuse by itself can cause emotional harm to children (Berlin & Vondra, 1999; Kashani & Allan, 1998), the presence of fear may dramatically intensify those effects; a pattern of name-calling, for example, can have more debilitating emotional sequelae if it is punctuated by, and therefore emotionally interwoven with, periodic physical assault (see, e.g., Adamson & Thompson, 1998).

Because our definition of a batterer requires a pattern of coercive or domineering behavior, we would not define someone as a batterer due to the use of a necessary level of violence out of a genuine need to defend oneself from harm; we do not in any way equate, for example, a batterer’s aggressive violence with the physical efforts of a battered woman to defend herself.
Finally, definitions quite similar to ours are currently used and endorsed by many professional organizations, thereby creating a common terminology that facilitates the practical application of our discussion of battering.

The reader already will have noticed that, although it is not part of our definition, throughout this book we refer to the batterer as “he” and to the battered partner as “she.” We find this gender ascription to be accurate for most cases in which a professional is required to evaluate a batterer’s parenting, and it is reflected both in our clinical experience and in most published research. Sexual assault by intimate partners occurs 25 times as often to women as to men, stalking by intimate partners occurs 8 times as often to women as to men, and injuries from physical or sexual assaults by intimates requiring medical attention occur more than 7 times as often to women as to men (Tjaden & Thoennes, 2000). Female homicides of male partners are far less common than the reverse (see Bureau of Justice Statistics, 1996), and those that do occur tend to be carried out by victims of domestic violence rather than by perpetrators (Langford et al., 1999; Websdale, 1999); women are five times as likely as men to say that they fear that their partner might kill them (H. Johnson & Bunge, 2001). The disparity between male and female homicides of intimate partners grows even larger postseparation (Langford, Isaac, & Kabat, 1998; Daly & Wilson, 1988). The incidence of parents killing children or other nonpartners during a domestic violence assault is similarly rare with a female perpetrator (Langford et al., 1999; Websdale, 1999; Daly & Wilson, 1988). Women’s violence toward their male partners has been found to be largely defensive in nature, while this is not true of men’s violence toward female partners (Allen, Swan, & Raghavan, 2009). Finally, we have not encountered persuasive evidence in our cases of mutual abuse. (See Chapter 6 for further discussion of mutual abuse formulations.)

Of course, our gendered language does not apply to lesbian and gay male relationships, but literature addressing the prevalence, causes, and dynamics of same-sex domestic violence suggests considerable parallel to heterosexual battering (Rose, 2003; Turrell, 2000; Leventhal & Lundy, 1999; Renzetti, 1997; Waldner-Haugrud, Gratch, & Magruder, 1997). Despite popular stereotypes, same-sex violence may have a significant impact upon children. Lesbians are increasingly choosing to have children and to raise them together. Although joint parenting by gay male couples is less common in our experience,
it does exist, and gay men also may have weekend care or primary custodial care of children from earlier heterosexual relationships. The behavioral profile of lesbian and gay male batterers appears to correspond closely to that of heterosexual abusers (Leventhal & Lundy, 1999; Renzetti, 1997), including, for example, the batterer’s common mistreatment of children or pets and the rarity of mutual abuse (Renzetti, 1997). Clinical experience in this area leads to similar conclusions (Cayouette, 1999). Our book therefore may be useful in addressing the parenting of lesbian or gay male batterers, but professionals should be aware of the need for further education about the particular dynamics of domestic violence in these communities, including the particular tactics used by same-sex batterers and the additional obstacles faced by same-sex victims (Leventhal & Lundy, 1999).

❖ CHARACTERISTICS OF BATTERERS

We believe that the parenting style that batterers exhibit is grounded both in their attitudes and perceptual systems and in their patterns of behavior. In this section, after introducing the overarching concepts of control and entitlement, we go on to discuss other attitudinal and perceptual characteristics and then other behavioral patterns that are typical of batterers. (We recognize, at the same time, that attitudinal and behavioral qualities are not entirely separable, as our descriptions will make clear.) Although our descriptions of these characteristics are intended as an aid in assessment, it is important to keep in mind that a batterer may be careful not to exhibit any of these traits to professionals, and so assessment should not be based exclusively on psychological testing of, or interviews with, the alleged batterer but should incorporate collateral sources of information as well.

Control

The overarching behavioral characteristic of the batterer is the imposition of a pattern of control over his partner (Lloyd & Emery, 2000; Pence & Paymar, 1993). The batterer’s control is carried out through a mixture of criticism, verbal abuse, economic control, isolation, cruelty, and an array of other tactics (Bancroft, 2003). Indeed, a majority of battered women report that the psychological abuse that they suffer has
a more severe impact on them than the physical violence (Follingstad, Rutledge, Berg, Hause, & Polek, 1990), a finding supported by studies from other countries (review in Heise et al., 1999). Psychological abuse is a strong predictor of continued difficulties for a battered woman even if the violence is suspended (Edleson & Tolman, 1992).

We observe that the batterer’s imposition of control typically emerges gradually and intensifies during the early years of the relationship. In some cases, there is a distinct period of a few months (or even days) when the coercive pattern presents itself. Common points for the onset of this pattern include when the couple first begins living together, when the couple gets married, when the first pregnancy begins, and when the first child is born. Subsequently, the woman’s efforts to resist these forms of control generally meet with an escalation by the abuser, and thus the pattern of control becomes increasingly coercive over time. A batterer usually perceives his controlling behavior as justified (Pence & Paymar, 1993) and therefore sees his partner’s reluctance to be controlled as evidence of her mental instability, volatility, or desire to control him. The batterer’s control often takes the form of undermining his partner’s efforts at independence, thus increasing his power and control in the relationship (Bancroft, 2003; D. Dutton, 1995).

Although the relationship aspects that batterers may attempt to dominate are too numerous to list, we can identify the predominant spheres: arguments and decision making, household responsibilities, emotional caretaking and attention, sexual relations, finances, child rearing, and outside social contacts (see also Lloyd & Emery, 2000). The typical batterer will focus more on some areas than others, with his cultural training being an important influence over which aspects of the relationship he feels most entitled to determine.

The controlling nature of batterers has important implications for child rearing. Initially, the batterer may coerce decisions about when and whether to have children. After children are born, a range of decisions about how they are to be treated, fed, trained, and educated may fall increasingly under the batterer’s control, even though he is typically contributing only a small portion of the labor of child rearing. Harsh and frequent criticism of the mother’s parenting, often audible to the children, can undermine her authority and incite children’s disrespect of her. Institutions such as child protective services often hold the mother primarily responsible for the children’s well-being, unaware of the extent to which conditions may be beyond her
control (Magen, 1999; Whitney & Davis, 1999; Edleson, 1998). A study of restraining order affidavits found that one of the most common reasons that mothers gave for why they needed the order was the batterer’s “punishment, coercion, and retaliation against the women’s actions concerning children” (Ptacek, 1997, p. 112), including specific references to the batterer’s anger at the woman’s questioning of his authority over the children.

Finally, batterers tend to be controlling and coercive in their direct interactions with children, often replicating much of the interactional style that they use with the mother. Their coercive parenting has multiple consequences for families, which we will examine in more detail below. In particular, the batterer’s tendency to be retaliatory has important implications for children who disclose abuse to outsiders or who call for police assistance during an assault. Professionals intervening in families affected by domestic violence need to remain aware at all times of the high potential for punishment or intimidation of the children by the batterer for discussing events in the home.

**Entitlement**

Men who batter have been found to not have a strongly elevated rate of mental health problems (Gondolf, 1999—see discussion later this chapter), so it is important for practitioners to understand the role played by entitled and disrespectful attitudes in shaping a batterer’s behavior. As we discuss in Chapter 2, boys who grow up exposed to domestic violence have been found to be at increased risk of becoming batterers themselves only if they take on the abuser’s attitudes, demonstrating the key role that the abuser’s belief system plays in domestic violence perpetration.

The overarching attitudinal characteristic of batterers is entitlement. Entitlement may be the single most critical concept in understanding the battering mentality, and so we will discuss it in some detail here (see also Bancroft, 2003; Silverman & Williamson, 1997). Entitlement is the belief that one has special rights and privileges without accompanying reciprocal responsibilities. Batterers tend to have this orientation in specific relationship to their partners and children and do not necessarily carry it over into other contexts. The batterer’s entitlement leads him to feel justified in taking steps to protect his special status, including the use of physical violence or intimidation when
he considers it necessary. The belief that violence toward a partner can be justified is a strong predictor of which men will batter (Margolin, John, & Foo, 1998; Silverman & Williamson, 1997) and helps to distinguish which boys exposed to domestic violence will grow up to abuse their own partners (O’Keefe, 1998).

A recent study sheds light on one of the most crucial aspects of the abuser’s entitlement, which is his belief that he is entitled to use violence. Neighbors and colleagues (2010) found that male domestic violence perpetrators believe that violence by men against female partners is much more common than it actually is; for example, they believe that beating a partner up, threatening her with a gun, or strangling her are twice as common as they actually are and believe that forcing her to have sex is three times as common as it actually is. These findings reinforce previous research studies that have shown that the belief among batterers that their behavior is normal and defensible is central to the nature of their problem. A primary manifestation of entitlement is that batterers expect family life to center on the meeting of their needs, often to the point of treating their partners like servants (Pence & Paymar, 1993). If a batterer’s partner attempts to assert her own needs, the batterer often characterizes her as selfish or uncaring. Batterers thus are distinguished partly by their high and unreasonable expectations, including forceful and urgent demands for catering (Bancroft, 2003; Pence & Paymar 1993; Adams, 1991). They may believe that they are owed services and deference without regard to their own level of contribution or sacrifice.

Batterers’ expectations of service may include physical, emotional, or sexual caretaking. The demands for physical labor can involve expecting meals prepared for them in the precise way that they like, shopping and housecleaning done, the children looked after and kept quiet, school meetings attended, the social calendar arranged, and a continuing list of family and household responsibilities. Batterers may retaliate if this work is not done to their satisfaction.

Equally central are a batterer’s typical demands for emotional caretaking. The batterers we have seen as clients in batterer intervention programs tend to expect to be the center of their partners’ attention. They consider it their partners’ responsibility to soothe them when they are upset, to praise and compliment them, and to defer to them in conflicts. Partners are expected to lay their own needs aside and to cater to the batterer even in times of family crisis; for example, one of
our clients complained angrily to his wife that she was ignoring him during a two-day period when her teenage son was missing. In our experience, batterers’ demands for emotional caretaking are as likely to lead to verbal abuse or to physical violence as are their demands for physical labor.

Finally, our clients often define themselves as being wronged by their partners if the latter do not cater fully to their sexual needs. Even if his partner does engage in sexual relations, a batterer may feel mistreated if she fails to exhibit adequate pleasure or, contradictorily, if she initiates sexual contact with him at a time when he does not desire it. He may particularly pressure his partner for sex following an incident in which he has been verbally or physically abusive. Sex following soon after a physical assault should probably be defined as rape (Bergen, 1996).

We have observed that the higher a batterer’s level of entitlement, the greater his apparent perceptual tendency to reverse abuse and self-defense. The typical batterer defines his abusive behaviors as efforts to protect his own rights and defines his partner’s attempts to protect herself as abuse of him (Jacobson & Gottman, 1998). For example, he tends to interpret occasions when his partner refuses to have sex with him as her efforts to control or manipulate him (Mahoney & Williams, 1998). Batterers therefore often claim to be the victim of the woman’s abuse or violence (Pence & Paymar, 1993). Entitlement can lead a batterer to have double standards, such as the belief that he can have outside sexual relationships but that it is not acceptable for his partner to do so (Ptacek, 1997).

A batterer’s level of controlling behavior and his level of demand for service can be independent factors. Some of our clients are extremely vigilant regarding their partners’ movements or social contacts but contribute substantially to domestic responsibility. Others permit their partners considerable freedom but demand high levels of catering (see also Jacobson & Gottman, 1998). A third category includes batterers who are both highly controlling and severely demanding of service.

Batterers’ senses of entitlement influence their parenting, beginning commonly with the expectation that their partners should handle the most unpleasant or demanding tasks of child rearing, such as changing diapers, rising in the middle of the night, or helping children resolve their conflicts. At the same time, they often consider themselves to be authorities on child care, and for this reason, they may feel
entitled to custody after separation. In some cases, batterers attend only to those aspects of parenting that they find enjoyable or that gain notice from friends, school personnel, or other community members, thus allowing them to develop reputations as excellent fathers.

High entitlement can also lead to role reversal, where batterers expect their children to be responsible for attending to their needs. We commonly observe that our clients maintain poor emotional boundaries as parents, expressing to their children their distresses, insecurities, and worries (including how wounded they feel by the children’s mother). Batterers are more likely than other men to use their children to meet their own needs for physical affection or sexual contact, one of the factors that leads to an elevated rate of incest perpetration (see Chapter 4).

Selfishness and Self-Centeredness

Largely as a result of their senses of entitlement, our clients perceive their needs as being of paramount importance in the family. They provide less emotional support and listen less well to their partners than do nonbattering men (Adams, 1991). They expect to be the center of attention, to have their needs be anticipated even when not expressed, and to have the needs of other family members postponed or abandoned. At the same time, they often expect family members to respond to them as the generous, kind, responsible people that they believe themselves to be, and they may react with a sense of woundedness or injustice when they see themselves perceived as selfish. If a batterer’s partner pulls back when he makes a sudden movement, for example, he may become angrily indignant, perhaps saying, “How can you be afraid of me? You know I would never hurt you!”

Batterers are often preoccupied with their own needs and thus not available to their children (Johnston & Campbell, 1993b) yet may expect their children to be always available to them in ways that can interfere with a child’s freedom and development (Roy, 1988). Some batterers show tremendous emotion when speaking to others about their children yet quickly lose interest or become enraged when their children’s needs or independent personalities inconvenience them or fail to give them the ego gratification that they seek. Children of a batterer are sometimes swayed by his grandiose belief in his own generosity and importance, enhancing their blame of themselves and of their mothers for the violence.
The self-referential tendency of batterers, characterized by grandiosity and an unrealistic self-image, can be mistaken for narcissistic personality disorder. However, we observe that the batterer’s self-centeredness is primarily the product of his entitlement, whereas the narcissistic personality appears to result from a severe assault on the self during childhood (Lowen, 1985). There are two crucial points of differentiation: (1) The batterer’s self-centeredness occurs in specific relation to his partner or his children, while in other contexts, he shows less grandiosity in his presentation of self, less need to receive awed deference, and a normal ability to take another person’s perspective; (2) apart from his denial of the battering, the batterer tends to have a reasonably realistic view of himself. Moreover, the narcissist does not have a particular tendency to violence by virtue of the disorder alone. At the same time, a battering problem is quite compatible with a narcissistic personality disorder, and the two conditions can coexist (Gondolf, 1999); in our clinical experience, roughly one batterer in eight shows significant signs of a clinical level of self-centeredness, and these clients are highly resistant to change.

Superiority

Batterers believe themselves to be superior to their victims (M. Russell & Frohberg, 1995). Our clients tend to see their partners as inferior to them in intelligence, competence, logical reasoning, and even sensitivity and therefore treat their partners’ opinions with disrespect and impatience. In conflicts and at other times, a batterer may talk to his partner as if she were a willful and ignorant child whom he needs to educate and to improve. Tones of disgust, condescension, or infantilization are commonplace when a batterer addresses his partner, as are harsh criticism, humiliation, and parent-like imposition of punishments.

A recurring element in the tone of most batterers’ discussions of their partners is contempt. Our clients have difficulty describing serious conflicts with their partners without expressing ridicule of the women’s opinions or behaviors, using such approaches as mimicking their partners’ voices or making sarcastic exaggerations of arguments that the latter have made. It is valuable for professionals to note that the level of contempt and the level of anger are distinct issues: Both batterers and battered women may exhibit high degrees of anger when describing the histories of their relationships, but the extent of disrespect and ridicule
that we hear from our clients does not usually appear in our conversations with their partners, even in cases of severe abuse.

Superiority can sometimes include elements of depersonalization or objectification (Pence & Paymar, 1993). According to Bandura (1978), “Maltreatment of individuals who are regarded as subhuman or debased is less apt to arouse self-reproof than if they are seen as human beings with dignifying qualities” (p. 25). Our clients sometimes are uncomfortable referring to their partners by name rather than as “my girl,” “the wife,” or similar terms, and they often have limited knowledge about their partners as people, being largely unable to answer questions about the women’s interests, personal strengths, or family relationships. A batterer in this category may view his partner as a depersonalized vehicle for sexual gratification and thus be prone to sexually assaulting her (see also Campbell, 1995). In many batterers, these attitudes of superiority generalize into hostility toward women in general (Pence & Paymar, 1993), although this outlook may take time to detect (Edleson & Tolman, 1992).

The superiority, contempt, or depersonalization that children may observe in a batterer’s day-to-day treatment of their mother can shape their views of both parents. Children tend to absorb the batterer’s view of their mother over time; we observe in custody evaluations, for example, that children of battered women sometimes describe her in terms similar to ones that the batterer would use, saying that she “nags,” that she “doesn’t know what she’s doing,” or that “what she needs is a slap in the face.” For similar reasons, children can come to see the batterer as the parent who is most knowledgeable, competent, and in charge.

Possessiveness

One useful way to encapsulate the nature of the batterer’s problem is that he perceives his partner as an owned object (Lloyd & Emery, 2000). A number of studies have shown, for example, that men who use violence against partners are more likely than other men to believe that a female partner should not resist the man’s sexual advances (e.g., Silverman & Williamson, 1997) and to become angry if she does so (Adams, 1991). As one of our clients expressed in confusion, “I told the police that she was my wife, but they arrested me anyhow.” Referring to times when their partners refused to have sex with them, many clients of ours have made reference to the woman’s signing of
the marriage certificate as conferring an obligation upon her to con-
 sent. In dealing with infidelity, the batterer may assault the other man
 rather than his own partner because “nobody touches my girl.” Sexual
 jealousy can be an important indicator of possessiveness (Adams, 2007)
 and is present at elevated rates in batterers (Raj, Silverman, Wingood,
 & DiClemente, 1999), but possessiveness can also take other forms and
 thus should not be assessed on the basis of sexual jealousy alone.

A batterer’s possessiveness sometimes exhibits itself starkly when
 a relationship terminates, commonly leading to violence against the
 woman for her attempts to leave; nearly 90% of intimate partner homo-
 cides by men have been shown to involve a documented history of
domestic violence, and a majority of these killings take place during or
 following separation (Websdale, 1999). Batterers cite various reasons
 why their partners “owe” them another chance, including the marriage
 vows, the good of their children, and their own efforts to change. One
 illustration of this value system is a client of ours who admitted that he
 had committed a near-lethal beating of his partner (which led to her
 hospitalization) yet continued to insist that she had a responsibility to
 reunite with him because he had stopped drinking and could “help her
 get her life together,” pointing to the other people with whom she was
 spending time as “bad influences.” A high level of possessiveness is an
 established marker of which batterers are more likely to kill (Adams,
 2007; Campbell, 2007; Websdale, 1999).

In attempting to understand the propensity of batterers to kill or to
 seriously assault partners who attempt to leave them, some theorists
 have concluded that batterers have an inordinate fear of abandon-
 ment or are unusually despondent after separation. However, we find no
 evidence that females are less prone than males to fears of abandon-
 ment or to postseparation depression, yet their rates of postseparation
 homicide are far lower (Websdale, 1999). Nonbattering men rarely
 commit postseparation homicides (Websdale, 1999) despite some-
times suffering serious emotional crises when relationships end. Our
 clinical experience reveals no connection between a batterer’s level
 of dependence and his level of violence; rather, our clients who have
 become the most terrorizing of their partners after separation stand
 out primarily for their high levels of possessiveness. Those batterers
 who go beyond the terrorizing behavior to actually commit a homicide
do appear to have elevated rates of mental illness combined with high
 possessiveness, although mental illness is much less consistently pres-
 ent than possessiveness (Websdale, 1999).
The extent to which a batterer carries his possessive orientation over to his children has important implications for his parenting. Large numbers of our clients over the years have made comments regarding physical abuse of their children such as “No one is going to tell me how I can discipline my children” and “Whether I hit my children or not is nobody’s business.” At the same time, they commonly express disapproval or outrage at adults who hit children who are not their own (such as stepchildren or grandchildren). For these batterers, the connection between possession and the license to abuse children is stated explicitly. We find our clients especially vulnerable to the existing social tendency to view children as owned objects (see also Liss & Stahly, 1993), with its unfortunate tendency to create a context for child abuse.

Possessiveness plays an important though less-recognized role in fostering child sexual abuse and boundary violations. Sexual abusers are notorious for the attitudes of ownership that they exhibit toward children (e.g., Salter, 1995), and incest perpetrators sometimes perceive sexual access as a parental privilege (Leberg, 1997; Groth, 1982). We have found that an incest perpetrator is sometimes sexually possessive toward a teenage daughter, for example, accusing her of having sex with boys or even assaulting boys who attempt to date her. This style of abuser treats his daughter more like a partner than like a child and can behave like a rejected lover when she begins a serious dating relationship for the first time.

The batterer’s mentality of ownership also can shape his post-separation parenting. For example, some batterers are nonthreatening for a period after a relationship ends but revert rapidly to the use of intimidation when their former partners develop serious new relationships. In session, these batterers make statements such as “No other man is going to be around my kids” and “If she lets them call another man Daddy, she’ll be sorry.” In some cases, these statements mark the beginning of a pattern of threats to the mother, psychological pressure on the children, and litigation in pursuit of custody.

Confusion of Love and Abuse

Batterers often explain their relationship violence by describing it as a product of the depth or intensity of loving feelings that they have for their partners. Many of our clients see their abusiveness as actually proving their love, stating, for example, “I wouldn’t get like that if I didn’t care for her so much.” We have found that friends and relatives of batterers
can adopt similar analyses, as do many mental health providers, court personnel, custody evaluators, and other professionals. The batterer thus may experience strong social reinforcement for this construction.

It is true that a link can exist between love and anger, in that intimacy creates vulnerability to hurt feelings and therefore can lead to anger as a response. The error, however, is to connect anger to abuse. Anger, including rage, occurs both in abusive and in nonabusive people and thus is not in itself a cause of abuse or aggression; indeed, we have observed over our extensive case experience that anger need not even necessarily be present while a batterer is abusing his partner or may appear only after his intimidating acts fail to have their desired effect. In any case, anger tends to be overestimated as a cause of battering behavior (Healey, Smith, & O’Sullivan, 1998).

The confounding of love and abuse can contribute to the confusion of children of battered women. For example, they may hear the batterer, with anger mounting in his voice, listing off the generous or loving things that he has done for his partner as he escalates toward finally assaulting her. An hour after a beating, they may hear him crying and saying that he loves her. He may tell the children directly how much he cares for their mother, perhaps in the same conversation in which he also says that she is an incompetent parent or a drunk. Through receiving these contradictory messages, children can form convoluted understandings of how kindness and cruelty interrelate, which may contribute to difficulties in their present or future relationships. One example of this dynamic, commented on frequently by clinicians specializing in working with children exposed to domestic violence, is that some young children struggle with the belief that a person who doesn’t abuse them must not really love them.

Moving from emotional to physical impacts on children, our professional experience indicates that adults who believe that abuse is evidence of love are at increased risk to abuse children. Batterers appear to be particularly prone to using culturally supported arguments of this kind in defending their abusive parenting, making comments in session such as “Spare the rod and spoil the child” or “You want me to be like those other parents who don’t care what happens to their children.” Furthermore, this value system can lend itself to child sexual abuse. Incest perpetrators, when their actions are uncovered, sometimes describe the violations that they have committed as having been acts of tenderness or caring, using such rationalizations as “I wanted
to help her learn about sexual relationships in a safe way” or “She was really starved for affection because her mother doesn’t give her any, and it just got a little out of hand” (see also Salter, 1995; Herman, 1981).

Manipulativeness

We observe that few of our clients rely entirely on verbal or physical attack to attain control. Rather, batterers employ a wide range of behavioral tactics, foremost among which is often a pattern of manipulativeness. Immediately following abusive incidents, a batterer may strive to manipulate his partner’s perceptions of his actions or to create confusion about the causes or meaning of the incidents, which has been described as a form of mind control (Jacobson & Gottman, 1998). Over the longer term, his manipulativeness may take a different form: Periods of abuse are usually interspersed with times of relative calm, during which the batterer may be loving or friendly with shows of generosity or flexibility in an attempt to regain his partner’s trust and to create the hope that he has changed. Given the traumatic effects of his history of abusing her, the respite and sense of hopefulness engendered by his good periods can cause serious confusion in her. He thus may be able to reengage her over and over again in a way that can be baffling to outsiders who do not understand the deep combined effects of trauma, intimidation, and manipulation, which can form strong trauma bonds (D. Dutton, 1995; D. Dutton & Painter, 1993; Herman, 1992).

Batterers’ manipulativeness often extends to the public arena as well. The great majority of batterers project a public image that is in sharp contrast to the private reality of their behavior and attitudes (Jacobson & Gottman, 1998). They may impress others as friendly, calm, and reasonable people, often with a capacity to be funny and entertaining. The public reputation that a batterer can build may cause people to be reluctant to believe allegations of his battering, thus making it more difficult for his partner and children to obtain emotional support or assistance. Our clients shape the public images of their partners as well, describing them to others as controlling, demanding, and verbally abusive at the same time as they paint themselves as caring and supportive partners who are earnestly trying to make things at home go well. The cumulative effect of these behaviors on those outside the family is to build sympathy and support for the batterer and to isolate the battered woman by damaging her credibility.
A batterer’s family members and his surrounding community generally find manipulation harder to identify than more overt tactics of abuse. For example, many of our clients use arguing styles at home that rely more on twisting their partners’ words, distorting past events, and other tactics of confusion than on loud yelling or name-calling. The partner of this style of batterer may suffer from increased confusion and self-blame and, in some cases, may become emotionally unstable; the batterer may then use her deteriorating emotional condition to discredit further her disclosures of abuse.

The manipulativeness of batterers can create ambivalence and disorientation for their children. For example, children sometimes say to us that they don’t understand why their mother gets so angry during arguments in which their father seems calm because they do not grasp the significance of his words or his underlying tone. Following incidents of overt abuse or violence, he may be charming and attentive to the children while the trauma of victimization causes the children’s mother to be short-tempered, withdrawn, or fragile (see Chapter 3). The batterer thus can shape the children’s perceptions of the incident that has just occurred, leading them to form the impression that their mother is aggressive and that the batterer is the “nice” parent. Children also appear to sometimes be confused or influenced by the positive public reputations of their battering fathers.

Manipulation is in itself a psychological risk to children. For example, experts in treating schizophrenia have found that severely contradictory messages from parents appear to play a greater role than overt abuse in engendering children’s psychosis (Karon & Vandenbos, 1981). When these tactics are combined with the dynamics of domestic violence, the risks to children’s mental health increase further.

Batterers are also adept at manipulating those attempting to intervene. Our clients are commonly able to lie persuasively, sounding sincere and providing an impressive level of detail while sometimes weaving together multiple fabrications. We find that it may be impossible to uncover accurate information except by reviewing police reports and child protective records, speaking with probation officers and therapists, and interviewing the battered partner and other witnesses. In a number of our cases, evaluators working for courts or child protective services have made errors due to their failure to adequately test the batterer’s credibility.
Contradictory Statements and Behaviors

Assessment of batterers and their impacts on families is further complicated by the contradictions typically present in a batterer’s thinking and presentation. Many of our clients, for example, state that they oppose any use of violence toward women, that men should treat their partners with respect, that decision making should be 50-50, and that the needs of the children should be the priority. Some clients make forceful, articulate, and appropriate confrontations of other men in their abuser groups while themselves continuing to be abusive and violent at home. Evaluating professionals should be cautious not to assess an alleged batterer simply by asking his beliefs, as he will generally be able to tailor his statements to the response that he believes is desired. The more educated batterer is sometimes especially adept at concealing his underlying thinking. A batterer’s destructive attitudes may be revealed better by statements he makes while under confrontation than while being interviewed supportively and, in some cases, are only exposed when he is in private or when he is caught behaving abusively by outsiders.

Externalization of Responsibility

Our clients are consistent in holding beliefs that relieve them of responsibility for their abusiveness, and they exhibit patterns of justifying their actions and making excuses (see also D. Dutton, 1995; Edleson & Tolman, 1992). They shift blame to their partners’ conduct (e.g., “She really knows how to push my buttons”) and to other supposed causes such as stress, substance abuse, issues from childhood, and intolerable emotional states. This belief system leads our clients to make contradictory statements such as “I know you should never hit a woman, but there’s only so much a man can take” or “I know I’m responsible for my own actions, but she pushed me too far.”

The batterer tends similarly to shift responsibility for the effects of his actions. For example, if his partner flinches during an argument because she thinks he is about to strike out, he may ridicule her as hypersensitive or theatrical (Bancroft, 2003). If she becomes depressed (which is a common symptom of abuse), he may call her lazy or say, “You just want to live off my hard work.” He then may use the effects of his actions as an excuse for further mistreatment of her. Our clients
take the same attitude toward the effects on their children of exposure to domestic violence, attributing their difficulties to the mother’s poor parenting or to inherently weak character in the children. We find that the behavioral and emotional problems of our clients’ children often increase over time and that therefore a batterer’s criticism of his children (and of his partner as a parent) can mount in frequency and harshness.

A critical family dynamic that we observe is that batterers tend to have some success in persuading their family members to take on responsibility for the abuse. Children may blame their mothers for the abuse, mothers may blame children, siblings tend to blame each other, and all family members tend periodically to blame themselves. Family members may accuse each other of having made the batterer angry by challenging him, failing to cater to him adequately, making too much noise, or other actions that displeased him. When a woman attempts to end a relationship to escape abuse, the batterer may tell her that she is the one causing harm to the children because she is breaking up the family (Pence & Paymar, 1993). If his abusive behavior drives his children away from him emotionally, he is likely to accuse the mother of alienating the children from him (see Chapters 5 and 6).

In a substantial proportion of batterers, their externalization of responsibility extends to their interactions with their children. This tendency is a risk factor for children, as “abusive parents often project responsibility for their abusive behavior onto external factors, including the child” (Milner & Chilamkurti, 1991, p. 352). We often observe our clients using excuses for their mistreatment of the children that are similar to those that they use in justifying their abuse of the mother.

Denial, Minimization, and Victim Blaming

Batterers rarely disclose their violence fully, even in the face of considerable evidence (Heckert & Gondolf, 2000; Healey et al., 1998). Our clients also deny the effects of their battering on their partners. This denial can sometimes hold firm through months of participation in batterer programs, though the existence of independent evidence, such as police reports with which to confront the client, can assist in breaking down denial.

Even those men who admit to some portions of their violence typically minimize their history of abuse (Lloyd & Emery, 2000; Healey et al.,
1998; D. Dutton, 1995), reporting significantly less violence and threatening behavior than their female partners attribute to them and than is revealed by court and police records (Adams, 2007). They sometimes will admit to violence but characterize it as necessary self-defense; in these cases, careful interviewing along with examination of outside sources of information may be necessary to distinguish between a batterer and a man who was genuinely acting in an appropriately self-protective way. In assessment of an alleged or established batterer, minimization by the offender can be more effectively misleading than denial. By expressing remorse while simultaneously portraying his victim as provocative and dishonest, a batterer is sometimes able to persuade a professional that he has been wrongly accused or that his efforts to change have not been recognized. The batterer who uses this approach often states that his partner is falsely alleging domestic violence because she found out that he was involved with another woman, he refused a reunion that she desired, she was pushed into the accusations by an overzealous advocate, or she is using her claims as a weapon in custody litigation. We have had clients say roughly the following, for example: “I did shove her a couple of times, and one time I hauled off and slapped her when she called my mother a whore, and I really regret it. But now, she’s saying I grabbed her by the throat and threatened to kill her, which I would never do, and she knows it.”

Our clients often characterize their actions as defensive in nature or as being necessary to prevent more serious harm (see also Lloyd & Emery, 2000; Healey et al., 1998; Pence & Paymar, 1993). The most common explanations that clients of ours provide include claims that his partner was assaulting him and he injured her when he was warding off her blows, that he was enraged by her frequent assaults against him and “finally decided to show her what it’s like,” that she was assaulting one of the children and he stepped in to protect the child, and that she was attempting to drive while drunk or to act self-destructively in some other way. Further inquiry typically reveals distortions in these accounts.

Child-abusing batterers exhibit similar patterns of denial, minimizing, and victim blaming regarding their parenting. Information that we receive from child protective services often contrasts sharply with our clients’ minimizations of their violence, threats, or boundary violations toward children. Many of our clients distort or exaggerate their children’s behavior, tending to cast the child as highly troubled or destructive.
Furthermore, the descriptions that we receive from the partners of our clients suggest that the behavioral and emotional problems that the children do have may be largely a product of exposure to battering behavior.

Serial Battering

Batterers tend to abuse more than one woman over the course of their adult relationships (D. Dutton, 1995; Woffordt, Mihalic, & Menard, 1994). Child protective services and family and juvenile courts should avoid operating on the mistaken belief that a batterer’s likelihood to assault a female partner can be reduced through the ending of his current relationship. The high degree of conflict in his current relationship is probably the result of his abusiveness rather than its cause, and if he replicates these dynamics in his future relationships, his children may be at risk.

❖ MISCONCEPTIONS ABOUT BATTERERS

Important myths about batterers are widespread, and some of these have taken hold among professionals in ways that can lead to errors in assessment or in intervention. The most common misconceptions are examined here.

Substance Abuse

We believe that the available research on batterers and substance abuse indicates that the overlap between the two is not as great as many people have assumed. Most incidents of domestic violence take place without the use of alcohol by the batterer, and roughly 80% of alcohol-abusing men do not beat their partners (Kantor & Straus, 1990). Alcohol and most drugs do not have physiological effects that cause violence, and indeed alcohol is most likely to contribute to violence in those who believe that it will do so (Gelles, 1993). A large proportion of our clients, including some who are highly physically violent, show no signs of substance abuse (see also Zubretsky & Digirolamo, 1996), and those clients who do have addiction problems commit serious acts of abuse even when sober. In cases where a battered partner reports that the man is violent only when drinking, further questioning usually
reveals that lower-level violence, such as pushing and threatening, has happened at other times. Moreover, any increases in violence associated with substance abuse should still be understood as a matter of choice: Our clients admit to us that they give themselves more permission to be violent when intoxicated (see also Edleson & Tolman, 1992) and reveal similar attitudes and decision-making processes regarding their violence whether or not they are intoxicated. Similar observations have been made regarding lesbian batterers (Renzetti, 1997). Thus, the particular constellation of attitudes and behaviors that typically accompanies battering cannot reasonably be attributed to an alcohol problem (for similar conclusions, see Zubretsky & Digirolamo, 1996).

The impact on battering behavior of recovery from addiction is mixed. A fairly small but significant number of our clients become more dangerous and dictatorial when they stop abusing the substance, apparently because of their increased irritability and their ability to more closely monitor their partners’ behavior. We have observed another group of abusers who exhibit a period of substantial reduction in violence during roughly their first 4 to 12 months of sobriety, but as the batterer reaches a point of feeling more secure in his recovery and therefore less consumed by it, his abusive behavior tends to reemerge. Indeed, certain concepts that batterers learn in 12-step programs sometimes become new weapons integrated into their systems of verbal abuse, such as accusing a partner of “being in denial” about her own problems or labeling her “codependent.” Clients in a final group—again, fairly small—do appear to make lasting changes in battering behavior following recovery from addiction. However, it is important to note that these are men who have been participating simultaneously in specialized batterer programs with a minimum duration of 11 months. Reports of long-term improvements in overall abusiveness coming from addiction recovery alone are rare (Bennett, 1995), and professionals should avoid suggesting to the family members of a batterer or to the batterer himself that his recovery will increase physical or psychological safety in the home.

Although substance abuse is not causal in domestic violence, it can contribute to a batterer’s frequency and severity of violence (Bennett, 1995), and the most dangerous batterers have elevated rates of heavy substance abuse (Campbell, 2007; Websdale, 1999). Substance abuse history is thus one important factor in risk assessment.
Mental Health Problems

Most of our clients have no detectable mental health problems. The available studies suggest that, aside from those who are extremely physically violent, batterers do not appear to have substantially higher rates of psychopathology than do nonbattering men (Gondolf, 1999; O’Leary, 1993; review in Tolman & Bennett, 1990). Clinicians have difficulty in reliably assigning batterers to types within a psychological typology (Langhinrichsen-Rohlins, Huss, & Ramsey, 2000), and there is no particular personality disorder or mental illness that batterers show consistently (Langhinrichsen-Rohlins et al., 2000; Gondolf, 1999). There is especially strong evidence of a characteristic absence of psychopathology in those batterers who are not violent outside of the home (Holtzworth-Munroe & Stuart, 1994).

We have had infrequent cases where a client’s violence did appear to be produced primarily by a mental illness with the following distinguishing characteristics:

a. The men’s partners reported that they did not exhibit chronic patterns of controlling behavior or entitled attitudes.

b. The men showed unusually low levels of investment in justifying or rationalizing their violence, even under confrontation.

c. They had higher levels of empathy and lower levels of negative characterization with respect to their victims than did other clients.

d. They had histories of explosive behaviors with nonpartners about whom they expressed remorse and embarrassment. We estimate that such men have been 1% or fewer of our clients.

A second and much larger group of men with whom we have worked have serious indications of mental illness or have already been diagnosed but also exhibit the central characteristics that make up the batterer profile. In such cases, the mental health problem should not be seen as the cause of the battering but rather as an important aggravating factor and as an obstacle to efforts at rehabilitation, analogous to the substance abuse of other batterers (see also Edleson & Tolman, 1992).

A number of subtler emotional problems are widely assumed to be causes of battering, including low self-esteem, insecurity, childhood victimization, poor impulse control, and feelings of inadequacy.
Our clinical experience, however, does not support the belief that such problems are consistently present in batterers. Similarly, a number of studies have examined the role of life stress in causing battering and have found little evidence of any connection (review in Tolman & Bennett, 1990).

In an attempt to address the fact that battering behavior rarely extends outside of the family, one formulation has portrayed batterers as having profound emotional issues regarding intimacy (e.g., D. Dutton, 1995). However, this theory does not offer an explanation of why so many men (and women) with severe intimacy problems do not batter, nor can it account for the multiple aspects of battering behavior that have little or nothing to do with intimacy, such as a batterer’s tendency to become intimidating when his authority is challenged. It also does not account for batterers’ tendency to have peers who are also abusive to women (Silverman & Williamson, 1997). Cross-cultural studies of domestic violence indicate that battering occurs in a range of different structures of intimacy between partners, including where there is no expectation of emotional intimacy between spouses (e.g., Mitchell, 1992; Levinson, 1989).

Psychotherapy appears to have low rates of effectiveness with batterers (Jacobson & Gottman, 1998), which we observe to result from their high entitlement and from their tendencies to manipulate the therapeutic process. We have received only rare reports from partners of our clients of behavioral improvements in the abuser through participation in psychotherapy or through the use of psychotropic medication, and none of those improvements have been maintained over the long term. Furthermore, we find our battering clients to be highly resistant to using psychotropic medication regularly and responsibly.

A similar misconception about batterers involves their purported deficiencies in conflict resolution, communication, assertiveness, and anger management skills. However, D. Dutton (1995) himself observed that the batterer’s lack of assertiveness was present only in partner relationships and not in other contexts. Another study found that skill differences between batterers and nonbatterers were small (Morrison, Van Hasselt, & Bellack, 1987). These findings strengthen our clinical observation that batterers are generally not unable to use nonabusive skills but rather are unwilling to do so because of their attitudes. In our experience, batterer intervention specialists are in wide agreement that the teaching of conflict resolution or anger management skills to batterers is only useful if the clients’ underlying attitudes are also confronted.
A particularly prevalent misconception about batterers is that they have poor impulse control. However, it is unusual to find an abuser who has a history of lost jobs due to impulsive behavior at work or other indications of low impulse control. Moreover, a complete history of a man’s abusive and controlling behaviors toward his partner generally reveals some actions that require forethought or even planning. Exploration of an abuser’s nonpartner relationships, his handling of his own finances, and other spheres of life generally reveals no severe history of impulsivity.

One mental health diagnosis that should be treated as a special case is antisocial personality disorder, also known as the psychopathic or sociopathic personality. This is a condition in which the person lacks a social conscience, leading to manipulative and exploitative behavior, a tendency toward violence and intimidation, and chronic law breaking. The male sociopath typically has superficial, dishonest, and abusive relationships with women, including chronic infidelity (American Psychiatric Association, 1994). Although the sociopath and the batterer are similar in their exploitativeness (Jacobson & Gottman, 1998), there are two key differences between the two personalities:

1. The sociopath exhibits his antisocial tendencies with many different people (typically including employers) and not just with intimate partners.

2. The sociopath’s behavior pattern begins no later than midadolescence, but the batterer’s problem emerges more commonly in his late teens or 20s. Antisocial personality disorder is dangerous and highly resistant to treatment, so a man who has both this diagnosis and a history of battering may be a serious risk to his partner, former partners, or children.

Similar to what we said about narcissism, the antisocial personality disorder is compatible with domestic battering, and the batterer is at a somewhat increased risk to have this diagnosis compared to a nonbattering man (Gondolf, 1999). Again, though, it should be understood as a co-occurring and exacerbating problem, and not necessarily as a cause.

Generalized Violence and Criminality

The great majority of our clients, including some of the most severely or dangerously violent, have not had any chronic problems
with violence outside of partner relationships. Studies have similarly concluded that, although batterers do have a higher rate of generalized violence than do nonbatterers, the majority of batterers restrict their violence to intimate relationships (Holtzworth-Munroe & Meehan, 2004; Jacobson & Gottman, 1998; Hotaling, Straus, & Lincoln, 1990). They are not generally perceived as violent in nature by people who interact with them in other contexts; the exception to this is in certain situations where they are confronted about their battering behavior or when they perceive others as interfering with their control over their partners or children. In other situations, batterers are known for their self-control: For example, their ability to calm themselves abruptly when police arrive at the home and to behave reasonably and amicably in the presence of the officers is a standard subject of police training on domestic violence.

Class assumptions have played a role in the construction of the societal image of the batterer as a generally violent man who is poor or blue-collar, often allowing batterers who are well educated, successful, and self-assured to escape detection. Similarly, the public imagination has exaggerated the contribution to battering of the macho, tough-guy personality style with its stereotypic class and racial associations.

Those batterers who do exhibit generalized violence have been shown to be an increased risk to their partners and children (Campbell, Soeken, McFarlane, & Parker, 1998). Men in this category can exhibit less concern for the consequences of their actions to themselves, are less restricted by their own guilt, and can be familiar with particularly destructive methods of violence (including weapons use). The presence of a pattern of generalized violence therefore does need to be taken into account as one factor in assessing a batterer’s dangerousness.

Race, Cultural, and Class Stereotypes

Battering has been established to be a serious problem in the great majority of racial and cultural groups that have been studied in the modern world (Heise et al., 1999; Levinson, 1989). Within the United States, rates of battering are high among all racial groups (Tjaden & Thoennes, 2000) and do not appear to differ dramatically between different races and cultural groups when class is controlled for (Denham et al., 2007; McFarlane, Groff, O’Brien, & Watson, 2005; Silvern, Karyl, & Landis, 1995; review in Hampton, Carrillo, & Kim, 1998, and in Koss et al., 1994); for example, Latino couples are no more male dominated
or approving of violence than are Anglo couples (review in West, 1998). There is, however, a general dearth of research on batterers of color (Kanuha, 1996), forcing us to rely primarily on clinical experience in discussing the relevance of race and culture.

In our experience, professionals handling domestic violence cases—perhaps especially child protective service providers but also judges, therapists, custody evaluators, and others—have been prone to make errors based on cultural and class assumptions. These assumptions often come to our attention through the professional’s statement that the family in a particular case “comes from a culture where domestic violence is considered acceptable.” Such a view confuses and obscures the fact that modern cultures are made up of complex cross-currents, with values constantly being debated and undergoing shifts. To summarize a culture’s view of domestic violence in one phrase is culturally insensitive; moreover, values among men in any given culture can be in sharp conflict with those among women. In addition, even in cultures where men’s right to control females is largely accepted among both men and women, abusers still have higher-than-average levels for their societies of beliefs in their right to exert power (review in Heise et al., 1999). Visible individuals and groups working in opposition to domestic violence exist throughout the world; at least 53 countries now have laws against domestic violence, and 41 have criminalized marital rape (Heise et al., 1999). In short, we are unaware of evidence indicating that any culture has a broad consensus explicitly condoning domestic violence.

In more sensitively discussing the influence of racial, cultural, and class factors on battering behavior, we must begin by stressing the high level of implicit support for domestic violence in mainstream culture in the United States, including among the white, educated, and economically privileged sectors of society. For example, college students given a scenario involving domestic violence by a man tend to blame the woman and to relieve the man of responsibility; this tendency increases the more the scenario portrays a high degree of intimacy in the relationship, with few research subjects believing that the man is responsible for his actions (Summers & Feldman, 1984). Another study found that over 25% of college males studying undergraduate psychology believe that it is appropriate for a man to beat a woman whom he believes to be sexually unfaithful, and over 10% believe it is appropriate to beat a female partner who repeatedly refuses to...
have sex (Silverman & Williamson, 1997). In addition, batterers can read cultural messages in the failure of some police departments or courts to take domestic violence offenses seriously or to hold batterers accountable for their actions; for example, sentences for crimes related to domestic violence are generally lower than those for comparable violent crimes among strangers (Gender Bias Study Committee, 1989). Batterers may take similar lessons from the reluctance of police to take action regarding spousal rape (Bergen, 1996).

Moreover, international studies are helpful in considering further the importance of race and ethnicity in patterns of battering. Overall, the level of domestic violence in the United States is comparable to that of other societies (M. Straus & Gelles, 1990), appearing to be among neither the highest nor the lowest; for example, domestic violence rates in Puerto Rico have been found to be higher than the U.S. average, but those in Cuba are much lower (Kantor, Jasinski, & Aldarondo, cited in West, 1998; see also Levinson, 1989). The best predictors of level of battering in a society have been found to be economic and social factors, including the level of economic inequality between men and women and the level of restriction on women’s economic rights (such as the right to inherit land or money); the extent of husband dominance in family decision making; the level of access by women to divorce; and the overall level of violence in the society (Heise et al., 1999; Mitchell, 1992; Levinson, 1989). Rates of partner abuse appear to be lower in societies where women have more power and authority outside of the family as well as inside (Heise et al., 1999). Thus, a global perspective reinforces our view that battering cannot be explained in terms of racial or ethnic factors in themselves.

Battering is also not the province of a particular socioeconomic class. Although most studies suggest that poorer families have a higher incidence of domestic violence (e.g., Bachman, 2000; M. Straus, Gelles, & Steinmetz, 1980), there are also findings that rates are elevated in the wealthiest families (review in Stark & Flitcraft, 1988), that men of higher occupational status have higher rates of chronic offending (Woffordt et al., 1994), and that women at both the highest and lowest economic strata find it the most difficult to get away from abusive partners (Woffordt et al., 1994). A higher level of education does not appear to make a man less likely to batter (review in Hotaling & Sugarman, 1986), and a batterer’s level of education does not significantly affect his likelihood to physically abuse children (Suh & Abel, 1990).
The preceding points are not meant to suggest that cultural literacy and class sensitivity are irrelevant to professionals addressing domestic violence. Batterers’ styles do vary by culture, so that the particular spheres of greatest control, the most likely excuses for abuse, and even the forms of violence used follow some cultural generalizations (Levinson, 1989). Cultural literacy is important in understanding how a particular man may construct the rationalizations for his actions and what some of the moments or situations of greatest danger may be for his partner and children (Haj-Yahia, 1996) and therefore also in designing effective services for batterers (Carrillo & Tello, 1998).

Similarly, the challenges faced by a battered woman are culturally specific, including what kind of support (if any) she can expect to receive from relatives, police, clergy, and other key institutions and how her own cultural and religious beliefs shape her perceptions of her options (Bonilla-Santiago, 1996; Haj-Yahia, 1996). Latina women who are battered are even more likely than other abused women to be socially isolated and even more likely to have children (Denham et al., 2007), and the decision making of battered Latinas is focused heavily on their roles as mothers and on their need to protect their relationships with their children (U. Kelly, 2009; Klevens et al., 2007). Immigrant Latinas struggle with lack of information about services and laws and with fears of having their children taken from them by child protection if the domestic violence is revealed (U. Kelly, 2009). One study found that religious participation increases the ability of African-American women to avoid abusive relationships (Raj et al., 1999), contrary to the expectations that many professionals have based on the experience of white women. An immigrant woman may face language barriers when she attempts to get assistance, or her legal status may present her with the additional fear that the batterer will have her deported (Klevens, 2007). With respect to class issues, the higher rates of domestic violence found among low-income families appear to reflect the additional obstacles that poor women face to leaving rather than a greater propensity of poor men to batter.

In our clinical experience, although we do observe some racial, ethnic, and class variations in the tactics and justifications used by batterers, we find the commonalities stronger than the differences. Our clinical experience with batterers involves primarily white, African-American, Caribbean, and Central-American men, as well as some Portuguese and Cape Verdean individuals. The class makeup of our
clients has been fairly representative of the United States, with higher incomes among our self-referred clients and those mandated by courts in wealthier areas.

Lack of cultural awareness can lead to underreactions and overreactions by professionals. The belief that domestic violence is the norm in certain cultures can cause child protective workers to overlook potentially dangerous situations, just as the belief that men from certain groups are likely to be batterers may lead to a prejudicial court response or cause child protective services to remove children from a home prematurely. Class assumptions can have similar effects; we observe, for example, that both courts and child protective services sometimes underreact to the well-educated, economically comfortable batterer (see also S. Weitzman, 2001).

We do see indications that some better-educated batterers may rely less on physical violence and draw more on sophisticated techniques of psychological abuse that they have at their disposal. These observations are consistent with findings that, at lower levels of violence, more privileged men are just as likely to batter as are low-income men (Hotaling & Sugarman, cited in A. Moore, 1997). However, this style of abuser may be at less risk of arrest because his incidents of physical battering tend to be lower in frequency and severity. Overgeneralization should be avoided, however, as we have also worked with upper- and middle-class clients who were violent to the point of terror and with working-class clients who used low levels of violence and high levels of psychological abuse.

As with culture, the obstacles faced by a battered mother are specific to her class position. A poorer woman may have few job options, her friends may be unable to take her and her children into their already-crowded houses, and her relatives may not have money to lend. A wealthier woman may find the contrast between her lifestyle and the conditions in a battered women’s shelter overwhelming and may find her children resentful toward her if she takes them out of their comfortable surroundings.

Two final points need to be made regarding race, culture, and class. First, we observe clinically that cultural mores play a role in shaping the strengths and weaknesses of a batterer’s parenting (as they do anyone’s) and interact with his battering problem in complex ways. (Research on the parenting of batterers that examines cultural variations is virtually nonexistent at this point.) Second, class and cultural
expectations affect how able children feel to disclose the abuse to outsiders and to process their emotional reactions to it. For example, wealthier children may be socialized more strongly to avoid harming the family’s reputation and may also assume that they would be disbelieved if they disclosed the abuse. Immigrant children may be afraid to disclose any personal information to those perceived as authorities.

❖ SUMMARY

Domestic violence perpetration involves a definable and identifiable pattern of attitudes and behaviors. Batterers share key characteristics, each of which has important implications for the experience of children in the home. The battering problem has unique etiology and dynamics and cannot be reduced to any other cause, such as substance abuse, mental illness, or violent personality type. Effective assessment and intervention with families affected by domestic violence require a grasp of the central elements of the battering pattern and of the dynamics that it may set in motion in a particular family. Cultural and class awareness are also indispensable, for the social context in which the parents live shapes their behaviors and their real and perceived options, which in turn shape the children’s experience.