

National Indigenous Domestic violence presentation.

“Can Domestic Violence Perpetrators Change Their Behaviours and Create a Solid Family Unit”

This is a treatment program I have devised which is presently in the very early stages. I have only been using it for 9mths.

The treatment is based on the premise that most violent acts stem from: Fear, or Guilt. These feelings lead to a need to control others. This control often involves physical, verbal and emotional violence directed at spouses and family members.

The treatment process needs to center around the Perpetrator recognising, and overcoming the causes of his fear, guilt or both.

Rational

In most cases of domestic violence the victim is rightly advised to end the relationship as swiftly as possible. Unfortunately the downside when this happens is the perpetrator will often go into another relationship and re-offend. This creates yet another victim of domestic violence. The victim may also go into another relationship where she once again becomes a victim to a new perpetrator.

There are times though when the victim has strong hopes of salvaging her present relationship and would prefer to give the perpetrator another chance. The reasons for wanting to continue trying are varied but most often they stay in the relationship for the sake of the children.

Tho it is rare I have encountered some cases where the family dynamics change without treatment and the perpetrator ceases to be abusive. These instances are usually attributed to ageing or illness. What this program looks at is increasing these numbers by encouraging perpetrators to cease the abusive behaviours through choice and treatment.

Through my previous experience of working with clients with drug and alcohol addictions as well as DV, I have come to notice a recurring factor with spousal support. In many cases the more improvement the client makes in ceasing their

behaviours the more disgruntled the spouse (previous victim) becomes. I call this **“Spousal Alienation”**.

After the perpetrator has commenced treatment many victim spouses begin to complain about things such as:

“He is getting fussy about how tidy the house is”;

“He wants better meals”

“He complains if I have a drink”.

“He doesn’t like my brother coming over now but they used to be drinking buddies”.

“He’s always hanging around me trying to do things and getting in the way.”

“The kids spend more time with him than me”.

It would appear that as the perpetrator client gives up their destructive habits they become more aware of other things and people around them. They will often become critical, or undertake many of the tasks they would previously have left to others. The changes they make are not restricted to internal or personal changes. They often extend to their environment and others within the relationship. This is more prevalent in cases where clients are also giving up substance misuse where they need to avoid contact with their previous cohorts to avoid temptation. These clients are busily trying to find things to fill in the time gaps which their substance use previously filled.

Victims of domestic violence have learned to become hyper-sensitive to their perpetrators moods and actions. Even though their spouse is abusive, alcohol or drug addicted their behaviours are often very predictable to the victim. Therefore the victim has become conditioned to set behaviours from their partner.

These new behaviours are foreign to the victims and will often make them become insecure and suspicious.

Spouses (Previous Victims) can no longer predict the perpetrators behaviour and this can make them uncomfortable. Some victims have stated that the better the person the perpetrator becomes the more likely it is he will leave them for someone who they believe is better. This type of thinking is not unusual as many victims have suffered long term emotional abuse where they have repeatedly been told they are useless or ugly or no one else would have them. To some extent many eventually come to believe these things and that is partly the reason they stay in the relationship.

Sometimes the rationale of the victim becomes that, their partner is going for secret meetings with their counsellor/support groups and coming home a stranger with these big ideas. He is happier now and looking better he does not need me any more so he will probably leave us.

It is at this point during my sessions with perpetrator clients that they report their spouse has been instigating arguments or encouraging them to drink. Instead of supporting and encouraging their attempt to change they will often criticize them

When this happens it will often lead to either a relapse for the perpetrators or they will leave the relationship.

I believe Spousal Alienation happens because the victim is not involved in the perpetrator's treatment. She has no idea what is going on in his therapy session other than what he tells her. She does not attend his group sessions, such as AA, NA, Anger Management, or Men's Group.

She does not know neither what advice he is being given nor what it is he is trying to do.

The victim may also feel it is unfair that the perpetrator has this help and support and she does not.

It is because of spousal alienation that the treatment plan I use **must** involve both partners. It is also preferable if the first stage involved two counsellors.

In this program both the perpetrator and the victim have individual counselling and they also have coupled counselling.

The anticipated outcomes of this type of program are:

Decrease in numbers of perpetrators re-offending. (Including future partners)
Children are less likely to become offenders
The family unit may become stronger and healthier
Decrease in long term emotional and psychological damage to child and spouse victims of domestic violence.

Domestic violence victims becoming more empowered in making life choices.

THE CRITERIA I USE TO CHOOSE SUITABLE PARTICIPANTS FOR THIS PROGRAM ARE:

The victim must believe the relationship can be saved and is willing to give the perpetrator a chance.

The children in the relationship must not have been subject to physical abuse (requiring medical treatment) or sexual abuse from the perpetrator. As we must avoid subjecting them to further harm.

The perpetrator must accept responsibility and must believe he can change his behaviour and he must have a strong desire to save the relationship

The perpetrator must be prepared and willing to participate in all stages of the treatment program. (This may sometimes include an initial stay in a drug and alcohol rehabilitation centre).

Step 1. Counsellor must have consultation with the victim. Find out what the victim wants in the relationship. What changes she needs from her partner. How is his relationship with the children and what changes if any the children need to happen.

Step 2. Couples consultation with the Counsellor. (At this point it would be ideal to have two counsellors present).

This is an information and advice session. Finding out the major issues. Financial, Legal, Employment, Child safety. Alcohol, Drugs.

It is also a time to ask what is the motivation for them remaining together.

Counsellors and clients also decide which client will initially work with which counsellor. Preferably same gender counsellor to client.

It also needs to be clear that the counsellors will work collaboratively so both are aware of the situations and will progress in the same direction.

A management plan is worked out, and rules or agreements are made.

Step 3: Individual counselling begins. It is during these sessions that issues such as anger management, self analysis and alternate behaviours are addressed. For the victim these sessions are a time to regain her confidence and work on ways to become more empowered in the relationship.

The reasoning behind individual counselling first is due to client comfort and safety. Once a client has discussed an issue with his/her counsellor they may feel more comfortable with discussing the issue with their partner. The couples counselling session is a good opportunity for them to bring it up as the counsellor has the role of being both the support person and the mediator.

Step 4: Couples counselling begins. Both counsellors need to be present at the first couple of sessions so that neither client feels the sessions are one sided. After they are comfortable with both counsellors either one can run the couples sessions.

The sharing of information between the two clients must be initiated by them either during couple's sessions or at home.

Either client may also be referred to other practitioners or groups as necessary. This may be positive parenting groups, drug and alcohol groups, legal aid, womens/mens groups or whichever is appropriate.

After several sessions there will come an appropriate point in the treatment when it is time to include the children. It will be the perpetrators role to discuss (with appropriate age children) the previous offensive behaviour and the present treatment they are now getting. He may do this on his own or with his partner. To be at this stage it is important he is able to admit to his children the wrongfulness of his behaviour, to apologise and be able to ask for their assistance in helping him maintain his improved behaviour.

Before this happens the perpetrator will have shown a distinct and continuous improvement in their behaviour, and will have earned the support of their spouse.

The evidence of this will be gauged by reports from the spouse/victim during the individual sessions.

This is also a good stage at which it would be useful for both parents to attend positive parenting groups if possible.

During the couples session at this point it is best to have them draw up an agreement between them as to parenting duties with the children. This may include things such as putting them to bed, walking them to school, reading to them, helping with homework. How well they practice these duties is also an added way of gauging how much improvement is made in behaviour modification.

The treatment program should run for a minimum of 6-12months.

The first 6months are intensive with either weekly or fortnightly sessions. This means each of the participants have 1 Individual and 1 couples counselling session per fortnight.

At any point in time either partner can decide the relationship is not going to work, but hopefully it will give the victim a healthier closure. I say this as some of the victims I have worked with have stated they felt some guilt after ending their relationships due to a feeling of not having tried hard enough to make it work.

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