



But He'll Change

Ending the Thinking That Keeps You
in Abusive Relationships



**Interviews with
Domestic Abuse Experts**

Joanna V. Hunter

HAZELDEN®



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Editor's note

This publication is not intended as a substitute for the advice of health care professionals.

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At the beginning of your book, you cite British philosopher Janna North's definition of forgiveness. As you continue your research, would you change this definition?

Afraid that forgiving meant I would have to reconcile, I hung on to my anger for a very long time to keep myself safe. Was that fair?

Sometimes, after I thought I had forgiven, the anger came back. How do you get out of the mode?

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NOTE FROM THE AUTHOR

I am not a trained counselor or therapist. The information in my book, *But He'll Change* (available from Hazelden Publishing), on countering negative thinking in abusive relationships comes from my personal experience and from other women who have shared their stories with me. During my years of volunteer experience with my local women's shelter and interacting with other organizations fighting violence against women, and while conducting research for *But He'll Change*, I consulted with many experts. This document offers excerpts from my interviews with five therapists whose insights and advice I found especially enlightening. I hope you, too, will find value in their opinions on issues related to domestic abuse.

A CONVERSATION WITH DARALD HANUSA, PH.D., L.C.S.W.

Darald Hanusa, Ph.D., L.C.S.W., founded the Alternatives and Treatment for Abusive Men (ATAM) program in 1989. He has provided psychotherapy and treatment for domestic violence abusers since 1980. He has served as chair of the Wisconsin Batterers Treatment Providers Association and chair of the Dane County Domestic Violence Coordinated Community Response Task Force. He is recognized statewide and nationally as an expert and educator regarding abuser treatment issues. You can read more about his curriculum on the Web at www.mchumanservices.org.



Q: How do you respond to women who ask, “Why does he do this to me?”

A: “The first thing I say to a woman is, ‘No matter what is happening, it’s important for you to know that you are not responsible for this violence. That is a choice he is making—even if you are crabby and nasty and bitchy.’ They often come in and say, ‘I can be a bitch on occasion.’ So I say, ‘Even if that is true, even if you are the most awful person who walked the face of the earth, that doesn’t excuse his violence. You are not responsible for his violence. You can’t stop it; you don’t have the power to stop it.’”

Hanusa tells them this because they come in and say, “If only I did this, if only I did that.” If they wore the right dress, tried harder, or were smarter or prettier or lost weight.

Hanusa tells the woman that is what her partner wants her to think. The partner wants her to second-guess and doubt herself. That gives him power over her.

“Domestic abuse at its very core is the essence of patterns of abusive behavior designed to control another person or relationship.”

Abuse does not have to involve hitting; it could be verbal abuse, name-calling, or threats. Often at least one episode has some form of physical abuse, such as shoving, restraining the victim, or grabbing—often leaving bruises on the victim.

Women often tell Hanusa, “I’m not sure I have really been abused because he’s never hit me.”

Hanusa says batterers “make hay” of that. They hold up that one thing as their sign that they are not that bad. “The bad guys are the guys who punch you,” he says, imitating his male clients.

People think psychological abuse is less insidious than physical abuse. Hanusa stresses that psychological abuse is more severe.

“Women die a daily death with psychological abuse.”

What makes psychological abuse more deadly is that the scars are on the inside. You cannot see the bruises, he says.

These men are quick to say, “Well you do that too. Maybe I’m bigger than you are, but you have a sharp tongue.” According to Hanusa, this is the batterer’s way of convincing his partner that she is at fault.

He asks the victim why someone who tells her he loves her would abuse her. She stumbles around and gives him an answer. Then he asks, “Under what conditions does he treat you badly?” Often, she tells him it’s when she’s not giving her partner his way. Hanusa then asks her what she thinks is the point of her partner’s behavior. Most often, her answer is that her partner is out of control.

“That’s what it always comes back to,” Hanusa says. “Women come in and buy into all the myths that the men give. There are lots of myths about anger and control—the myth about temper and the myth about provocation.”

Often women say to him, “I know how to push his buttons.”

“You know what? He doesn’t have buttons,” Hanusa tells them.

“Oh, yes, I can piss him off,” they insist.

He counters. “Oh, no, you really can’t. You may be antagonistic, but whether or not he gets angry and how he responds is not about you. It’s about him.”

“You can see the floodlights go on,” he tells me. “She will say, ‘Really? He’s been telling me all these years that I know how to push his buttons and piss him off like nobody he’s ever met.’”

Hanusa tells her, “Well sure, it’s convenient. He tells you that and has you believe that so he can blame you after he’s been abusive. How could you hold him accountable after, ‘It’s your fault; you know how to piss me off’? He doesn’t have to take responsibility.”

It’s extremely important for women to understand that they are not responsible for their partner’s choices, Hanusa stresses.

Another frequent conversation starts with Hanusa asking, “Do you think he ever gets mad at work?”

She will respond, “I guess.”

“Does he ever treat his boss like this?”

“Oh, no.”

“Why not?” he asks.

“Because he would be fired.”

“Why do you think he does it to you?”

Her reply: “Well, I put up with it.”

“What does that mean?” He challenges them to see the truth.

Hanusa pauses and says to me, “That is a slippery slope. I want to be very clear with them, when women say, ‘I’m an enabler.’ I say, ‘Let’s talk about that. When you say that word, you’re kind of blaming yourself. As if you have the power to do something that you really don’t. You know that if you say something, you get battered; if you don’t say anything, you get battered. It doesn’t matter.’

“When women ask me, ‘Why does he treat me that way?’ I answer, ‘Because he can.’”

“The bottom line is that men have battered women for centuries because they can.”

Men have always been able to get away with abuse. They have been encouraged to use force to keep their partners “in line.”

“And whose line is that?” Hanusa asks, then adds, “Well, their line. They make the rules and enforce the rules. Men have used violence against women because it works. It keeps women subservient and maintains the status quo.”

“Not all men are abusive, but those that are, they are hook-line-and-sinker men of privilege, men of entitlement with power and control.”

Batterers often come from families where they witnessed violence or felt it directly. Hanusa does not have to deal with the past to teach batterers to be nonviolent. He teaches empathy. However, often he works to connect the abuser with his past pain and how it translates back to his family of origin. He talks about the abuser’s moral development. It’s important that the batterer acknowledge and express what it was like for him.

Hanusa is careful about how he addresses the man's past pain with women. Often women say, "Oh yeah, he's been hurt, and I need to realize that."

Hanusa tells them, "The only thing you need to know is that this wasn't a guy you should have been in a relationship with."

If women ask good questions when dating, he says, they can recognize danger signals, or red flags. Some questions he suggests women ask include the following:

1. **How did your family deal with conflict?**
2. **How did your father and mother typically express their anger?**
3. **When your parents were angry with you as a child, how did they discipline you, both verbally and physically?**

"If there was a lot of violence in his home, don't be surprised if he is violent with you," Hanusa tells me. "There is such a factor called Attribution Toward the Aggressor." He has worked with many men who cried when they described the violence they witnessed. Men tell him how much they hate their fathers for the violence their fathers inflicted on their mothers. Many put their lives in danger trying to intervene. Yet they repeat the same pattern.

"Attribution Toward the Aggressor is that key piece," he says. "If you are a child in a violent home and you watch what's happening, you see what Dad does to Mom. You know who has the power. Psychologically there is a psychic connection between that child and whoever holds the power. Who's that child going to rely on? Mom who's a sniveling puddle of tears or Dad who says, 'If you don't shut up I'm gonna punch your lights out'? It works; Mom shuts up; Dad wins. They [the children] see that, even though they hate it; there's some seduction with that."

Hanusa hears stories from men in treatment who talk of how, as a child, they thought of loading a gun and shooting their abusive fathers. Yet, these men carry on their fathers' legacies of violence. Hanusa stresses that women need to understand that even though they have sympathy for these men and want to take care of them, they cannot change them.

"Yes, he has been affected, but he has made the choices."

Hanusa tells women, "It is not your job to change him. You are not responsible. Keep in mind that he has been wounded. Yes, we all have our wounds. However, he's not punching out his boss, he's not getting into bar fights every night, but he is punching you. What does that say to you about the choices he's making?"

"Loving someone and helping them should never cause you pain."

While many batterers come into the Alternatives and Treatment for Abusive Men (ATAM) program because of a court or probation mandate, most men Hanusa works with are partner-mandated. They come into treatment because their partner has told them, “Either go into treatment or I will leave.” Some partners have left but say they will return if he gets help.

Other programs nationally work mostly with court-ordered mandates. The ATAM Program is unique because 60 percent of its clients are partner-mandated. Only 37 percent of its clients come from the first-offender program. The remaining 3 percent are volunteers who have had an epiphany and sought help.

“It’s such a wonderful thing,” Hanusa told me, “because the guys who come in that are court-ordered have a huge chip on their shoulder: ‘This is bullshit. I don’t want to be here. This is just a money-making operation.’ They’re surprised that the guys sitting on either side of them are not court-ordered. The court-ordered guys are so ready to cause trouble, to start a little undercurrent of rebellion, but they can’t. The guys sitting next to them say, ‘I’m not court-ordered. I came voluntarily.’ It’s not really voluntary, but it’s not court-ordered.”

“So the guys who are court-ordered see that people come because they want to get help. The guys who aren’t court-ordered see that here’s what can happen: ‘I could get arrested.’ Most of the guys who come probably should have been arrested. They just didn’t get caught. For the guys who go through the first-offender program, this isn’t the first time they were violent. It’s just the first time they got caught.”

Q: Do you recommend that couples split up during the batterer’s treatment?

A: “We say to men and their partners up front that this program is not about keeping the marriage together or breaking it up. This treatment is about stopping the violence. Once the violence stops, then you two have a huge decision to make. Then you can truly decide if this is good enough for us to save.”

Hanusa says most relationships do not make it. Fifty percent of the men who go for treatment have separated. Fifty percent of the couples that are together when treatment started terminate their relationship during treatment. He stresses that if these relationships are going to end, he wants them to do so during treatment. That’s when it’s safest for the woman.

He refers to a study by Barbara Hart from the National Coalition against Domestic Violence. “We know from the work of people like Barbara Hart and several others that one of the most risky times for women is when she tries to leave. Barbara Hart says there’s a 75 percent increase in the most severe abuse toward her unless he’s in treatment. That’s important to know; because if he’s in treatment, she has a chance to catch her breath, get her balance, decide if she wants to leave, and make plans.” He’ll be in treatment for just over a year, giving her time to prepare and leave.

“One of the successes I think for battered people is if she does leave while he is in treatment. If she leaves that relationship, I consider it a treatment success, because it is the safest time for her to leave.”

Hanusa tells women, “I’m not here to tell you that you should stay. I’m not here to tell you that you should leave. I’m here to tell you that you don’t deserve to be battered. You didn’t cause it. If you decide to leave, it is not a relationship failure.”

“Leaving an abusive relationship is not a relationship failure.”

“A lot of women have guilt out of obligation. They’ve been told, ‘You are a woman. It’s your obligation to stay. You have to make it work. If not, then you are a failure.’ All that baggage that comes from religious cultures and societies keeps women stuck in abusive relationships longer than they should be there.”

Often, men come into treatment to save their relationship. Hanusa says to them, “You know, if you are here for any other reason than to stop your violence, then you are here for the wrong reason. We do groups for relationships, but that meets down the hall. If you are not here to stop the violence, then you are in the wrong place. Will your relationship work? It may or may not. That is not what this program is for. It’s to teach you what you need to do to end the violence. It stands to reason that if you stop being abusive to her, there may be some hope for the relationship. That is not our goal. We are not going to focus on that.”

Hanusa revisits this issue often during the course of treatment. “Even when they start to tell us what we want to hear, we come back to this because we know, underneath it all, there is always this little hope that she will stay.”

Before and during the treatment, Hanusa has contact with the women. “If battered women are anything, they are eternally hopeful. After she has begged and pleaded for a long time, he’s finally in treatment, and now, in her own mind, she feels obligated. I say to her, ‘If you are planning to leave, this is a good time for you to get out.’”

He points out that he can’t guarantee that treatment is going to work. “I think what we find from our program is that men can make a huge transformation. But they can still be controlling.”

Q: How does the Alternatives and Treatment for Abusive Men (ATAM) program work?

A: Hanusa's explanation demonstrates important information women should watch for in treatment opportunities.

1. The therapist teaches the couple an alternative to the violence to use immediately to stop the violence.

Treatment begins with a detailed, six-session assessment. The woman is included in an initial interview so the therapists can explain how to use an anger management safety valve called "time-out." The technique calls for the batterer to catch himself at the point of possibly becoming abusive, leave for an appropriate period of time, then return after he has thought it through.

"It is very structured," Hanusa explains, "He'd say, 'Joanna, I'm really angry right now. I'm going to take a time-out. I am going to take a walk around the block and come back. We can talk about it then, if you want.' Instead of saying, 'F— you,' slamming the door, and going down to the tavern."

It is important that the woman knows the proper use of the time-out. The therapists of ATAM have learned some hard lessons in the twenty-five years they have been treating batterers.

2. The therapist provides the woman with information up front and all through her partner's treatment.

"One of the first mistakes was that we weren't giving women enough information. We didn't realize that by not doing that, we were actually colluding with batterers. Batterers keep their partner isolated as much as they can. So these guys were not going home and telling their partners—or if they were telling them, they weren't telling them accurately—what they were learning in treatment. It was a huge mistake.

"We had a guy one time to whom we taught the time-out. The guy went home and tried to use it with his partner, but he didn't use very much of it. He just basically said, 'Screw you, I'm taking a time-out,' very much the way he used to. She didn't know what was going on. The only thing that was different from what he had done before was that he added the words *time-out*. Everything else was the same. He stormed out the door, he was swearing at her, and she knew where he was going. She believed he was going to come back violent, like he always did. So, like she always did, she blocked the door. He tried to kick it down. The police arrested him.

"We really set her up, because he thought he had this new technique called 'time-out' so she should get out of the way. That was twenty-some years ago."

Since that time, the therapist keeps the woman informed on her partner's treatment and its progress. It's important that she have data to help her determine how serious he is about changing his behavior.

3. The therapist provides the woman data so she can make an informed decision regarding whether she should stay or leave the relationship.

“Here’s how that works. Guys will get on bended knee and beg her to stay. We get them in the session and teach him how to use a time-out. The first time he has a chance to use it, guess what he does? ‘Screw you, I’m not using that time-out.’ So now she can go, ‘Okay. How serious is he? He’s promised the world. Now he has a tool to use and the first opportunity he has to use it, he doesn’t.’ That’s important for her to know. She can put that in her data book. She’s collecting data: ‘Should I stay or should I leave?’ I think that’s critically important for her.”

4. The therapist is concerned about the woman’s safety as she participates and gauges her fear level.

5. The therapist asks for the woman’s assessment of the relationship.

The therapist finishes off the assessment sessions by having the woman return. The therapist never invites a woman without doing a very detailed safety check: Is it safe for her to come in? Does she need to come in a separate vehicle? Does she want to come in? The therapist is very careful about the woman’s safety.

Sometimes women refuse to attend. In that situation, the center sends her information with a questionnaire that gives the therapist some indication of the woman’s perception of the abuse. Women complete a questionnaire during the initial visit, every six months during treatment, and at the end of treatment. (The center remains in contact with the couple for three years following treatment.)

After her partner’s initial assessment, the woman returns to hear a summary of the information. “That’s so powerful for these women,” Hanusa tells me. “For the first time an outsider is saying to him all the things she’s wanted to say for whatever time they’ve been together. Often times she will have tears. I say to her partner, ‘You have been abusive to her in these ways,’ and I name what they are. He’s been denying it all this time. It’s such a powerful thing.”

6. The therapist explains the treatment plan and what the woman can expect and do.

During this meeting, the therapist reviews the data and lays out the treatment plan. The plan covers the following:

- What the abuser will be going through
- What she should expect
- What she should not expect
- What she should do if he re-abuses

It’s important that she have access to data. Information is power. One of the ways these men have the power is by denying her information.

“Again, I want to tell you what we learned,” Hanusa says. “We had a group many years ago when we first started this service. This woman called up and said, ‘I’m kind of curious. I know you guys have a really good reputation in working with batterers, but Charlie seems

like he's getting worse. He's in your Monday-night group.'

"I said, 'Charlie? Charlie who?'

"Turns out that Charlie told her he was coming to our program. He dropped out after the first night. It never occurred to us to call her and tell her. So every Monday night, guess what he was doing? He was going to the tavern with his buddies. He told her he was going to group. Again, we've learned it's important for women to have the information."

The men go through the twelve-month treatment in forty-four sessions.

"We begin with the orientation session. The new buzz-phrase for it is 'Denial Focus.' They have to do an exercise called 'Naming the Violence,' where they have to say exactly all the abusive things they did to their partner. They don't like that. They have to say their first names and specifically what they did to their partners and why they are there. Another rule is that they have to use their partner's first name. They want to come in and say, 'My old lady' or 'My wife.' We say, 'She has a name. You must use her name.' Why? Because if you can objectify someone, call them something less than human, it's easier for you to abuse them. That's a principle that a lot of regimes have used through our history.

"They have to say, 'Hi, my name is Jeff and I am here because . . .' Then they have to list all the things they have done. Then they have to say why they are here. It's an interesting process because there is so much denial and so much minimizing. We have to come back and say, 'What do you mean you sorta hit her? How did you kinda bruise her? How do you kinda bruise somebody? How did your hands get around her throat? You mean when you pushed her on the shoulder, your hands slipped around her neck?' We are dealing with all this denial. We help them take responsibility for their behavior."

The therapists know the men are ready to move on to the next session when they say, "I'm Jeff. I've been abusive to my partner, Susan. I've punched her, I've kicked her, I've hit her, called her a bitch, a slut. I tell her she's stupid. I tell her she can't do anything right. I take money from her purse. I've gotten her fired from jobs. I threaten to take the kids."

At the end of their statement, they have to say that what they want to get out of this program is to learn to be nonviolent. It can be a slow and rocky process, says Hanusa.

Here's what they say: "Hello, my name's Jeff. I'm here because I need to learn how to communicate. What I've done to my wife—"

"Your who?"

"Oh, what I've done to Susan is, um, I've yelled at her a couple times, I've called her a few names, and um, we get into it sometimes. What I want to learn is how to communicate."

Hanusa makes them start over again and again as they peel off layers of denial to get to the correct endpoint.

He describes a midpoint where men will say, "Hi, my name's Jeff. I'm here because I've been psychologically abusive. I need to deal with my anger."

All this tells the therapist is that the man has learned the jargon.

"Domestic violence is not anger management."

This treatment is about ending violence in the relationship. Men can be just as effectively abusive without using anger. “Violence is not about anger,” Hanusa tells me. “Never was and never will be.” The therapists use words such as “anger” initially because that is what batterers use. Eventually, by the end of the program, they put a twist on that and teach the men that:

“Anger is only the mechanism they use to control people. It’s not what violence is about.”

After the orientation, the men have controlled point sessions, a Structure of Life-Skills, that teach them mechanisms of conflict-resolution accountability.

The main way this treatment differs from anger management is that the therapist keeps returning to the way the batterer was abusive and controlling to his partner. The therapist talks with the man about his feelings during the conflict and requires the batterer to list the ways he has been abusive to his partner.

One goal is to teach the man other ways to respond to conflict so he doesn’t make his behavior a focus of negative attention.

“And what about her?” he asks.

Hanusa tells him, “This isn’t about her. This is because you made your behavior the focus of negative attention.”

“But she said—” he counters.

“It’s not about that; it’s about the choices. You’ve made your behavior the focus of negative attention. That’s why you are here.”

“Yeah, but . . .” he says.

“There’s always a ‘yeah, but.’” Hanusa shakes his head.

He explains to the batterer that the best way to hold his partner, or anybody else, accountable for her behavior is to make sure he has learned ways to deal with conflict where his violent behavior does not overshadow what he’s trying to say. Then his partner can start to look at her own behavior and decide if it’s constructive or not. As long as the man retaliates or initiates violence, his partner isn’t going to, or be able to, look at her behavior.

This program’s success rate is significant. One of the prime factors used to determine success is how much fear there is pretreatment, posttreatment, and at the end of three years.

“We know that if there is a lot of fear in your relationship, then nothing else can happen.”

Hanusa points out that a woman cannot build trust, cannot build respect, and cannot communicate honestly if there is an underlying fear that if she says what she really wants, her partner will be abusive to her. Therapists ask women many questions because they depend on the partners of these men for feedback. The women will be more honest than the men.

Therapists ask women what their fear level is pretreatment and at the end of the follow-up. Hanusa estimates that somewhere in the 90 percent range of pretreatment women say they are either “very much afraid” or “at least moderately afraid.” Three years after treatment is completed or four years after treatment started, 70 percent of the women say they are no longer afraid of their partners.

Even if the couple splits up, the former partners often remain in contact. Most of those people have children together.

Treatment breaks the cycle. The men can still be abusive, but now the women have the tools to tell the men to stop.

Hanusa estimates that 15 percent of all relationships include physical abuse, and 90 percent vary from “moderate verbally abusive” (during an argument, he occasionally calls her a bitch or stupid) to “very verbally abusive” (he constantly calls her names, humiliates her, and degrades her). Often women do not define verbal abuse as battering.

“A women can know that her partner really has changed when she feels a level of safety, and he fesses up and admits that he was being abusive.”

A CONVERSATION WITH JENNIFER PARKER, M.S.S.W., L.C.S.W.

Jennifer Parker, M.S.S.W., L.C.S.W., has practiced since 1986 at private mental health clinics in Wisconsin and has specialized in domestic abuse and other trauma work. She is currently with Harmónia: Madison Center for Psychotherapy in Madison, Wisconsin. She developed the Women's Voices curriculum in 1991 to provide structured and experiential therapy that addresses common issues that occur in domestic abuse relationships. She also provides training to physicians and therapists (on working with domestic abuse victims and perpetrators) and has developed the Structured Analysis of Domestic Abuse curriculum for training therapists.



Q: What is the most common reason women give for coming in to see you?

A: She pauses before telling me her answer is twofold. She has just left a practice where she worked with other people providing a variety of domestic-abuse services that included treatment for abusers. Many of the women she saw had partners who were also in treatment (mandated by court order or partner mandated). Ninety percent of her clients identified their partners' behavior as inappropriate.

“For women coming through other doors,” Parker says, “there is depression, and often anxiety. Abuse makes a relationship very stressful. These women don't identify abuse so much, but they begin to talk about communication problems. As we get more into it, they may also describe controlling behavior.”

After talking with her client and gathering information about the relationship, Parker asks the client if it feels controlling. “Almost always they say yes,” Parker says. “I find *controlling* a more neutral term to use in the beginning. More women are comfortable using it. Some women resist the term *abuse* because they feel it's a reflection on them.

“Therapists should routinely get a good history of clients' relationships as they're getting a history of mental health symptoms. If the context of a person's life is not taken into consideration, someone in an abusive relationship may appear to just have a panic disorder. Given that ongoing context, their panic and fear is a realistic response to abuse. One cannot make a differential diagnosis without getting information about the context of a person's life.”

Medical doctors often refer patients to a therapist if they don't respond to standard treatments, or if no reason for their depression or illness can be found.

"Something stressful is going on in that patient's life causing the symptoms," says Parker.

Q: What is the most asked question from your clients?

A: "Why does he do this?" she says without hesitation.

Q: How do you respond?

A: "It depends on the context. I tell them, 'It's not about you.' We can't know exactly what is in his mind."

"We don't have to understand why he does it in order for him to stop. He just has to learn to stop, if he chooses to do so."

Parker makes it clear to her client that when something happens to a person, how he or she responds is up to him or her. For example, if a client's friend stands her up for lunch, they talk about ways she might respond. The possibilities range from anger to concern for the friend. "How you respond is because of what you think and believe," she says.

Parker helps her client determine if she is ready and feels safe enough to begin to hold her partner accountable for his behavior.

"Safety is the big issue."

"The hardest area to deal with when it comes to abuse is when the woman clearly wants the abuse to stop and she's pretty clear about wanting to get out, but she's afraid.

"It's a tricky area because on the one hand we definitely want to respect what she wants to do, but on the other hand, it's very important to respect a person's process."

“When you’ve lived with abuse for so long, it takes a rebuilding process to believe in yourself enough to be able to leave.”

“We go back and forth between definitely being cognizant of her safety and talking with the woman about that, and then dealing with her fears. They may not appear to be realistic, but they are very real to her. It’s not for anybody else to say whether or not it’s realistic,” Parker says.

Women carry a lot of self-blame. “It’s important to not reinforce her self-blame.”

If the client is depressed, Parker works with her to manage her depression so she can, if she chooses, leave the relationship. However, the continued abuse gets in the way of the depression getting better. Therefore, the work must also address the violence.

“It requires balancing of the two issues in order to move forward,” Parker says. “It’s going back and forth, helping her discern what is the next step that she could take to help her feel she is doing something. Then she doesn’t feel so depressed, so helpless, and so hopeless.”

“It’s hard for therapists who don’t understand domestic-abuse dynamics. They get into victim-blaming.”

Q: How do you find the right therapist?

A: If the woman has identified herself as being in an abusive relationship or suspects it, she should seek a therapist with training in domestic abuse. Parker names resources that can refer women to a qualified therapist:

- Women’s shelters in the community
- The district attorney’s office (ask if it has a victim witness unit or a branch that deals with domestic abuse)
- The phonebook for statewide domestic-abuse programs
- Family service agencies in the area (they often slide their fees for those who have no insurance and are low-income; in addition, they may offer group therapy, which can be less expensive)

Unlike those providing services for batterers, Parker says there are no standards or requirements for those who treat victims.¹

“People wouldn’t think of sending a batterer to someone who doesn’t know how to treat them. Unfortunately, it’s not so true for victims.” This is not the case for all managed care facilities, just some of them, Parker says.

Part of the problem: The referring doctor identifies psychological problems. The patient might have an underlying psychological diagnosis, but often their symptoms are a result of

the abuse. “It is kind of a political issue. When someone has been a prisoner of war, most therapists would absolutely see their depression and anxiety symptoms as being a result of that experience. Most would not dream of diagnosing an illness without considering that context. Yet that is exactly what often happens with domestic abuse. In reality, when a woman is safe, often her psychological symptoms disappear. Each person has individual strengths and weaknesses that dictate how they cope with abuse.”

“Abuse is trauma. The trauma is as real as going through a terrorist attack. However, it is worse because it is going on in their home.”

Ginny NiCarthy, in her book *Getting Free*, explains that tactics used by a terrorist are very similar to what happens in a domestic abuse relationship. “You remember Patty Hearst,” Parker says.² “Remember how puzzling that was to the public? The fact that she cooperated with her captors speaks to that. If being held hostage by a stranger and terrorized affects a person that way, just think of how much more it affects you if you love that person and you’re in an intimate relationship. You’re much more vulnerable.”

Parker pulled out the Chart of Coercion based on Amnesty International’s 1975 report on torture.³ Prisoners of war and kidnapping victims go through the same process as someone in an abusive relationship does: isolation, constant tension and chaos, humiliation, degradation, and strict rules that change at the captor’s whim. He uses occasional indulgences allowing the victim to believe the violence will end. In a cruel twist, he returns to violence to break her spirit.

All women Parker has counseled talk about losing themselves. “Often they say they don’t know who they are anymore,” Parker says.

Q: Do you deal with clients experiencing spiritual abuse?

A: “Yes, I’m very interested in that. I have worked with a minister’s wife where that was very insidious. Her husband used spiritual abuse over her.

“Therapy work is akin to spiritual work,” Parker says. “We are working with the spirit of the person, though not in a direct kind of way, like a minister.”

Parker asks her clients general questions to discern their value system. Depending on the answers, Parker then asks questions that are more specific. Together they build on the client’s spiritual beliefs.

“The way that I work with women is not to question their beliefs. One woman came in whose church was supporting her being with her husband. It wasn’t that anyone was saying, ‘You must put up with X, Y, and Z.’ She interpreted the beliefs in such a way that she

used the teaching of the church to support her taking all this responsibility for what was going on in the relationship.”

Parker helped her understand what Jesus taught and helped her differentiate what she believed apart from how her husband would use the teachings.

“It’s a tricky thing,” Parker says. “In therapy it’s keeping it within what her experience has been and helping her develop that. It is acknowledging that we all grow up in a culture that idealizes marriage. We all want to believe that everybody has the same experience and beliefs about marriage. They do not.

“You may get a minister who says, ‘What did you do to cause that?’ But most of the time, ministers don’t expect you to put up with that kind of behavior.

“It is tough for people, including ministers, to understand exactly what others experience,” Parker says. “Like therapists, some ministers are more knowledgeable than others about domestic violence. And in most religious teaching, you won’t find any support for women being hurt in a relationship.

“Sometimes you have to be very direct about it. ‘This is what I believe. It is not okay,’” Parker says.

She does not tell her clients what to do. “If you put down their religious institution, you aren’t going to see them again. However, if the client is questioning her church, I will help her evaluate its teachings.”

Q: Does the gender of the therapist matter?

A: “It often does,” Parker says. “It depends upon the person. Some women don’t want to see a man. Then there are women who, for various reasons, feel better hearing it coming from a man.” Often the woman hasn’t had support and kind words from any man in her life. In those situations, Parker sees a woman preferring a male therapist as a healthy thing.

Sometimes, the woman’s preference for a male therapist is because she has internalized misogyny. She cannot trust or get close to another woman. Her male therapist will help her work on that issue.

“I’ve had women in my Women’s Voices groups—where we talk about the differences in men and women and gender issues—who have acknowledged they haven’t valued being a woman. They haven’t valued relationships with women.” In a group setting, they begin to see things differently.

“When I started, I was prejudiced about women seeing women therapists for this particular issue. I am less prejudiced about that now.”

“It’s important that she find a therapist whom she can trust.”

Q: What should a client expect from her therapist?

A: Parker says she should expect the following:

- 1. A therapist who is genuine**
- 2. A therapist who is nonjudgmental**

“She should expect someone who is, if it’s appropriate, willing to say what she or he thinks, but in a nonjudgmental and noncontrolling way. Someone who does not say, ‘You should do this.’ Someone who, again, knows enough about controlling relationships and gets it for the most part—not that all of us get everything. You should have the sense that your therapist gets it most of the time, that he or she has a basic understanding—and they are open to feedback if they don’t get it.”

- 3. A therapist who has healthy boundaries**

“The client should expect that her therapist has good boundaries, ethical boundaries—meaning they are responsible for their own feelings and do not put that on others,” Parker says.

- 4. A therapist who helps the client understand that she is only responsible for her own behavior**

Women feel overly responsible for the situation and believe the aggressor is less responsible than he is. The therapist should help clients differentiate between what’s her responsibility and what isn’t. Women come in and ask Parker, “What can I do?” They are confused and believe that if they change themselves, everything will be okay. It’s important that a therapist help the client understand that she’s not to blame for how her partner acts.

When clients talk about verbal abuse, frequently Parker hears, “Women are just as abusive as men are.” It is important to help clients take responsibility for their behavior and at the same time look at the underlying motivation for their behavior. Most of the time, women’s motivation for aggressive behavior is to get their partner to stop the abuse, not out of the need to have power and control over the partner. Parker helps her client discern that she can only be responsible for her own behavior.

- 5. A therapist who helps the client develop more constructive ways to respond to her partner**

A therapist also will help the client look at how she reacts to her partner. Together they develop better and constructive ways for the client to respond.

- 6. A therapist who helps the client rebuild her self-esteem**

“The therapist should help the client understand that she had a legitimate right to her feelings and opinions.”

“Women have a right to take care of themselves,” Parker said. “They have a right to feel like your quote from Rabbi Kushner.” (“One of the basic needs of every human being is the need to be loved, to have our wishes and feelings taken seriously, to be validated as people who matter.”⁴)

Q: How does forgiveness enter into treatment?

A: Parker is careful about using the word *forgiveness* because it often means something different to the client. She rarely mentions it first, saying it is more appropriate for the client to do this.

If a client does bring it up, Parker asks what she means by forgiveness. Often her partner tells her to let it go, forget it, and not hold him accountable for his behavior. Or someone else tells her she must forgive. She will say to Parker, “This isn’t fair. Why do I have to forgive?”

“For me forgiveness is more about me than the other person,” Parker tells her. “It doesn’t mean that their behavior was okay. It involves accepting what is and what was and moving on with our lives.”

She says forgiveness is choosing to let go of the anger, focusing on the future, and not allowing the memories to take up much space in one’s life.

“If there are ongoing incidents,” Parker says, “if he is trying to still intrude and control her life, it’s harder to forgive—because it’s still happening. In that respect forgiveness is premature. She cannot let it go if it’s still happening. I tell her not to put herself at risk.”

“Forgiveness is a reality-based process. It’s not about being in denial or minimizing that it happened.”

The client can say, “This is how it affected me; this is how I choose to live my life from now on.”

Forgiveness and reconciling are two different things, Parker says.

“The forgiveness work you can do doesn’t mean you have to have a connection with someone who is an abuser.”

According to Parker, “In the book *Women Who Run with the Wolves*, Clarissa Pinkola Estés talks about the process of forgiving.”⁵

In her book, Pinkola Estés says:

Many people have trouble with forgiveness because they have been taught that it is a singular act to be completed in one sitting. That is not so. Forgiveness has many layers, many seasons. In our culture there is a notion that forgiveness is a 100 percent proposition. All or nothing. It is also taught that forgiveness means to overlook, to act as though a thing has not occurred. This is not true either.

Pinkola Estés goes on to say that one can forgive 95 percent or only 25 percent. Some can say they forgive 60 percent and are still working on the other 40 percent. If you can begin to forgive only 10 percent, at least you have started.

Estés adds, “You are not bad if you do not forgive easily. You are not a saint if you do. Each to her own, and all in due time.”

Pinkola Estés’ four stages of forgiveness are as follows:

1. To forego—to leave it alone. It’s good to take a break from thinking about the person or event for a time, she says. Struggling with the memories is exhausting. Time away builds us up and strengthens us. It allows us to have some happiness in our lives.
2. To forbear—to abstain from punishing. Pushing the issue from our mind is useful because it prevents the emotions from overflowing into all areas of our lives. It allows us to contain the issue within its real boundaries. Pinkola Estés stresses, “This does not mean to go blind or deaf and lose self-protective vigilance.”
3. To forget—to refuse to dwell. To let go of the event and not allow it to stay in the foreground, but rather in the background or out of view.
4. To forgive—to abandon the debt. Forgiveness is not a surrender. It’s a decision to stop harboring resentment. This includes giving up the desire to retaliate. Pinkola Estés stresses, “You decide what debt you will now say needs not be paid further.”

Q: Can the bruises on your spirit ever heal?

A: “I believe so,” Parker says. “And in saying so, it’s a process, so it’s very important for survivors to be patient. Frequently, if she is still with the abuser, it’s one in which those around her and those working with her need to be patient as she moves through the stages.”

“Choosing what your future will be like is about finding and connecting with yourself, rather than allowing the rest of your life to be defined by the abuse. A good therapist, advocate, or coach can assist in that journey.”

CHART OF COERCION

METHOD OF ABUSE	EXAMPLES	EFFECT	PURPOSE
Isolates	Controls who you can talk to, where you go; limits contact with family, friends	Deprivation of social support; increased dependency on controller	Weaken the spirit and the ability to resist
Monopolizes Perception	Puts down what you want or think; disrupts your plans; focuses on own feelings/problems; blames you for everything	Reduction of competing stimuli; frustration of non-compliant actions	Instill confusion and self-doubt
Employs Constant Tension and Chaos	Applies constant pressure for compliance; delivers a barrage of verbal abuse; changes expectations without warning	Hyper-vigilance for signs of displeasure; fear, anxiety; despair; exhaustion	Teach that resisting is more difficult than complying

CHART OF COERCION

METHOD OF ABUSE	EXAMPLES	EFFECT	PURPOSE
Threatens	Threatens to harm you, himself, pets, children, objects; threatens to report you or humiliate you; takes things away from you	Anxiety; fear; despair; hyper-vigilance	Assure reluctance to reach out for resources to help
Demonstrates Omnipotence or Power	Controls money, access to knowledge, access to people; flaunts the law by suggesting he or she is above it; expects you to know everything; changes the rules each time	Inferiority; vulnerability; confusion	Instill a sense that resistance is futile
Humiliates and Degrades	Embarrasses you in public; devalues everything you do; uses sex or degrading acts to hurt and control you	Shame; focus on basic survival	Teach that resistance is more risky to self-esteem than compliance
Enforces Trivial Demands	Applies constant pressure or abuse until you give in; creates petty rules	Hyper-vigilance	Instill compliance habit
Indulges on Occasion	Surprises you with considerate behavior or gifts; responds indulgently when usually there is an abusive response	Confusion; hope for change	Reinforce positive motivation for compliance, encourage commitment to relationship

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A CONVERSATION WITH EVE LIPCHIK, M.S.W.

Eve Lipchik, M.S.W., in addition to working in a private practice in ICF Consultants, Milwaukee, Wisconsin, lectures nationally and internationally. From 1980 until 1988, she was a core member of the Brief Family Therapy Center in Milwaukee, where she participated in development of Solution-Focused Therapy. This is a psychotherapy approach in which therapists view problems existing not only within people, but also between them. Built on work already started at the Mental Research Institute in Palo Alto, California, this Brief Therapy approach, unlike traditional approaches based on medical diagnoses, considers problems as the ups and downs of life rather than as pathology.⁶

Lipchik is also published in numerous books and journals. Her book *Beyond Technique in Solution-Focused Therapy: Working with Emotions and the Therapeutic Relationship* was published by Guilford Press.



“If you change what goes on between people, what happens within them can change too,” Lipchik tells me as we sit in her Milwaukee office.

“Working from this perspective can be extremely successful in a very short time. This is a strength-based approach that is tailor-made to each unique person and situation,” Lipchik says. “It focuses on the present, and a better future, by looking for and building on already existing strengths and resources, rather than looking for why the problem exists. It’s also collaborative because we don’t confront people with what they have to change about themselves. Instead, we try to help them understand what they want to change, and what would be the best way for them to do so. This heightens motivation and reduces resistance that makes therapy so much longer.”

While consulting in a women’s shelter, Lipchik became aware of the frustrations therapists and counselors experienced with what is called the “cycle of violence”—when women return to the batterers shortly after saying, “Never again,” and the abuse resumes.

“So here I was working in an approach that said problems exist between people as well as within them, and I recognized that the relational dynamics were never looked at,” Lipchik says. “Of course, the batterer is absolutely and totally responsible for his actions, but when the partners understand how their behaviors impact each other, it opens up opportunities for the batterer and the victim to do things differently that would benefit both of them.”

“In the early eighties, when I expressed these ideas at conferences, people walked out—called me a ‘woman hater.’ One time a man told me that he wanted to crucify me.” She shook her head.

“Thank goodness, today there is a trend in the field that recognizes that *the spectrum of violence goes from name-calling to horrible, manipulative, violent behavior. We need different treatments for different types of violence.*”

Twenty-five years of experience has taught Lipchik that one-size-fits-all formulas can endanger women as well as make it harder to keep the family unit together. Instead, working with the couples requires careful assessment for safety and a good understanding of partner abuse and systemic thinking on the part of the therapist.

“When we are dealing with sociopathic men who have no capacity for empathy and don’t feel guilt or shame, we have to think differently about treatment than if we are dealing with a couple that has a good relationship overall but doesn’t know how to resolve conflict without getting physical with each other. The woman is bound to lose in those situations because she is not as strong as the man. It’s difficult to help a sociopath in therapy because he doesn’t perceive that he has a problem. He sees the problem in the other person.”

Lipchik estimates that less than 10 percent of batterers are sociopathic; 23 to 30 percent have personality disorders such as obsessive-compulsive disorder and narcissistic disorder; that leaves about 50 percent who may be very appropriate for safe couple work and whose relationship could be improved sooner than in individual or group treatment.

Q: What is the difference between someone who has a narcissistic personality disorder and someone who is sociopathic?

A: “The difference is mainly in the degree of sensitivity to others and the ability to reflect on one’s own behavior,” she says. “The sociopath sees his partner as an object for his own gratification. He has no guilt or shame. There is research that shows that sociopathic batterers stay perfectly calm when they are abusive. A narcissistic batterer may be unable to see his partner’s point of view, but he is likely to get emotionally aroused during and after the violence.”

“It’s very easy for a sociopath to be what someone else wants him to be. He is like a chameleon. He can be different people in different situations in order to gratify himself. That’s a very dangerous thing.”

“A sociopath can act like a loving and sensitive person when he wants to achieve a goal. A woman is likely to respond to this behavior, but when her responses don’t fit with what the sociopath wants . . .” Lipchik raises her palms.

“In order to develop a relationship that is satisfying to two people, there has to be give and take.”

Lipchik estimates that, from her experience in the city of Milwaukee and surrounding areas, approximately 50 percent of the police calls for domestic violence involve men who need to work separately before considering couple work. “The other 50 percent are likely to benefit more in the long run from an assessment for couple work first. If the man is seen to be too rigid in his view on things he can always be directed to work on his issues before couples work is considered again.”

Q: How does a couple find a qualified therapist?

A: “Couple or marital therapy should be done by someone who has been trained in a systemic, or ‘family therapy’ model. Most people are trained in what is called an individual approach, that is, that problems exist within a person. Well, of course, they do; we all have a unique genetic heritage, a unique response to our social development—some hardwired, some not. However, we are also affected by the context in which we live—the culture, the society, the family. We do not live in a vacuum. How we interact with others influences our behavior, mood, and every aspect of our existence as well as theirs. So problems exist within us, but we are just as affected by what goes on between us and other people.”

Lipchik says that those trained to think only of the problem within the individual are likely to talk with couples about what’s going on with them individually, more than how their reactions to each other affect the problem. “In therapy, focusing only on how the partners feel individually can cause the batterer to feel the therapist is favoring the victim. A good couples therapist can be clear that certain behaviors are not condoned (like physical or emotional violence) at the same time that their clients can feel understood and accepted.”

“The art of working with a couple is to stay closely joined with both of them. If either one thinks that you are on the other person’s side, it’s over.”

“I have often met with couples who had a few sessions with another therapist who told the abusive man, ‘What you are doing is wrong. You will have to change if you want to improve your relationship.’”

Many therapists believe that because they meet with families together, they do family therapy. This is not family therapy. Technically, family therapy means working with patterns of interactions between family members. “It’s a different way of thinking than if you think pathology of the individual—this person’s obsessive, this person nags. The trained family therapist asks him- or herself, *How does one person’s nagging affect the other person’s behavior* (for example, withdrawal). *And how does the withdrawal affect the nagging?* The thinking is circular, not lineal, as in cause and effect.”

Questions Lipchik suggests you ask a family therapist are as follows:

- What is your training in family therapy and marital therapy?
- Do you have training in systemic therapy?⁷
- Do you have any experience in working with domestic violence?

“More than anything, ask if the therapist has accreditation from American Association for Marriage and Family Therapy.”

“That’s the best,” Lipchik says.

She cautions that some states have made compromises in licensing. Some licensed marriage and family therapists no longer require accreditation by the American Association for Marriage and Family Therapy (AAMFT). They receive a license by taking a few designated courses and can be supervised by anyone licensed by the state as a family therapist. AAMFT certification requires supervision by someone who had to qualify for the designation of supervisor by AAMFT after completing many hours of individual and group supervision.

Q: Is a relationship beyond help if a woman is experiencing many of the situations referred to on the contents page of *But He’ll Change?*

A: “No one is beyond help. Whether they can be helped depends on their motivation. Obviously, women who feel the way your table of contents indicates need a lot of work to develop some self-worth and to see their partner realistically.”

Lipchik recommends that when women feel this way and they and their partners want to stay together, both partners need to go through extensive individual counseling before they are ready to work together. “The woman needs help to become more assertive and to see herself as someone who deserves better treatment than she is getting. Both should be evaluated to determine if they are able to understand each other’s point of view and to be respectful of each other’s needs.”

Q: What’s the most important thing you want women who are living in violent relationships to know?

A: “Nobody deserves to live in a relationship like that.”

Q: What do you say when a client asks, “Can my partner change?”

A: “I tell them, ‘I have no idea. We have to do an assessment and see if he’s willing and able to. It’s all up to him.’

“If a man comes in voluntarily looking for help, he has a good chance to change. If a woman comes in and says her husband does some of the battering behaviors, I say, ‘Maybe we need to talk to him too.’” According to Lipchik, he may not come in because he believes it is his partner’s problem. “If he does come in and keeps saying, ‘It’s her problem,’” Lipchik says, “the therapist has to explain that that is impossible; relationships are not one person’s problem. The very word *relationship* means an interaction between two people. I tell him, ‘Right now, I’m talking to you politely. If I start being rude to you, or in any way disturbing you, aren’t you going to react differently? I don’t think relationships are only in one person. It takes two. If you are not willing to assume some responsibility for your part of the relationship, then I’m not willing to work with you.’

“I won’t see anyone who says it’s all the other person’s fault. They aren’t motivated. What am I going to do with them? Waste their insurance money and my time?”

Q: What do you tell a woman whose partner will not participate in treatment?

A: Lipchik says she invites the woman to continue in individual therapy. “We will talk about what she needs to clarify and what she wants to do with her life. We discuss how to stay safe if she chooses to stay in the relationship, or how to leave safely.”

Q: If a woman chooses to stay with her abuser, do you caution her about the danger?

A: “Yes—the danger of being killed,” she says. “Violence increases. It goes from verbal abuse to pushing to hitting. If you’re dealing with a man who has to have control, it’s going to get more and more violent. If the woman decides she can’t put up with this anymore, she wants more independence and begins to pull away, her life may be in danger.”

“The most dangerous time for a woman is when she wants to leave.”

The literature agrees that when a woman tries to leave an abusive relationship, there is a high probability that she will die at the hand of her intimate partner. There is an equally good chance that the murder will occur within the first six months of their separation.

“I have this case where a woman has been married twenty-seven years,” Lipchik says. “The guy’s in prison. She wants out but is afraid. She’s starting to read about what a good relationship should be like and thinks, *Oh my gosh*. She wants a divorce. Now she’s saying, ‘If I divorce him, will I be safe when he gets out?’ Is she safe while he’s in?” Lipchik shakes her head. “It’s hard for me to advise her. She needs to protect her child and herself, and we have to work together to find a safe way for her to do that.”

Q: Often women leave because the violence spills over to the children. While they may not leave for themselves, they will for their children’s safety. What do you tell women about how witnessing abuse affects their children?

A: “You have to be honest about it. You can’t say the abuse doesn’t matter—that it’s better to have a father in the house than not. I say to clients, ‘How do you think your children feel when they see you depressed all the time and so intimidated? You have daughters. How do you think this will affect their relationship with men in their future?’”

Q: What do you say if a woman tells you, “I want to leave him”?

A: “It depends on the situation—how dangerous it is. What usually happens is they say they want to leave, but in talking about the reality of it, they prove to be very ambivalent. In any

event, the best thing to do is to point out the reality of the situation, including the danger, and provide her with information about shelters and how to prepare for leaving. To be overly enthusiastic or optimistic about her leaving and to say, 'Yes, you can do it; you can do it,' is not a good way to go. Regardless of what the therapist says, the woman will not leave until she is ready. The decision should be hers alone so she can take full responsibility for it, but the therapist has the responsibility of discussing all aspects of leaving with her."

"Therapists have to meet clients where they are at the moment and join their way of thinking first, rather than telling them what they have to do."

"I know that people are ambivalent when they say they want out. I never push." She might say, "That is how you are feeling right now and if you want to, go ahead; that's okay. You do it at your pace."

Years ago, Lipchik would encourage women to leave. The clients would leave, but go back to the men—often several times. As a result, she learned to take the opposite position and to say, "Well, maybe you're not ready to do this yet. I know you want to now. You have tried before and gone back because you had regrets." This technique allows the woman to step back and not feel pressured. It allows her time to think through whether or not she is ready.

Lipchik also says this to prevent further damage to a client's self-esteem. When a woman leaves her partner then returns, her self-esteem suffers. She feels like a failure. "I try to prevent having women feel bad about themselves. I know they are ambivalent. I know that it may take several tries before they can finally do it. By letting them know, 'This is difficult; you may have mixed emotions,' they are more realistic about the decisions they make and are less likely to take it out on themselves if things don't work out. When I used to be too positive, they would leave and go back and then be angry with themselves and embarrassed that they disappointed me." Lipchik shrugs. "Clients think, *The therapist is helping me. I don't want to disappoint her.* They don't need that. They don't need to feel they have disappointed me or themselves."

"The therapist has to help make it as easy as possible for the client to maintain her self-esteem through the treatment process."

Q: Do you direct clients to get help from a women's shelter?

A: “No. Why would they need that if they are coming to me? I'm available to them. If they want to leave, then I suggest they go to a shelter. Also, if they don't have money for private therapy—that's a good alternative. If you have an opportunity to go to an experienced therapist, who understands this kind of situation, I prefer individual therapy to group. Some groups can perpetuate the victim role, depending on how they are run.”

“I don't want a victim to see herself as damaged in any way. I want people to be able to say, ‘In a certain time in my life, I was this way, because that was my level of understanding of myself in the world. I got out of that and I moved on, and now I have a different view of who I am.’”

Lipchik explains the previous statement by saying, “Many sexually abused victims see themselves as deeply flawed and damaged for the rest of their lives. I don't believe they are. I think they can get through it and can move on. This was something that happened in their past. It doesn't have to have anything to do with their present or future. They can get beyond that. I want people to think of themselves as getting beyond something because of their own efforts—that they can grow and change.”

Lipchik is interested in the study of neuroscience. New research is investigating the brain and its effects on psychotherapy. “We are on the threshold of very exciting work. We've only conceptualized psychotherapy as something that happens through talking and thinking. There is a world opening up that is making us aware that our emotions are the basis of our thoughts and actions and that emotions manifest themselves in every part of our body without us being aware of it.”

Scientists are finding that not only can continued abuse change brain chemistry, but also that the brain is plastic and can regenerate. Also, there are new treatments, such as eye movement desensitization and reprocessing (EMDR) that are proving to be successful for those with post-traumatic stress disorder (PTSD). Lipchik has seen people get beyond trauma through some of the new methods.

“Although,” she says, “there is some trauma that can never be recovered and dealt with.”

The early model of understanding abuse was all about the man and his actions. “No one would think to ask the woman, ‘What are you going to do differently?’ Before the clinical psychologists got involved in researching domestic violence, the epitome of thinking was black and white,” Lipchik says. The psychologists demonstrated that there are different types of batterers, different types of victims, and different types of violence.

For years, Lipchik saw new domestic-abuse couples several times a week. Three out of four times the woman would say, “I started it. I pushed. And I hit.”

“There is no excuse for either one hitting,” Lipchik says. “I object to a manner of thinking that says only men are bad, only men are violent. In the seventies and eighties, if somebody suggested that a battered woman had a personality disorder, people would say, ‘What’s wrong with you? Are you on the side of men?’ Women were considered never to be angry, or violent, or to have emotional problems or personality disorders. They were all innocent victims abused without cause. The cartoon version was that the woman was cooking dinner in the kitchen and without any provocation, the man walks in and punches her.

“If a man (or woman) says, ‘She (or he) made me lose it,’ I tell him (or her), ‘You cannot say she (or he) made you do it. She (or he) upset you; you upset her (or him). How you choose to deal with each other when you’re upset is your responsibility. You choose if you will walk away or slap someone.’”

Q: Is there anything else you would like to add?

A: “I think there should be an emphasis on the positive,” Lipchik says. “It’s not all bad. There are the good times. What is that about? What was going on with this couple that attracted them to each other—that made them decide to be together?” Lipchik tries to identify what led to the inequality of power and lack of empathy. What changed their relationship from romance—a positive connection—to violence? What can they learn from this?

Lipchik tells her couples that romance is an unrealistic state. “They say when you are in love, you are blind. It’s true, because you’re so infatuated you try to be what the other person wants you to be,” Lipchik says.

“Once you commit to marry or live together, you enter a state where you need to transition into the state of emotional intimacy. That means that you need to allow the differences to come out. You need to become yourselves in the relationship. How you negotiate those differences, how you compromise, determines the quality of the relationship.”

A CONVERSATION WITH ROBERT ENRIGHT, PH.D.

Robert D. Enright, Ph.D., is a licensed psychologist and professor of psychology at the University of Wisconsin–Madison. He is the author of more than eighty publications and has been a leader in the scientific study of forgiveness and its effects since 1985. His work on the subject has appeared in *Time*, *McCall's*, the *Wall Street Journal*, the *Washington Post*, the *Chicago Tribune*, and the *Los Angeles Times*. He has appeared on ABC's *20/20*, NBC's *Nightly News*, and many other television and radio shows.

His book *Forgiveness Is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope* is published by APA LifeTools.



In his book *Forgiveness Is a Choice*, Enright suggests that forgiveness is the “Limburger cheese of human affairs.”⁸ At first forgiving seems offensive. People don't want to try it. They are afraid that forgiveness means the following:

- They have to pretend that nothing happened to them.
- They must open themselves up to being hurt again.
- The offender got away with it.

Q: At the beginning of your book, you cite British philosopher Janna North's definition of forgiveness:

“When unjustly hurt by another, we forgive when we overcome the resentment toward the offender, not by denying our right to the resentment, but instead by trying to offer the wrongdoer compassion, benevolence, and love; as we give these, we as forgivers realize that the offender does not necessarily have a right to such gifts.”

As you continue your research, would you change this definition?

A: “No. I think that is the best definition. Forgiveness is always in the context of injustice where you’ve been treated unfairly,” Enright says. “There are two sides to what you give. You take away anger and resentment and give positive qualities like compassion, benevolence, and love. So there is a taking away of the negative and an institution of a gift toward the person—mercy, not justice.”

People see forgiving and justice as incompatible. “The desire for justice is a normal response to an offense. Our courts are set up to enforce it,” Enright says. There are times when mercy is appropriate even though justice is unattainable. “If you are unable to achieve justice, you remain trapped in anger and internalize the pain at your own expense. Expressing mercy for an unrepentant offender can set you free.” This does not mean you have to communicate mercy to the offender. Neither does it mean you don’t strive for justice—such as testifying in court.

In his book, Enright stresses that forgiveness is not condoning or excusing. Condoning means we put up with abuse and suffer in silence. Sometimes victims convince themselves that they deserve the abuse. When women excuse bad behavior, they are minimizing its effects on them and pretending that they were not injured. Battered women often convince themselves that their partners did not mean to hurt them.

Enright writes:

Codependent family members and enablers frequently substitute condoning and excusing for real forgiveness . . . The battered woman excuses her husband’s violence by blaming herself for irritating him. Such actions give forgiveness a bad name, because people come to think that forgiving means allowing yourself to be hit again or to be used or abused again, and this is not true. Forgiving means admitting that what was done was wrong and should not be repeated.⁹

Women in violent relationships often believe that to forgive means to wipe the slate clean and continue in the relationship. Enright says that is a common misconception.

“Forgiveness and reconciliation are not the same. They are different words,” he says. “Forgiveness is what you as an individual are able to give the other person. Reconciliation is what you together can give to the relationship.” Enright says that true reconciliation can’t occur if the offending partner has no interest in changing, or doesn’t see the need to change.

The injured partner doesn’t have control over the process because she only has half the piece needed for true reconciliation to occur.

“Reconciliation also requires a renewal of trust, and sometimes that is not possible.”¹⁰

The injured party may choose not to participate if she believes her partner is not truly committed to the process. Forgiving begins with acknowledging that we are people who

have a right to be treated with respect. Forgiving does not require denying that we have been hurt. On the contrary, to forgive we have to admit that we have been hurt and that we have a right to feel hurt, angry, or resentful.

“Forgiving does not require denying our feelings . . . Unwillingness to admit that we have been hurt is one of the major impediments to forgiving. We don’t have to forget in order to forgive. The forgiveness process will not produce amnesia.”¹¹

“If I forgive, will I forget the offense?” is one of the most important questions Enright is asked. Forgiveness is a choice, freely entered into by the wounded partner. There should never be any pressure to forgive. The offended party should take time to understand what forgiveness is and isn’t. Then this person should determine the seriousness of the offense and decide what to do—seek justice, set boundaries—whatever is necessary to heal.

Q: Afraid that forgiving meant I would have to reconcile, I hung on to my anger for a very long time to keep myself safe. Was that fair?

A: “Yes. Everyone is different,” Enright says. “You have to be careful not to let the anger consume you. That’s the problem with anger. It’s a fine line, a quality of energy. Anger can give you energy, or it can bring you down where you have none.”

The expression of anger is an important part of the forgiveness process. It can motivate us to

1. **right wrongs**
2. **stand up and face problems**
3. **fight for our self-esteem**

People who have been wronged have a right to be angry. Anger becomes a problem when the injured party doesn’t take action, when she allows the anger to settle into resentment.

When anger becomes a part of who you are, when you seek revenge instead of justice, it becomes dangerous. “You have to not let the anger dissuade you from the forgiveness process,” Enright says. “Sometimes I think when the person is abused it makes forgiveness all the more necessary. That kind of anger, that kind of almost hatred is toxic and can cloud your judgment about your relationships outside this one.” Anger can affect your career and

your relationships with your children, new partners, and others. Health problems linked to excessive anger include high blood pressure and heart disease.

Q: Sometimes, after I thought I had forgiven, the anger came back. How do you get out of the mode?

A: “It usually means that there is something or someone else that needs to be forgiven,” Enright says. It is important not to get discouraged. The earlier anger hides a deeper hurt that could only surface when you become strong enough to confront the real source of the problem.

According to Enright’s book:

*This is not a reflection of some moral weakness or an inability to get it right; it is not a reflection on forgiveness itself. Instead, it is a reflection of your humanity, of your ambivalence toward someone who hurt you. It is in times like this, when the uncomfortable emotions come back to visit, that you need a certain gentleness with yourself. The fact that such anger has ended once should indicate to you that forgiving again can control that emotion.*¹²

Q: How do you know when you are ready to start the forgiveness process?

A: “I think you’re ready when you first understand what it is that makes up forgiveness. That you understand it’s in the context of giving up resentment, offering compassion. It’s not giving in, condoning, or excusing. Forgiveness might lead to reconciliation, or it might not.

“We don’t have to think of justice and forgiveness in either-or terms,” Enright says. “You can go through the forgiveness process and seek justice. You may have sought justice for a period of time and then when you feel safe, people can, and do, begin the forgiveness process. Even though it’s three steps forward and two back—as we get confused or frightened.”

Enright says sometimes people feel trapped in anger. For them, not to forgive is actually reducing the quality of their lives.

“Some people think that not to forgive is to hold an advantage over the other person. However, I’ve come to realize that when someone doesn’t want to reconcile, they couldn’t care less whether you forgive them or not. And whether you forgive them or not has no bearing on the other person while you’re stuck in hatred, anxiety, and depression. The one who acted unjustly is sleeping well during the night while you’re in agony. I think that is a great deal of power they have over you.”

Enright cautions that saying, “I forgive you,” is sometimes a way of excusing, condoning, enabling, or tolerating destructive behavior. The injured partner extends forgiveness while ignoring consequences. Enright suggests the forgiver be hardheaded and say, “I forgive you, but because I love you, I will no longer be party to your destructive behavior.”

According to Enright in his book:

*Those who have been victimized for years, who have been told that they are wrong for objecting to their victimization, need to remember that forgiveness is compatible with asking someone to stop doing bad things to us, to others, or to themselves.*¹³

*Forgiveness is free; trust must be earned.*¹⁴

Q: Do you have to confront the person in order to forgive them?

A: “Absolutely not. You don’t have to tell the person. There are no hard and fast rules on that. Letting the person know how much they hurt you is good only in the context where you think there is a possibility that they aren’t going to laugh at you or get indignant.”

In some cases, the process of getting rid of resentment and anger can spill over onto the behavior of the offender. Your internal quality of offering forgiveness and compassion might transform them.

Q: How long does the forgiveness process take?

A: “It depends on how much experience a person has with forgiveness, how recently and by whom he or she has been hurt, and how deeply,” Enright says.

“If someone is new at forgiveness, and she has been profoundly hurt by her spouse for the twentieth time, it’s going to take some time. If she is hurt thousands of times, that’s going to take a while. I would say it will take a period of months. If the spouse is simply having a bad day and has been insensitive or rude, it may take days as opposed to months.

“Suzanne Freedman and I, in a study of adult female incest survivors, found forgiveness takes an average of fourteen months. Now that might seem like an eternity to some. We had people in the study who were fifty years old, and they were living with this for forty years; they were burdened by it, depressed, and anxious. Fourteen months is not so bad relative to what they had been through. But it is work. For the most part, we have found that we can have good scientific results—considering that forgiveness is a choice—in twelve weeks.”

Q: Are there circumstances that are unforgivable?

A: “The circumstances aren’t unforgivable. But there are people who do believe that with some people they must draw the line.” We must respect the rights of people who choose not to forgive.

Q: Can you heal without forgiving?

A: “If someone is radically opposed to forgiving and will not forgive, they can heal by absorbing or owning the pain.”

We must deal with the pain whether or not we choose to forgive. Enright says that absorbing the pain, or bearing the pain, is an important component of forgiveness.

“You have to realize that there has been hurt. It’s happened historically, and now you are emotionally hurt. The question is what will you do with that hurt? Yes, there are things you can do. If someone has stolen your car, you can take justice steps to get the car back. But the emotional hurt is still there affecting who you are.” Enright says people often try to deflect the emotional pain; they try to throw it back on the offender. This fuels arguments and anger. Forgiveness stops the arguments. “As you bear the pain, you ‘out’ it. As you bear the pain, you say ‘I won’t let that get in the way of my life.’”

Enright says it’s easier to bear the pain while taking justice steps. While flinging the pain at the offender deepens the wounds—bearing the pain is nobler.

Forgiving means we have to deal constructively with our pain. We don’t want to pass that pain on to our children or others. Enright says people are like sponges. Like a sponge soaks up water, people soak up pain. With time, the water evaporates from the sponge until it is dry. In the same way, when you endure the pain, it slowly dissipates.

When you absorb the pain, you do not seek pain, but you do accept it as it comes. As you stop hiding from the pain, you become stronger and don’t have to transfer the pain to someone else. In accepting the pain, you give a gift to those around you, who may have been uninvolved in the incident of hurt.¹⁵

“As people begin to forgive, they get better at it. As they begin to forgive more and more, the quality of forgiveness changes. It isn’t seen as a skill but a process you engage

in. It becomes internalized—part of your way of dealing with people. You more willingly embrace forgiveness.” Enright says someone who starts out saying, “I will forgive someone who hurt me,” is making a conscious decision to follow the process. When you have practiced forgiveness for a period of time, you may be transformed.

Enright suggests you ask yourself the following questions:

1. Did you learn anything from your unjust experience?
2. Did it make you a stronger person, a more morally sensitive person, a person who is more mature, more courageous, or more peaceful?
3. Did others somehow gain because of what you endured and how you matured?

“Forgiveness actually can alter your sense of identity, your sense of who you are. You are no longer a victim of others or of your past. You are no longer defined by certain events that may have occurred years ago. As you change how you think, feel, and behave, your very sense of yourself may change for the better.”

A CONVERSATION WITH ANN BRICKSON, M.S.S.W., L.I.C.S.W.

Ann Brickson, M.S.S.W., L.I.C.S.W., has worked with battered women, children, teens, and families for more than twenty-five years. Her professional experience includes crisis counseling with teens and their families, family counseling, support groups for at-risk children and youth, counseling and advocacy with battered women and their children, program development, training, and technical assistance. She is currently the children and youth program coordinator for the Wisconsin Coalition Against Domestic Violence.



Q: How does witnessing abuse affect children?

A: “It affects children in several ways. First, it traumatizes them; they witnessed the assault or heard it. Hearing assaults can be just as traumatizing because sometimes kids embellish in their mind what they hear,” Brickson says. “They’re affected because the abuser’s power, control, and intimidation affect all family dynamics. They’re traumatized because of what we call batterer-dominated parenting.” She explains that the abuser is a controlling, manipulative parent who demeans the mother and affects the mother’s ability to be a good parent. “And finally, kids are affected by being exposed to the abuser’s values. His values teach his children that ‘might makes right,’ ‘women are not to be respected,’ and that ‘dominance gets collaboration and cooperation.’ They learn that violence can solve problems. That’s a very quick summary,” she says, leaning back in her chair.

Q: I understand that children often side with the abusive parent out of fear. Do you agree?

A: She nods. “Kids see who gets their way. They see where the power is. Dad does everything that he can to make Mom look weak.”

Q: Does the age of the children exposed to domestic violence make a difference in their experience?

A: Brickson cites three factors that affect the level of damage to kids: the longer they are exposed, the younger they are, and the more recent their exposure. “They can heal as they get some distance from it.

“The other important thing is the high correlation between domestic violence and child abuse,” Brickson adds. “As a social phenomenon, domestic violence and child abuse have different dynamics.” What she sees as similar is the abuser’s use of force to control the whole household.

“Though the ranges vary in studies, generally they say 50 to 60 percent of children living in domestic violence situations are also child-abuse victims. And their abuser is most often the same one who is abusing their mother.” She was quick to add that she would not say that battered women don’t abuse their kids. “There are indications that a mother’s parenting improves when the couple separates.”

“The kids who are the worst off are the kids who are both exposed to domestic violence and are direct victims of child abuse.”

Q: Would you expand on the issue of mothers abusing their children?

A: “Battered women have a really difficult time being the best parent they can be when they are living with an abuser. Sometimes actions that look like poor parenting may actually be a battered mother’s attempt to protect her children.” Brickson is not saying that moms are likely to abuse their children, but that torn between the demands of the abuser and the needs and safety of their children, they are unable to be the best parent they could be.

“We need to support the mom’s best effort not to take the frustration of living with her partner out on her kids,” Brickson says.

“What a mom models for her children can be powerful.”

“We, as service providers, need to help her see that in a really tough situation, she stuck by her kids. As a mom, you do the best you can with what you’ve got.”

Q: What signs can a mom look for that indicate her child needs help?

A: “There are many different manifestations of childhood exposure to domestic violence. Every kid is different,” Brickson says. “I have assembled a list, but there are other effects that are every bit as legitimate, even though they don’t show up in the research. The most important thing is to know your kids. It’s very difficult for moms to talk about what’s happening. It’s frightening, embarrassing, and awkward.” Brickson would not tell moms to only watch out for particular symptoms, because women need to talk to their kids, not just look for signs.

“So in the context of acknowledging how difficult it is, how brave it is to talk to your kids, I would say, ‘Talk to your kids. Keep the lines of communication open. Talk about what they are seeing. Ask the children how they feel. Lay the groundwork to make it safe for them to talk to you.’”

It’s important to raise children to know it’s okay to express their feelings. “Help them talk about their feelings. When kids can express their feelings, that’s a way out for them; they’re not trapped inside.”

Brickson suggests moms help their kids understand that expressing fears and concerns about their father doesn’t mean they don’t love him or respect him. “Many abusers have positive aspects to their relationship with their children, and those children can experience confused feelings and divided loyalties about their parents.

“Lay the groundwork to make it safe.” Moms can model talking about their feelings within the bounds that they feel safe. If the kids hear a fight during the night and Mom shows up in the morning with a black eye, Brickson suggests Mom find a safe way to talk about it. It may not be by talking about Dad directly. “You’re watching TV and there is a disturbing scene. You can talk about your feelings about the scene. So you aren’t talking about Dad, but the concept of violence,” Brickson says.

Q: How can you help your children heal?

A: Brickson doesn’t take a moment to think before she says, “Children should be told that the violence is not their fault. Present another set of values that challenges the abuser’s values. Again, you might need to do that without directly challenging the abuser. Talk about the media or things you’ve seen elsewhere. Just stay close to your kids. Don’t let your guilt and shame get in the way of being close to them and talking to them.”

“The relationship with the nonabusive caregiver parent is the best way to promote resiliency in children.”

“Also,” Brickson adds, “give them opportunities to be successful. Find things both at home and away from home that they’re good at. Encourage them so they can feel successful. Connect them with other adults.”

Q: What about therapy for children?

A: “Most domestic violence programs offer support groups for kids, and I would recommend them highly.”

“Kids need to have the experience of being in a social context where they are supported and valued.”

Therapy that reinforces their connection with their mother and other kids in the same situation is more powerful than individual therapy. Also, groups are more accessible.

“I think it’s important to recognize that in a therapeutic situation for kids, not just those who are affected by domestic violence but kids in general, group therapy and family therapy—under most circumstances—are better than individual therapy. Though I won’t say exclusively.

“The first message children should hear is, ‘It’s not that you need to change but that you need support.’” Brickson emphasizes that kids need support *and* nurturing.

“The best way to help children is to help their mothers be the best caregiver they can be.”

Q: Are there resources you would recommend for moms?

A: Brickson recommends the following books:

- *The Batterer as Parent: Addressing the Impact of Domestic Violence on Family Dynamics* by Lundy Bancroft and Jay G. Silverman, Sage Publications, Thousand Oaks, CA, 2002.
- *Childhood Experiences of Domestic Violence* by Caroline McGee, Jessica Kingsley Publishers, London, 2009.
- *Children Who See Too Much: Lessons from the Child Witness to Violence Project* by Betsy McAlister Groves, Beacon Press, Boston, 2003.
- *Learning to Listen, Learning to Help: Understanding Woman Abuse and Its Effects on Children* by Linda Baker and Alison Cunningham, Centre for Children and Families in the Justice System, London Family Court Clinic, London, Ontario, 2005.

- *Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow* by Alison Cunningham and Linda Baker, Centre for Children and Families in the Justice System, London Family Court Clinic, London, Ontario, 2007. Available as a free download at www.lfcc.on.ca/little_eyes_little_ears.html.

Q: How do you respond to women who say, “I can’t leave. My children need their father.”?

A: “Children need parents who are able to be nurturing and ‘present’ good role models. They also need to be safe. In homes where there is domestic violence, kids are at risk. Although the father may have good qualities to his parenting, the fact that he demeans their mother compromises her parenting. And he puts his own needs above the needs of his children. That’s a critical piece.”

“Parents have to be able to put their children’s needs first. Abusers don’t do that.”

Brickson explains that separating doesn’t mean that children won’t have a father; it just means that they won’t be exposed to him on a daily basis.

“Now, having said all that,” she says, “the other thing the woman worries about is that he’ll get custody.” Abusers use that threat to keep the victim in the relationship. According to Brickson, “That’s a very real risk.

“In addition, for battered women, the risk of assault or murder increases when she leaves her partner—and stays elevated.”¹⁶ Furthermore, when she takes the kids away from home, she may take them away from their friends, their school, their pets, and a stable living situation. Their household income can drop significantly. Brickson believes in being realistic with women, not saying, “Your kids will be better off if you leave.” In Brickson’s experience, battered women who leave eventually feel it was the right thing to do. But leaving her abuser is not the right choice for every woman, and battered mothers should be supported as they decide what’s right for them and their children. “Leaving is a very difficult thing to do, hard on everybody. There are risks, and no woman should take it lightly,” she cautions.

“Women should really be ready to leave. If they’re moms, they should be especially ready and prepared to leave.”

Q: I'd like to revisit your comment about it being a real possibility that the abuser can win custody of the children.

A: "It's been quoted to me that abusers seek custody of children at twice the rate of nonabusive men. They're awarded custody at about the same rate.¹⁷

"The courts consider domestic violence a marital problem. If the marriage is over, they believe the violence is over so kids are no longer at risk. But batterers may find ways to maintain their abusive tactics beyond separation, and children will still be affected."

"Trying to be a parent and living in such a difficult situation, women should be kind to themselves. They shouldn't expect that they can undo all the damage. At the same time, if they can find the way to be the kind of parent they want to be, to maintain a connection with their kids, they'll feel better about themselves, and their kids will do better. We need to acknowledge that it is a difficult thing to do."

AUTHOR'S NOTE: Losing custody of the children is a huge fear for moms. Experts suggest that should a woman choose to divorce, she should find an attorney who's familiar with the dynamics of domestic violence. An attorney who works in this area knows experts who will put the victim's experiences, interviews, and test results in a domestic violence trauma perspective.

Domestic violence programs in your area can point you in the right direction. If finances are a problem, they also can direct you to free legal aid or low-cost services, where provided.

NOTES

1. For information about licensing or certifying those who treat batterers, see “State Standards Listing by State,” www.biscmi.org/other_resources/state_standards.html.
2. The Symbionese Liberation Army (SLA) kidnapped Patty Hearst (granddaughter of newspaper publisher William Randolph Hearst) in February 1974. For two months, the SLA kept her blindfolded in a closet, repeatedly raping and threatening her. By April, brainwashed and coerced, the nineteen-year-old participated in a bank robbery with the SLA.
3. See the Chart of Coercion on pages 21–22.
4. Harold S. Kushner, *How Good Do We Have to Be? A New Understanding of Guilt and Forgiveness* (New York: Little, Brown & Company, 1996), 99.
5. Clarissa Pinkola Estés, “Stuck on Old Rage,” in *Women Who Run with the Wolves: Myths and Stories of the Wild Woman Archetype* (New York: Ballantine Books, 1992), 368–73.
6. The treatment focuses on the present and future rather than on causes of the problem. Small changes built on exceptions to problem behavior, and on strengths and resources of people and relationships, are believed to lead to bigger changes that allow for a problem-free future.
7. Systemic therapy is a way of thinking that considers a couple, family, or social group a system that is more than just a collection of people. Therapy focuses on the interactional patterns among members of the system rather than on their individual qualities.
8. Robert D. Enright, *Forgiveness Is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope* (Washington, DC: APA LifeTools, 2001), 23.
9. Enright, 28.
10. Enright, 31.
11. Enright, 24.
12. Enright, 201.
13. Enright, 194.
14. Enright, 39.
15. Enright, 162–63.
16. Minnesota Advocates for Human Rights, “6. Victim Protection, Support and Assistance,” Stop Violence Against Women: A Project by the Advocates for Human Rights, www1.umn.edu/humanrts/svaw/domestic/explore/6support.htm.
17. J. Zorza, “Protecting the Children in Custody Disputes When One Parent Abuses the Other,” *Clearinghouse Review* 29 (1996): 1113–27.