Treatment for African American Men Who Batter

by Oliver J. Williams

The problem of partner abuse is experienced by all cultures. White men and African American men beat up women for the same reasons. Their acts are crimes, and they are also acts of illness. Interventions, through partner abuse treatment programs, can sometimes transform the lives of these men. Though there is a group of men who can't be helped, many can be transformed, learning new ways of relating to other people and to their community.

Traditional programs for partner abuse, however, have had limited success with minorities. The men who complete such programs tend to be white, middle class, and educated. Because of this, some have questioned the usefulness of these programs for minorities. Many partner abuse treatment programs limit attention to and services for minority clients because the conventional wisdom is that minorities gain little from treatment. While it is true that African American men are very resistant to treatment, it may also be true that they are no more resistant than their white counterparts. That African Americans do less well in treatment begs the question that most needs to be asked. Why is it that they don't do as well as whites?

The qualitative study reported here was designed to answer this question. African American men who had completed partner abuse treatment programs were questioned about their experiences. Some had been treated in traditional groups, where minorities and whites were treated in the same group. Others had been treated in homogeneous groups, where only African Americans participated. This type of treatment group is relatively unusual, offered in fewer than a dozen cities across the country. The opportunity to compare the responses of men who had gone through these two types of treatment seemed particularly promising. The hope was that these men might be able to provide some insight into how the treatment environment influences participation. The limits of the study were in the selection biases of the sample, but since no other exploration seems to have been conducted into why whites do better than African Americans in partner abuse treatment programs, this study provides at least a beginning in the search for explanations.

Selecting the Sample
During the summer and fall of 1990, three Twin Cities domestic violence programs took part in this study: the Domestic Abuse Project, Wilder Community Assistance Project, and Phyllis Wheatley Community Centers' Education for Cooperative Living. Each program had a long history of reducing violence among men who batter. Further, each program had made a commitment to include men of all races in their programs. These programs contacted former clients by mail with a description of the study and asked if they were willing to be a part of the study. Other participants were members of treatment groups which were nearing the end of the treatment cycle.

Originally, there were sixty African American men who indicated their interest in taking part in the study. However, eleven could not be located and eight changed their minds. Forty-one were interviewed for the study. Twenty-four had gone through treatment in a racially-mixed group, while seventeen had been in a group of African Americans only. About half were interviewed by phone and the other half at the agency which sponsored their treatment. The interviews were conducted by two graduate students. One was African American and the other Caucasian.

The men who were interviewed spanned a wide range of ages, though the average age was thirty-three (Table 1). All except six had at least one child. Most had not gone beyond high school with their education. A thirty-seven item semi-structured questionnaire was used for the interviews. Data analysis employed a constant comparison method. In order to understand the responses it is useful to know something about the methods used in partner abuse treatment programs.

How Treatment Programs Work
Typically, cognitive behavioral treatment methods are used in confronting men who batter. In fact, they have been proven effective. Treatment programs use group therapy sessions. The focus is on the behavior of the men and techniques to change their behavior. First, they must gain an awareness of what they are doing. These men are predisposed to violence and socialized to behave this way. They will, for example, use language to put women down and not be aware of how hurtful their language is.

Men who are violent are caught up in control issues, in trying to control the woman. The issues of power in relationships are central—emotional power, physical power,
and financial power. When men "get that feeling" they hit the woman. The feeling may be jealousy or insecurity or something else, but the men are making the woman responsible for "that feeling." They must learn that it is not the women who are responsible. They are responsible, and they are 100 percent responsible for the violence.

Men who are violent have difficulty telling you what they feel. They have to learn to separate thinking from feeling. And they must learn that violence is a choice. They believe that it is inevitable. When they get angry it doesn't help to tell them they must learn to control their anger. Anger, in fact, is a good thing. It tells us where we are. It is learning to control their behavior, not their anger, which is essential.

Treatment groups for men who batter must create an atmosphere inductive to change. This means creating a place of trust where each man can speak his own reality and is expected to speak it. It means a place where people understand each others' realities and help each other to figure out what is dysfunctional about their realities. It means confronting men when they need to be confronted. It means showing men new ways, different ways of responding to their situation, because the second essential part of the treatment, after becoming aware of what they are doing, is learning ways to intervene with themselves when they are in conflict situations.

The group sessions often discuss problems at work. Men may feel that they are working in a hostile atmosphere. One man told of being put down all the time. One day his car keys were stolen, his car was moved—parked behind a truck. The truck backed up into the car and smashed it. He felt helpless. Where could he turn? The man was African American and his boss was white. His boss was a good friend of the man who had stolen his keys. He went home and beat up his wife. This is called "displacement," the anger at his work situation was displaced onto his partner. It is a common practice among violent men.

Learning to recognize the chain of events that leads one to violence is important. Learning to recognize one's feelings before one explodes is important. Learning how to react differently is important. Calling a friend and talking it through with the friend can help. Walking out of the room when one gets "that feeling" can help. The group sessions often use role playing to show appropriate ways of dealing with anger and conflict.

Treatment programs tend to use a generic approach in dealing with men who batter. The assumption is that one size fits all, one program will work for everyone. This is the traditional approach, but is a generic treatment really best? This study looked at the experiences of African Americans who had completed partner abuse treatment programs. Out of the forty-one men interviewed, thirty-five had been referred for treatment from the court system. The remaining six were referred by ex-partners (two), by counselors (two), by friends (one), or by themselves (one) or by others. After reviewing the responses of these men to each of the questions, a number of themes began to emerge.

Reactions to the Treatment Program

The men were asked what they found most beneficial about their counseling group. Those who had been in racially-mixed groups (the traditional groups) said that learning about control was most helpful. They learned about how they were controlling their partner's behavior and how to stop doing that. They also learned about self control. The men noted the importance of personal responsibility—that the perpetrator is responsible for the abuse and that men who batter must have a self-control plan.

The men who had been in all African American groups (the homogeneous groups) also said that learning about their control issues was very beneficial. In addition, however, they talked about learning that they were not unique, isolated, or alone with this problem. Other African Americans had the same behavior problems. Further, they noted that they had learned how to feel comfortable talking to other men in the group about their problem. They learned that they did not always have to talk, that they could listen.

What did you like the most about being in the men's counseling group? was another question. Men from both the homogeneous and traditional groups noted that they learned from other group members and from the counselor. They also liked talking about their feelings.

What did you dislike most? was a question that brought a variety of responses. Men in racially-mixed groups said that there was a need to be more sensitive to men from different cultures. In one group, a minority man left because a counselor was culturally insensitive. They also noted that they "wished there was more time to learn about behaviors." "There was a lack of anonymity." "And there was slow progress before the group members started being truthful." Some men felt that there were no problems.

In the homogeneous groups, the men said that they "did not like to be confronted." "Sometimes the confrontations in the group were very painful." And that they "did not like coming to the group at first but began to like it and look forward to it."

Reactions to Others in the Program

The men were questioned in more detail about others participating in the program and particularly about other minority participants. Were there people from your race/ethnic group in the counseling group? How did you feel about that? Their responses varied. Those who had participated in the racially-mixed groups said that there were few men from the same culture in their group. Some said that there was no one else from their cultural group in the treatment group. Attitudes were split as to how comfortable they felt with the situation in the group. Most men noted that they did not like the absence of minority men but they learned to deal with it. They did not always feel comfortable talking because "I was the only one." Some said they "did not mind as long as it did not get racial." Others mentioned a mild level of discomfort. Finally, some felt that it was not an issue because there were several minorities from other cultures in their group.

In the all African American groups men said it was very important to have men from the same culture in the group. They felt more free to express their point of view. They were interested in hearing people talk about problems they could relate to. They felt it important to share ideas and experiences with men from their own cultural group. They said they were confronted on many issues but the others understood what they were talking about. They did not have to justify their answers. They felt as though they could trust the feedback more.

Did the men in these groups develop friendships with others in the group? Members of racially-mixed groups made friends with other African Americans if there were others in the group. They would contact them outside the group about homework or call them when they were in a conflict at home. Some said they made friends with other African Americans early on and then made friends with white men towards the end of the group. Others, who had no other minorities in their group, said they related to whites when they were inside the group but never contacted them outside the group.

| Table 1. African Americans in the Study Sample |
|---|---|
| Age | 20-50 years |
| Marital Status |  |
| single | 14 |
| separated | 13 |
| married | 13 |
| divorced | 1 |
| Number of Children |  |  |
| none | 6 |
| one | 10 |
| two | 10 |
| three | 6 |
| four | 3 |
| five | 2 |
| six | 2 |
| seven | 2 |
| Education Completed |  |  |
| < high school | 7 |
| G.E.D. | 4 |
| high school | 24 |
| college | 4 |
| > college | 1 |
| Average Income | $26,000 |
The men in the African American groups said they developed friendships within the group and contacted these friends outside the group. Some emphasized the importance of contacting them when they were in crisis. Others noted that they interacted with group members socially. Two men said they thought the guys in the group were great and they felt comfortable with them, but they would only see these men within the group.

Reactions to the Counselors

Finally, the men were asked how they felt about the counselor in their treatment group and why. In the racially-mixed group responses varied. Some found the counselor considerate and compassionate; “Nice person to be in charge.” “Like him a lot.” He knew the program and showed us how to use it.” “This counselor let you voice your views.” I developed enough trust with him that I could talk to him on a one-on-one basis.” “There was a man and a women counselor. I liked their strictness and adherence to the rules.” Others voiced a different kind of response: “He was frank, abrasive, but un-fraid.” “The counselor maintained a real distance.” “I did not like the counselor because he seemed too aggressive and had no sense of humor.”

In the African American groups, most of the men seemed to feel comfortable with their counselor. Many thought that he was great. A sampling of responses gives the spread of opinion. “He could help you spot your problem, then helped me get the help I needed.” “Although he was nice, he could be very confronting.” “The counselor came down on me to make me reveal myself.” “When the counselor confronted me it was hard, but good for me because I learned more about myself.”

Discussion of the Survey

All the men in the sample viewed learning about their control problem and how to manage it as beneficial. Men in the African American groups, however, learned to break the isolation they felt and to identify the problem of abuse as a problem of many African American men. This was critical since minorities will often distance themselves from the issues of partner abuse because they see the problem as a problem of the white community and therefore not their own. Increased ownership of the problem occurs when minority men understand that the problem is as common among minorities as it is among whites.

Regardless of the type of treatment group, the men learned to discuss their feelings and to value the information they received from others in the group. In the racially-mixed groups, some of the African Americans disliked the lack of cultural sensitivity, particularly by counselors. In some groups this caused drop-outs and in general it reduced trust. In the all African American groups the most difficult thing for the men was being confronted. Yet, many men felt that they learned more about themselves as a result. It may be that the level of confrontation is greater in same race groups and that the confrontation comes out of given cultural understandings. Certainly, cultural issues are more likely to be raised and addressed in these groups. In racially-mixed groups it is easier to marginalize those themes that are important to minorities.

Most African Americans in racially-mixed groups were uncomfortable if there were no other minorities in the group. They felt uncomfortable speaking or they felt somewhat isolated at the beginning of the group. In the African American groups, the presence of other African Americans encouraged the men to trust, talk, and listen. They did not have to keep checking the level of safety in the group, checking to see if they were included, and if they were expected to be a member of the group.

Although some African American men in mixed groups developed friendships with whites and other minority men in the group, most did not. In the same-race groups, friendships were much more likely to develop. Developing connections among group members can be an important element in treatment. In these mixed groups members are given an opportunity to relearn their patterns of relating to others. When the treatment works, they learn how to be concerned about other people and how to be aware of themselves. The group gives them an opportunity to practice these new skills. Developing close relationships in the group supports the teaching that is going on in the group. Outside of the group, members may call on each other for support during a crisis, in the same way that members of Alcoholics Anonymous and other twelve-step groups use fellow members for support when they are tempted to revert to old and maladaptive behaviors.

Most of the men in both types of treatment groups felt positive about their counselors. Yet, some African Americans in the traditional, mixed groups found they could not develop rapport with their counselors. The client-helper relationship is critical in treatment, particularly with men who have been referred through the court system. Although confrontation is an essential element, so is trust. If clients don’t trust their counselor, depression will persist. I don’t believe that he has their interests at heart, the treatment is very unlikely to touch them in a way that will bring positive changes.

The Value of Same-Race Treatment Groups

It is clear that the all African American groups provide inherent benefits for African American men who batter. In these groups the men have a greater opportunity to be engaged, develop supportive relationships, and develop trust in the treatment environment. It is important to note that for some African Americans there is a very limited trust of formal treatment programs and even of any white institution. The experience of these men has been such that they do not believe that whites will either hear them or believe them. They are not willing to feel vulnerable. Yet it is their vulnerability that needs to be encouraged if the treatment is to work. Same-race treatment groups are an acknowledgement of this fact.

All African American groups have the advantage that they allow the participants to discuss their experiences of racism. These experiences, in fact, can often be used to help the batterer get in touch with the kind of oppression that he is causing for his partner. If he can understand the oppression he has experienced, he can also understand the oppression he is creating.

In African American groups the issue of what the battering is doing to the African American community itself can also be explored. The responsibility that a man has to his partner, his children, and his community can be addressed. The connections that are built in same-race treatment groups foster a new sense of community. These very isolated men are in reality men who want to be part of something. When they start to connect with one another, they are beginning to have their needs met, they are beginning to be able to talk. It is this connection that tends to bring about changed behavior. Living with racism is an isolating experience. The treatment groups offer men who don’t know how to live their lives and don’t know how to deal with conflict a whole new way of approaching life, one that depends on connections with other people.

Reframing Racially-Mixed Groups

It is clear that African American men can complete traditional (racially mixed) partner abuse programs and retain useful information which will reduce their violent behavior. It is also clear that minority men who batter complete these programs at lower rates than do white men. One possible cause is the environment in which the treatment takes place. However, many partner abuse programs around the country may find it impractical to develop same-race treatment groups because the number of African American clients is too small. For some programs this may be a recruitment problem, but for others it may simply be their location and the size of the African American population. In this instance, it is important for treatment programs to examine how they conduct their racially-mixed groups. How can they take the elements that make same-race treatment work and incorporate them into their traditional programs?

One of the key elements is developing an atmosphere of trust within the group. When there are minority men included this will mean going to extra lengths to let them know that they are included and are as accepted as any other group member. The counselor must be able to hear the voice of the African American man when he is speak-
ing. Often there is a tendency for minorities to be treated as scapegoats. This must be avoided. It is important not to marginalize the reality of African Americans, but rather to engage them.

The counselor must be a model. He must be sensitive and aware, able to both engage and confront the batterer, even when the batterer is African American. If the batterer is distanced the potential for change is lost. In the hands of a credible counselor, one with authenticity and knowledge of other cultures, even issues of racism can be addressed in the group.

How can counselors gain the cultural knowledge necessary to deal with African Americans effectively? There are a number of ways. Having friends who are African American can help enormously. Friends can be called on for advice and for explanations when difficult or puzzling situations come up in a treatment group. Co-facilitating with an African American is another option. This can also be a way of building bridges between cultures.Pairing an expert on African Americans with an expert on domestic violence can create a powerful therapy team.

Organizational Factors
The survey described here led to a national survey of partner abuse programs which was designed to learn more about how much effort is actually being made to understand and accommodate the needs of minority populations. One hundred and forty-two partner abuse programs were included in the national study. When these programs were asked about what types of clients they were prepared to serve, 96 percent (n=136) said they were prepared to work with any batterer regardless of race. Yet, only 17 percent (n=24) had a specific part of their program that was designed to encourage participation by minority clients. And over half of the programs (51 percent) made no special effort to understand or accommodate the needs of minority populations.

It seems clear in light of this study that minorities—and in particular African Americans, which was the group focused on in the Twin Cities survey—are underserved when it comes to treatment for partner abuse. There is much that organizations across the country and here in the Twin Cities could do to make their programs more effective for minority clients.

The Treatment of Minorities in Perspective
Though programs for men who batter began as a form of treatment that men generally attended voluntarily, the recent trend is to fill them with men referred by the courts. Among those mandated by the court to attend, minorities are, for whatever reason, disproportionately represented. This means that partner abuse treatment programs will increasingly be facing the issue of how they treat minorities.

In other social service areas it has been found that cultural sensitivity and the counseling environment are important ingredients of positive treatment outcome. The interviews with African American men who completed partner abuse programs in this study indicate that here too cultural sensitivity and the counseling environment make a distinct difference. Minorities have special service delivery needs.

The results of the comparative analysis in this study provide strong evidence that there are differences in how minority men who batter view treatment groups. Few programs are minority focused or include recognition of diversity in their treatment services. Although some programs do a fine job, the majority serve all populations in the same way, with a traditional, generic


Partner abuse treatment helps men get in touch with their responsibilities both to their community and to the health and well-being of their families. They learn to look beyond themselves for help with their problems.
approach. Programs that counsel men who batter must become more culturally aware and sensitive if minority men who batter are to be truly served. To become culturally competent, partner abuse programs must examine their approach. They must prepare themselves to respond to cultural differences in meaningful ways.

Agency and practitioner changes do not mean that perpetrators will be let off the hook. Rather, they allow the removal of barriers to service delivery. In this way counselors will be able to engage and confront minority men who batter, helping them change their lives toward more healthy patterns, both for themselves and their communities.

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