

Between Compassion and Accountability

**Guidelines for Faith Leaders Responding
to People Who Abuse Intimate Partners**



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Dear Faith Community Leaders, Members, and Faithful Friends,

At Safe Havens, we are passionate about empowering faith leaders (both clergy and lay) and congregations to play their unique and critical role in supporting survivors of domestic violence in their families, congregations, and communities. The safety of survivors and their children and families is always our primary concern. We know that for faith-affiliated survivors, the support of their faith community is critically important as they seek safety. Also, the trauma of domestic violence raises many spiritual questions that are best answered by faith leaders and faithful friends. Spiritual care for victims and survivors and their children is much needed in order to support healing as well.

It's also important to remember, however, that our congregations include not only victims and survivors of abuse, but also people who perpetrate abuse. While our first priority must always be safety and support for survivors and children, the souls of those who abuse are critically important as well.

There are many things to consider when assisting those who abuse power in an intimate relationship.

- ◆ Survivors of abuse often don't want the relationship to end, they just want the abuse to stop. What role could a faith leader or congregation play in holding people who abuse accountable for ending the abuse?
- ◆ How could a faith community help someone who abuses change their behaviors and attitudes? What realistic hope is there in this situation? What services are available?
- ◆ Those who abuse can be manipulative. How do we meet the spiritual needs of the abuser while at the same time ensuring that people of faith (individually or as a congregation) are not manipulated against the survivor?
- ◆ If we provide spiritual care for the abuser, how do we make clear that we are not siding with the abuser or condoning the abuse?
- ◆ Abuse is predicated on a lack of respect, empathy, and compassion for other human beings that suggests a deeper spiritual disconnection. How can we promote healthy relationships and equity within our congregations?
- ◆ Congregations nurture families. Violence and abuse break the covenant of marriage and destroy relationships and families. How can we continue to nurture families while also recognizing that some victims and survivors will have to leave their families in order to be safe?
- ◆ Abuse is a multi-generational problem, and domestic violence adversely affects children as well. What can we do today in our congregations that could minimize the number of children traumatized, and the number of children who experience abuse or perpetrate abuse in the future?
- ◆ In the midst of this enormous and complex problem, how do we bring hope?

As Safe Havens staff members have traveled the U.S. to provide trainings on domestic violence and faith to faith leaders from Maine to Alaska and from Florida to Nevada, we are often asked these and similar questions by faith leaders who are faced with the dilemma of working with people who have abused their intimate partners (wives, husbands, girlfriends, boyfriends, significant others, life partners, etc.).

At Safe Havens, we are not experts on working with people who abuse. We are grateful to partner with Dr. David Adams, a nationally and internationally recognized expert.

David is the Co-Director of Emerge, the nation's first Intimate Partner Abuse Education Program, founded in 1977. He is a licensed psychologist and one of the nation's foremost authorities on abusers and abuser interventions. David has published numerous journal articles and book chapters as well as several books, including Why Do They Kill? Men Who Murder Their Intimate Partners, which is based on his interviews of incarcerated killers as well as victims of attempted homicide. He has over 40 years of experience leading intervention groups with people who abuse their partners, which includes providing extensive outreach and support to their abused partners and ex-partners. He is also frequently called upon to provide expert testimony in court regarding family and criminal cases that involve allegations of domestic violence.

As an expert on people who abuse and a person of faith who is active in his congregation (David is Co-Chair of the Social Action Committee at Grace Episcopal Church in Newton, MA), David has the skills and experience we need to begin this conversation. He is the primary writer of this resource, which is designed especially for faith leaders.

We hope that this resource will help clergy, lay leaders, and all people of faith keep victims and survivors safer and provide the "tough love" needed for abusers to be held accountable and inspired to change.

We also hope that, by speaking out against abuse, intervening earlier, referring survivors and their families to community services, and holding abusers accountable, faith leaders and faith communities can become part of the wider effort to stop the spread of violence into the next generation and end the trauma and heartbreak that abuse brings to so many in our congregations and communities.



Rev. Dr. Anne Marie Hunter
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Introduction

My name is David Adams. As a person of faith and an expert on working with people who abuse their intimate partners, I'm delighted to partner with Safe Havens to develop this resource for faith leaders and faith communities about how best to respond to those who abuse.

Many survivors of domestic violence are faith-affiliated, and many will turn to their faith leaders and people in their faith communities for help.

Working with people who abuse is not at all straightforward and can be quite difficult. As faith leaders, you may want to jump in to help the abuser see how their behavior is impacting the person they say that they love. You may want to help protect the victim by pointing out the abuse publicly. But holding abusers accountable for their actions can put victims and their children at risk. Without proper preparation, expert treatment, and a desire to change on the part of the abuser, intervention on your part could backfire. At best, your efforts could be a waste of time; at worst, they could put the victim in a dangerous or lethal situation.

At the same time, many survivors of domestic violence are faith-affiliated, and many will turn to their faith leaders and people in their faith communities for help. It is critically important that faith leaders know how to respond safely and effectively.

Sometimes, faith leaders may be reluctant to help a survivor without knowing, for a fact, that the alleged perpetrator has actually committed abuse. Often, faith leaders are looking for a legal resolution that confirms or denies the violence before they support the victim of abuse.

Unfortunately, one of many challenges in responding to domestic violence is that there is often no legal resolution to the situation. In fact, a lack of a legal resolution is remarkably common. Only about half of domestic violence cases are reported to the police.¹ Even when the police are called, they only make arrests in about half of those cases. Police may also fail to investigate or find that there is not sufficient evidence to make an arrest. Even if an arrest is made, criminal charges are not filed in about one-third of cases. Of the remaining cases, the charges are dismissed or the offender is found not guilty about one-third of the time. According to one well-known study of 517 cases of domestic violence, the end result of these legal barriers and hurdles is that there were convictions in only 16 (3%) of the actual cases of domestic violence.²

There are also cases in which the victim does not want any intervention and denies the assault happened or denies being assaulted. This can happen when the victim called the police as well as when someone else called the police.

It is within this complex and difficult context that faith leaders are called upon to respond when a congregant is alleged to have committed intimate partner violence or domestic violence. In situations that lack clarity and a legal resolution, faith leaders find themselves balancing the need to support and validate the victim as well as the need to acknowledge the legal rights of alleged offenders to be presumed innocent until proven guilty.

Add to this mix the danger that is part of any case of domestic violence, and the task of a faith leader who has been called upon for help is almost overwhelmingly complicated. It would be easy to fall into paralysis and inaction.

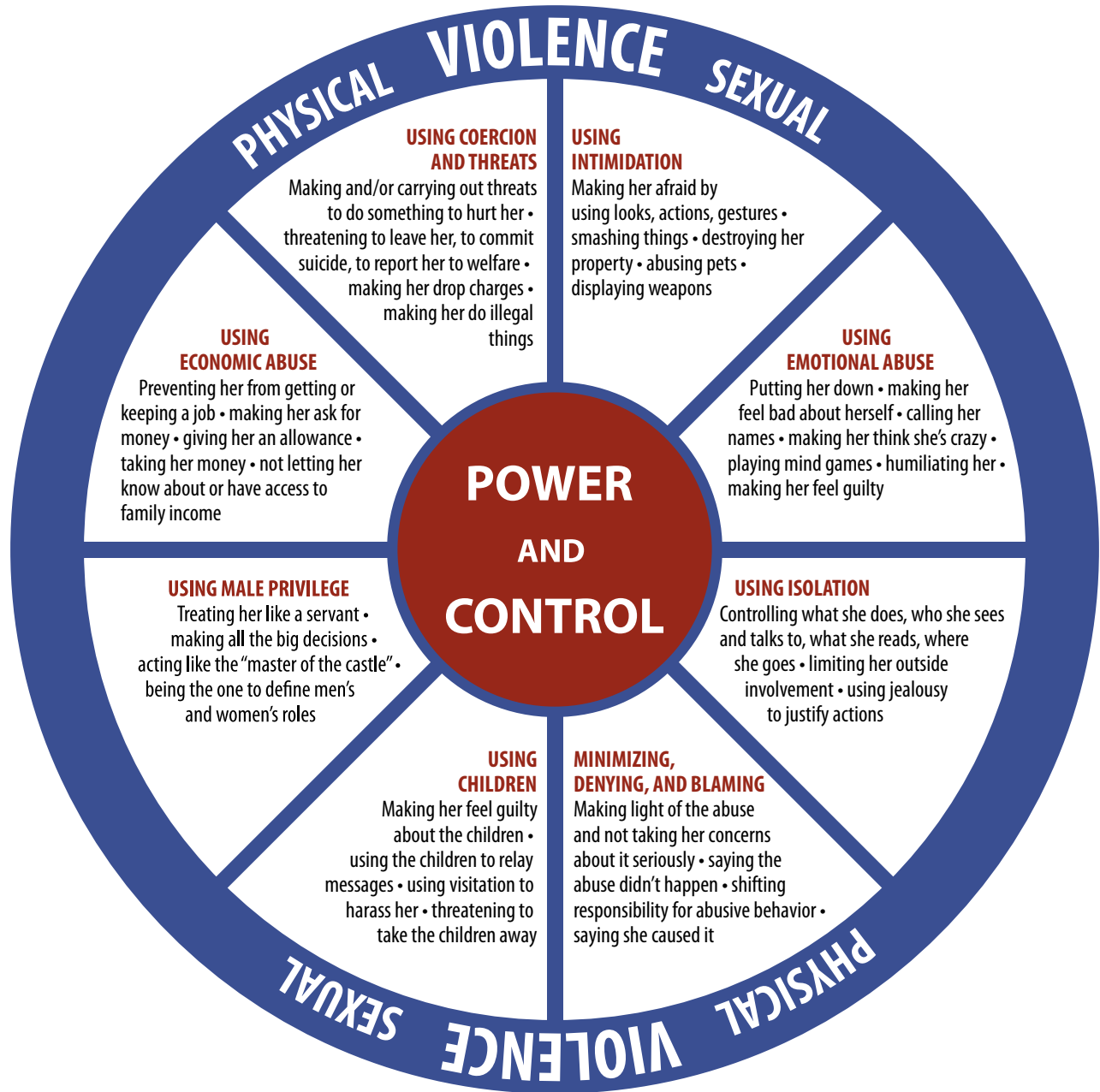
One of many challenges in responding to domestic violence is that there is often no legal resolution to the situation.

However, paralysis and inaction are simply not options. When faith leaders fail to respond, people who are experiencing abuse are left feeling ignored or invalidated at a time when they feel most vulnerable. Survivors of abuse need and deserve the support of their faith leaders and congregations. In fact, in the past, faith-affiliated survivors of abuse sometimes didn't seek help from a faith leader precisely because they feared they will be ignored, blamed, or otherwise judged.³ A study of faith and abuse reported:

"One victim whose husband attempted to kill her said that she had not previously disclosed abuse to her priest because he was 'dead set against divorce,' even in cases where there is domestic violence. And while she said the priest and parishioners were shocked by what [her husband did] when he stabbed her, she ended up leaving the church in the aftermath when no one reached out to her. She remained loyal to her faith, however, and later joined a church where she found more support from clergy and parishioners."⁴

What Is Abuse?

Intimate partner violence (or domestic violence or domestic abuse) is more than just physical assault. It is a pattern of coercive control that can include physical, emotional, economic, sexual, and spiritual coercion, in which one person undermines the will and self-esteem of the other person and seeks to control their behavior and decisions.



DOMESTIC ABUSE INTERVENTION PROGRAMS

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In referring to abusive behavior between intimate partners, I will use the term “intimate partner violence” as well as the more traditional terms “domestic violence” or “domestic abuse.” I prefer “intimate partner violence” because this distinguishes abuse within an intimate partnership from other kinds of violence in the family (such as child abuse).

It is not uncommon for survivors of abuse to strike back at their partners in self-defense or in response to being abused. This is commonly referred to as “abuse-reactive” behavior. This may cause both partners to claim to be “the victim.” It is important to note that while a survivor of abuse may strike back at times, the power and control remain solidly and consistently in the hands of the perpetrator, who continues to establish and maintain coercive control over their partner.

Sometimes, the term “mutual abuse” is used, but this is inaccurate because both people are not controlling or mutually undermining the independence or will of each other. Rather, despite occasional retaliation from the survivor, the person who abuses is systematically tightening control of their partner.

An excellent resource in identifying abusive behavior is the “Wheel of Control” developed by the Domestic Violence Intervention Program (see opposite). This graphic shows how various types of abuse interact with each other to create a cohesive web of coercive power and control.

What Is a Disclosure of Abuse?

A disclosure is the pivotal moment when a survivor chooses to tell someone about the abuse. It takes a lot of courage to disclose. Often, disclosures are made to people the victim trusts as a source of support and/or a sounding board, and that may mean someone in their faith community. Disclosures of abuse are often an important first step in seeking help.

The way we respond to disclosures can be critical in terms of the victim’s ability to seek safety or move forward. When survivors of abuse receive the support and referrals they need, a disclosure can lead to safety and be transformational. Many victims I’ve known have said that the single most important factor that determined whether they sought help was whether they were believed by those to whom they first disclosed abuse.

Faith leaders and faith communities often reach out to Safe Havens to ask how they can strengthen their responses to survivors who disclose abuse. It is important to provide training and resources to as many people (clergy and lay) in as many congregations as possible.

Safe Havens has developed several resources that provide guidance about how to respond to those who have disclosed abuse. Please see Safe Havens’ resources for faith leaders and faith communities at www.interfaithpartners.org.

With training and resources, faith leaders can learn to respond safely and effectively when survivors disclose abuse. Faith leaders also play an important role in community efforts to prevent and end abuse. Safety, support, and referrals for the survivor of abuse will necessarily be the top priority when faith leaders respond to situations where abuse is disclosed.

There may also be times when it is appropriate for a faith leader to respond to someone who has allegedly perpetrated abuse.

This resource provides guidance to faith leaders (clergy and lay leaders) on how to respond to those who are accused of or known to have committed abusive behavior against an intimate partner. The first part of this resource provides information about abuse and those who commit abusive behavior. The second part provides guidance about how faith leaders can help. The third part discusses Intimate Partner Abuse Education Programs, which are community-based services for those who abuse. Faith leaders have an important role in referring to and supporting participation in these services, which are the best hope for helping those who abuse make long-term changes that allow them to enjoy healthy relationships and build strong families.

With training and resources, faith leaders can learn to respond safely and effectively when survivors disclose abuse. Faith leaders also play an important role in community efforts to prevent and end abuse.

What Language Do We Use to Describe Those Who Abuse and Those Who Experience Abuse?

While fully supporting the person experiencing abuse, it is important to recognize the humanity and needs of those who abuse as well. This recognition begins with respectful language.

I will primarily use the term “survivor” rather than “victim” when referring to people who experience abuse. This is in keeping with the widely accepted view that those who have experienced abusive behavior should not forever be referred to as “victim,” as if that is all that they are. I will use the word “victim” when referring to a person who is currently being victimized or someone in the immediate aftermath of violence. It is also common to use “victim” when talking about abuse in the context of the criminal justice system.

Despite their abusive actions, those who abuse, or who are alleged to have abused, their partners should not be defined solely by the abuse. To avoid unhelpful labelling, I use the terms, “those who have committed abuse,” or “those who have been accused of abuse.” However, for the sake of brevity, I will occasionally use the term “abuser,” “offender,” or “alleged abuser” because this is the terminology used within the justice system to describe people who perpetrate or who are alleged to have perpetrated abuse.

Because anyone can commit abuse and anyone can be victimized by an abuser, I use the pronouns “they,” “she,” and “he” to describe both those who abuse and those who experience abuse.

A faith leader might learn that someone has allegedly committed abuse because the person experiencing abuse discloses the abuse directly. Alternatively, someone else (a friend, family member, or fellow congregant) may disclose the abuse. There may or may not have been police involvement or allegations made in a legal or public setting. As mentioned earlier, there is usually no legal resolution of the case.

Who Commits Abuse?

Anyone can abuse a wife, husband, intimate partner, or someone they are dating.

Research has shown that those who commit abuse come from all walks of life, all faith traditions, and from all class and racial backgrounds. Research has also found that intimate partner abuse occurs at

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approximately the same rate in same-sex relationships as in heterosexual relationships. Intimate partner abuse also occurs, in similar proportions, in relationships among older adults. While abuse of older adults is sometimes inaccurately presumed to be brought on by dementia or other age-related conditions, studies have shown that abuse experienced by an older adult in an intimate relationship does not usually start when a person becomes an older adult, but rather is a continuation of abusive behavior that began many years earlier.⁵

Why Is It So Difficult to Identify Those Who Abuse?

Most people who commit abusive behavior are never identified, much less held responsible for their abuse. One reason is that most individuals who engage in abusive behavior don't self-identify as abusers.

In fact, abusers are often likable and charming to those outside of the intimate relationship. They may hold important positions or be respected leaders within the congregation or community. They are often successful and appear well-adjusted. This means that it may be only the survivor, or perhaps a friend or relative of the survivor, who sees the abusive behavior. This gap between the public persona and the private reality of the abuser can make it hard for those outside the relationship to believe someone when they disclose abuse.

In fact, many survivors don't disclose because they fear that they won't be believed. However, research has repeatedly found that people who allege abuse are rarely making it up. In fact, studies show that victims are more likely to minimize abusive behavior, particularly in the early stages of disclosing it, than to exaggerate it. This is often because victims have repeatedly heard their abusive partner minimizing the abuse or blaming them for the abuse.

Perpetrators of abuse may also avoid being recognized by "situationalizing" the violence. Situationalizing abusive behavior means that the person who abuses presents the abuse as an

outcome of the situation, rather than as a deliberate pattern of coercive control. For example, at the outset of her husband's enrollment at Emerge (the Intimate Partner Abuse Education Program located in Boston that I co-founded and co-direct), "Norma" disclosed that it took many years for her to recognize that her husband was abusive.

"I used to think of it as an occasional outburst, and sometimes something that happened when he'd had too much to drink. And he'd blame me for it, saying, 'See what you made me do!' I did blame myself, like for bringing certain subjects up that might make him angry. Then my counselor helped me to see how I was always questioning myself and second guessing myself and kind of living on eggshells. And really, it was him who made me feel like I needed to do that. He was not second guessing himself. He would just start yelling for whatever reason and it was up to me to apologize and to pick up the pieces."⁶

Research has repeatedly found that people who allege abuse are rarely making it up.

The wider community, including faith leaders and congregations, may situationalize abuse as well. Abusive behaviors may be seen (and excused) as an unfortunate outburst, a symptom of too much drug or alcohol use, a result of frustration, stress at work, a "stormy relationship," or an unhappy childhood. However, it's important to remember that many people are angry or stressed at work, get drunk, or

had unhappy childhoods, and not all those people are abusing their intimate partners. Instead of accepting excuses for abuse, it's important to see the underlying pattern of coercive control.

Abusive behavior may also be overlooked or unseen by faith leaders and other helpers because it is never disclosed by the survivor or the perpetrator. Or, the person who discloses abuse may later retract the report, usually because they fear their partner's retaliation or they are trying to appease their partner.

Instead of accepting excuses for abuse, it's important to see the underlying pattern of coercive control.

Sometimes, we fail to identify abuse because we are looking for signs of physical abuse only. As a result, we fail to see more subtle but equally debilitating forms of coercive control such as mental, verbal, emotional, spiritual, or financial abuse.

Debunking 10 Myths about People Who Abuse

Many people, including faith leaders, hold misinformation or misunderstandings about perpetrators of intimate partner abuse. These myths impede our ability to detect those who commit abusive behavior and to help them and hold them accountable. At the same time, these myths hinder efforts to respond in a caring and informed manner to survivors of abuse.

Myth 1: Abusers Are Never Likable

The idea that we would know that someone is abusing their partner based on their public demeanor persists despite the many examples of celebrities whose abusive behavior has gone undetected for many years. The reality is that only about one-quarter of abusers are identifiable based on their interactions with friends, neighbors, faith community members, co-workers, and others who know them.⁷ These are people whose aggressive, obnoxious, or manipulative behavior in public makes them easy to spot as abusers.

Only about one-quarter of abusers are identifiable based on their interactions with friends, neighbors, faith community members, co-workers, and others who know them.

This leads to a problem because one in four is a substantial subgroup. When our stereotype of those who abuse is that they are always recognizable as abusers, and we are right 25% of the time, our stereotypes are confirmed and we come to believe that abusers are always recognizable.⁸ However, what we are missing is that 75% of the time, people who abuse are not outwardly aggressive, obnoxious, or manipulative to people other than their partner.

For example, even in homicide cases, neighbors commonly express surprise after the killing, saying “he didn’t seem like the type,” or “he was such a nice guy.” We struggle to detect abusers because many people who commit abusive behavior are likable and charming to those they do not abuse.

In fact, many abusers come across as more likable than their victims. Domestic violence experts say that this is not surprising because domestic violence tends to adversely impact victims more than it does perpetrators. Even in intimate partner homicide cases, neighbors sometimes say that the victim came across as less friendly or trusting.

In my study of intimate partner homicides and attempted homicides, I found that most of the victims of near-fatal assaults had not previously asked for help from neighbors. Many said it was because they feared the neighbors would take the side of their abusive partner. Three victims said that their abusive partners were well liked by the neighbors. One woman said,

“They thought he was a darling. He was always plowing their driveways and helping them move things and whatnot. They probably thought I was unfriendly cause I didn’t come outside to chit chat as much. I always got the feeling he might have been saying things [to them] about me. I don’t know that for a fact but it seemed like they were thinking I was a cold fish and I was lucky to have him.”⁹

It is really hard to learn new information that contradicts what we thought we knew. Experts call the resulting confusion “cognitive dissonance.” For example, when we like someone and then find out they are abusive, we experience cognitive dissonance because the abuse contradicts our established perception of this person. One solution is to not accept the new information. In the case of an alleged abuser, this means that our natural inclination is to not believe the victim’s accusations.

Another way that we deal with cognitive dissonance is to compartmentalize the new information so that we can preserve our pre-existing feelings and judgments. For instance, if we like a person but then hear allegations of abuse about them from their partner, we might accept the allegations as valid, but still act in a way that ignores the allegations in order to preserve our good relationship with the accused. This is just as damaging for survivors of abuse as being disbelieved because the message is, “the abuse doesn’t really matter.”

The #MeToo Movement has revealed many instances in which celebrities accused of abuse continued to enjoy the friendship and support of their fans. Victims of their abuse have spoken eloquently about how they feel isolated, dismissed, and disbelieved due to the continued public adulation for their abusers. When the testimony of a survivor is disbelieved or the actions of an abuser are ignored, survivors feel silenced and invisible.

Myth 2: Abusers Are Angry

The reality is that intimate partner violence is more about possessive control than episodes of rage.

Various surveys have shown that when people are asked to describe an abuser, “angry” is often the first and most frequently used adjective. We look for angry outbursts to tell us that someone is an abuser. The reality is that intimate partner violence is more about possessive or coercive control than episodes of rage. While some abusers rage more than others, many victims report that rage attacks are far less common than other abusive behaviors such as name-calling, criticisms, controlling the money and other joint resources, and social isolation.

Moreover, victims often report that their partners have a well-developed ability to control their anger since, as one victim put it, “He can turn it on or turn it off, depending on who is watching; I mean he’s never ‘lost it’ in front of our friends.”¹⁰

The anger control that abusers are presumed to lack is also frequently in evidence in their interactions with friends, neighbors, members of their congregations, and co-workers. Contrary to the myth of the “rageaholic,” most abusers are fully capable of managing their anger toward other people.

The myths about anger and rage not only prevent many abusers from being detected, but for those who are, it leads faith leaders and other help providers to make the wrong referrals. Often, those who abuse are referred to Anger Management programs, or to individual therapists who are charged with helping the individual to better handle their anger. Anger Management programs presume that a person is violent due to their inability to control their anger, and it therefore follows that anger management skills are taught. However, these are not the skills necessary to create the desired

change in a person who is causing harm to their partner as a way to establish overall power and control. Please see Page 31 below about treatment options for abusers for more information.

Myth 3: Alcohol or Drug Use Causes Abuse

The notion that alcohol and/or drugs cause domestic violence persists despite strong evidence that this is not the case. Research about the interconnections between substance abuse and domestic violence has made the following findings.

- ◆ Many incidents of abuse occur when the abuser is not impaired, even for those with substance abuse problems.¹¹
- ◆ Though substance abusers are more likely than non-substance abusers to commit domestic violence, substantial numbers of substance abusers do not engage in domestic violence.¹²
- ◆ Experts in the domestic violence field, as well as many in the substance abuse field, view alcohol and drug use as an excuse for, rather than a cause of, domestic violence.¹³

This last point is based on a rich body of research about how intoxicated individuals frequently excuse socially undesirable behavior on the grounds that they were drinking. One famous study, called the “lampshade study” entailed two groups of college students at parties.¹⁴ The first group was truthfully told that the punch they were drinking was laced with alcohol. The second group was told the same thing when in fact there was no alcohol in the punch. The findings were that the second group engaged in more aggressive and/or “intoxicated” behavior (such as putting lampshades on their heads) than the first group, even though they had not consumed any alcohol. These and subsequent studies conclude that beliefs about the effects of alcohol on one’s behavior are often more determinative of one’s behavior after consuming alcohol than the physiological effects of the alcohol itself. Further, they conclude that alcohol and drugs are often used as excuses for behavior that would otherwise be condemned as socially undesirable.

While substance abuse does not cause intimate partner violence, there is persuasive evidence that it can contribute to it becoming more severe and dangerous. Substance abuse has been found to be a major risk factor for intimate partner violence.¹⁵ It has also been identified as a significant factor that influences both whether a person completes an Intimate Partner Abuse Education Program, and whether they re-offend while attending the program.¹⁶ For this reason, it should be recognized that a person who abuses their partner as well as substances has two problems for which they should seek help, and that one form of help should not replace the other.

Alcohol and drugs are often used as excuses for behavior that would otherwise be condemned as socially undesirable.

Myth 4: It Only Happened Once, So It Can't Be Abuse

While it is generally true that a single abusive event does not make a pattern of abuse, the question is what is counted as "abuse." Often, "abuse" refers only to domestic violence incidents that are reported, documented, and otherwise "legitimated."

For example, in courts, many people arrested for domestic violence are referred to as "first time offenders" because it is their first arrest for domestic violence. Several studies have shown, however, that many so-called first-time offenders have committed prior acts of domestic violence for which they were not arrested.¹⁷ Remember that it is estimated that less than half of domestic violence crimes result in calls to police or arrests.¹⁸

Another problem is that our source of information about what has happened is often the alleged perpetrator or the survivor, who are not necessarily counting prior acts of intimidation, such as

Assessment enables those who start out insisting that "it has only happened once" to recognize their prior acts of abuse and the pattern of behavior that has established their power and caused fear and intimidation in their partner.

punching holes in walls, throwing or damaging objects, getting in the victim's face, or making threats. For many who commit abuse, these prior acts of intimidation are not recognized as abusive until they are participating in an Intimate Partner Abuse Education Program. Besides intimidation, first acts of physical violence are typically preceded by psychological, emotional, and/or verbal abuse including name-calling, insults, accusations, and social isolation. Again, these are not recognized by most abusers as abusive. When people who complete the program at Emerge are

asked "What is the biggest thing you learned?" the most common response is, "When I started the program, I never realized all the different ways that I had been abusive."¹⁹

This is one of the reasons that the assessment period at Emerge and similar programs is not a single session but extends over several weeks, during which education about various types of abuse is provided. This enables those who start out insisting that "it has only happened once" to recognize their prior acts of abuse and the pattern of behavior that has established their power and caused fear and intimidation in their partner.

Myth 5: Abusers Lack Skills

It is a common assumption in the general public, including faith leaders and therapists who are untrained on domestic violence, that those who commit abuse do so because they lack social or communication skills. In fact, most abusers possess social and communication skills and are quite adept at building relationships with others, including friends, neighbors, members of their congregation, and co-workers. In my experience, only a minority of abusers lack some of these skills.

The majority of abusers do not lack communication skills so much as the will to use them with their intimate partners. For example, many lack the will to listen to or empathize with their partners, although they use these skills in their interactions with others.

The more complex reality is that individuals who abuse their intimate partners have a skill set that they employ to control and undermine their partners. These skills include manipulation, control, and domination. Their manipulation tactics typically include the ability to undermine their partner's self-esteem, sabotage their reputation with others, and divert attention away from their own behavior through patterns of denying or minimizing, blaming, making excuses, situationalizing, and sidetracking. Another key tactic is called gaslighting: the ability to cause their partner to doubt their own perceptions by denying what they have done, lying, and blaming the partner. Through gaslighting, the abuser makes the victim question their sanity and wonder if they are being overly reactive to the situation.²⁰

The majority of abusers do not lack communication skills so much as the will to use them with their intimate partners.

Myth 6: Abusers Lack Self-Esteem

Some people presume that an abusive person's superior or condescending attitudes toward their partner must reflect underlying feelings of low self-esteem. While research has shown that some abusers suffer low self-esteem, it has also found that they are twice as likely to exhibit narcissistic tendencies.²¹

There is a wide spectrum of narcissism that ranges from narcissistic personality disorder to simple self-centeredness. Narcissism and self-centeredness typically include having an inflated or grandiose belief about oneself, feeling entitled to services and deference from others, being critical of others, blaming others for one's own problems, having diminished empathy for other people's feelings, being exploitative toward others, and having a sense of exceptionality (the idea that the rules don't apply to oneself).

While not all narcissists are abusive, most abusers have narcissistic tendencies, and this contributes to their perceptions of themselves as victims rather than perpetrators of abuse.

Rather than recognizing their own problems and deficiencies, narcissistic people often project their own negative traits onto others. Therefore, they often

see other people as uncaring, untrusting, angry, unappreciative, or judgmental. This projection of unpleasant traits onto others often results in narcissistic people viewing themselves as the victims of other people's bad behaviors.

In intimate relationships, this sense of victimhood is exacerbated by the narcissistic person's tendency to inflate their contributions to relationships and at the same time to under-value the contributions

of their partner. As a result, the narcissistic person often feels unappreciated and unsupported, a perception that largely overlooks their own lack of appreciation and support of their partner. Partners of narcissistic individuals often feel starved for attention and recognition.

While not all narcissists are abusive, most abusers have narcissistic tendencies, and this contributes to their perceptions of themselves as victims rather than perpetrators of abuse. What makes them so convincing to clergy and other help providers is that, for the most part, they genuinely see themselves as victims.

One group member attending an Intimate Partner Abuse Education Program blurted out, “My wife is never happy, for Christ sakes, see what I am dealing with? I’m with someone who is impossible to please.” Over time, he came to see that his wife’s unhappiness was a direct result of his abusive behavior: “with my abuse, I never saw the best of her,” he reflected.²²

Myth 7: Being an Abusive Person Doesn’t Make Someone a Bad Parent

There are three equally important aspects of parenting:

- ◆ how one treats the children,
- ◆ how one treats the other parent, and
- ◆ the example one sets as a person in general.

Research has shown that children are just as adversely affected by experiencing abusive behavior by one parent toward the other as they are when they experience abuse directly themselves.²³ In fact, studies have shown that when a child grows up witnessing intimate partner abuse, this is a stronger predictor that they will grow up to become an abuser than if they were directly abused themselves.²⁴ Children who witness severe intimate partner abuse are 100 times more likely to become abusers than those who don’t.²⁵

Besides learning abusive behavior, children who witness abuse are more prone to a wide variety of behavioral, cognitive, developmental, and psychological problems.²⁶ They are more likely to do poorly in school or to drop out of school, develop substance abuse problems, become pregnant or make someone else pregnant as a teen, become depressed, and engage in juvenile delinquency.²⁷

Research has shown that children are just as adversely affected by experiencing abusive behavior by one parent toward the other as they are when they experience abuse directly themselves.

Children who grow up with domestic violence often feel divided loyalties toward their parents and may be just as likely to blame the abused parent as the abusive one. They also tend to blame themselves and to have difficulty bonding in healthy ways with others.

Many of these difficulties stem from the abusive parent’s insistence on loyalty. In my experience as an Expert Witness in domestic violence cases, children exposed to domestic violence often feel that

they have to hide their affection for the abused parent in order to gain the approval of the abusing parent. In addition, people who abuse often pit their children against each other, as part of a “divide and conquer” strategy. This also appears intended to undermine the other parent’s relationship and authority with the children.

Myth 8: Any Treatment Program Is Better than None at All

A key consideration for faith leaders who interact with those suspected of or known to have committed abuse is what kind of treatment to recommend. Referrals should be based on research and

Abusers try hard to preserve their ability to maintain control with impunity.

what the data show to be effective. However, abusers often try to control where they will go for help. In short, those who abuse often try to avoid Intimate Partner Abuse Education Programs because these programs are serious about accountability, and abusers try hard to preserve their ability to maintain control with impunity. This may leave a faith leader or other helpers referring to an anger management program or an unqualified individual counselor, or providing marital counseling or pastoral counseling

themselves because, “at least the abuser agreed to attend.” However, faith leaders and other helpers must avoid thinking that any treatment is better than none.

A faith leader would not refer someone with a substance abuse problem to a car mechanic or someone with a broken leg to a tree surgeon. In the case of those who perpetrate domestic violence, it is critically important to refer those who abuse to an Intimate Partner Abuse Education Program, and to strongly encourage them to attend for the entire length of the program. Making the right referral, and sticking with it, can be a matter of life and death for the victim.

Knowing the right place to refer someone who abuses and insisting that abusers get this much needed help that research has proven to be effective is an important role for faith leaders and other helpers.

Please see Page 31 below for more information about treatment options for abusers.

Myth 9: Abusers Don’t Change

The vast majority of those who abuse never seek help. However, outcome research about Intimate Partner Abuse Education Programs like Emerge has consistently shown positive results, particularly for those who complete these programs. While the findings vary, overall outcomes show those who complete the program are two to four times less likely to re-offend than those who don’t complete the program.²⁸ And while there tends to be a high non-completion rate of 40-50%, there appears to be a program benefit even for those who don’t complete. One large meta-analysis of outcome studies found an overall recidivism rate of about 26%.²⁹

To put this in context, these results (both in terms of drop-out rates and recidivism) are equal to or better than those for substance abuse programs. Typically, substance abusers will drop out of

programs several times before achieving lasting sobriety. Similarly, many abusers who drop out or are terminated from an Intimate Partner Abuse Education Program end up doing well the second or third time around.

The important thing is for those who abuse to attend the program and to stick with it throughout the entire program. Faith leaders and other helpers can play a role in encouraging those who abuse to attend, in supporting their self-reflection and growing self-awareness, and in challenging areas in which abusers are still situationalizing or minimizing the abuse, blaming others for their problems, or promulgating excuses for their behavior.

Many abusers who drop out or are terminated from an Intimate Partner Abuse Education Program end up doing well the second or third time around.

Myth 10: Expressions of Remorse are Signs of Change or Willingness to Change

It is not uncommon for those who commit abuse to express remorse, sometimes very tearfully or dramatically. Embedded in their histories, however, are many prior apologies, tearful confessions, and promises to change, followed by repeated acts of abuse. Within an Intimate Partner Abuse Education Program, these apologies and other expressions of remorse are viewed as an intrinsic part of the cycle of abuse. They are also labeled as “quick fixes” because they are often designed to deter the victim from ending the relationship or taking legal actions.³⁰

Until a person who abuses has consistently attended an Intimate Partner Abuse Education Program, their expressions of remorse during their interactions with faith leaders and other helpers do not usually signify empathy for the victim or a readiness to change. More often, tearful confessions reflect attempts to manipulate victims, family members, faith leaders, and other helpers.

For someone still in denial about their abusive behavior, the remorse they express is most often not a reflection of genuine remorse about how their partner has been impacted but rather remorse about the repercussions of getting caught, such as being arrested, having to vacate their home, or not being allowed to see their children. True empathy for their partners is only possible with prolonged treatment.

In other words, until a person who abuses has consistently attended an Intimate Partner Abuse Education Program, their expressions of remorse during their interactions with faith leaders and other helpers do not usually signify empathy for the victim or a readiness to change. More often, tearful confessions reflect attempts to manipulate victims, family members, faith leaders, and other helpers.

Beyond the Myths, What Have We Learned about People Who Abuse their Partners?

Now that we've cleared away the ten most common myths about people who abuse, we can learn more by acknowledging two predictable characteristics commonly shared by those who abuse: manipulation and excuses. Learning more about these common traits can be helpful for faith leaders, friends, family and faith community members, and others who want to support survivors of abuse and encourage those who perpetrate abuse to work toward lasting change.

Manipulation

One common and predictable aspect of abusive behavior is manipulation. People who abuse manipulate both victims and anyone (including faith leaders and faith community members) who try to help. This is particularly true if the person who abuses has just begun to talk about the abuse, or if the abuse has just come to light.

While it is a natural instinct to offer support and solace when a person reveals pain, it is important for faith leaders to recognize how that support and solace can be misunderstood by the abuser as a sign of support for, or even agreement with, their abusive behavior.

Before they have committed to treatment, and even in the early stages of treatment, many abusers seek allies to support their grievances against their partners. This allows abusers to continue to blame their partners for the abuse, and it can be true even after abusers have confessed to the abuse. When discussing his previous therapist, one Emerge client said:

"I hate to say it but I really kind of suckered him by telling him about my abusive father and mother. I think he kinda took that as a sign that I was sorry, which I was, but not sorry enough to change my behavior back then He was on the phone with my wife and telling her how much pain I was in. Good for her that she wasn't falling for it. My crummy upbringing didn't mean shit to her after how I treated her And this guy [the therapist] was trying to convince her I deserved a second chance, and she'd already given me a hundred [chances]."³¹

In other words, dramatic confessions, charming or pleasing public behavior, and vows to change are often manipulative tools used to "win over" family members, friends, and faith leaders to stand as allies with the abuser. The abuser's goal is to leave the survivor isolated, vulnerable, disbelieved, doubting their own sanity, and more dependent than ever on the abuser.

***People who abuse
manipulate victims and anyone
(including faith leaders) who try to help.***

For faith leaders to anticipate and recognize manipulation does not mean that they lack empathy, compassion, or grace, or that they don't believe that the abuser can change. It simply means that they know more about intimate partner violence, understand the long process, hard work, and level of accountability it will take to actually change, and have the fortitude to seek real change and justice for the survivor of abuse over the long term.

Excuses, Excuses, Excuses

People who abuse also make excuses for the abuse. Excuse-making is central to the abusive person's attempts to manipulate others and to avoid responsibility and repudiation. While most people condemn domestic violence, there is still widespread social acceptance for excuses provided by those who abuse. Research over the past 25 years at Emerge has identified the following "top ten" excuses used by those who abuse, in order of their prevalence.³²

Top 10 Excuses for Abuse

- 1. I was provoked by my partner.**
- 2. I lost control.**
- 3. My actions were well intentioned.***
- 4. I was frustrated or under a lot of stress.**
- 5. I was intoxicated or high.**
- 6. It was self-defense.**
- 7. I was in a jealous rage.**
- 8. I was feeling insecure.**
- 9. I was tired (sleep-deprived).**
- 10. It was an accident.**

** These good intentions are similar to child abusers who insist they were not abusing their child but rather trying to teach them or prevent them from doing something bad.*

While most people condemn domestic violence, there is still widespread social acceptance for excuses provided by those who abuse.

How Can Faith Leaders Identify and Respond to Excuses for Abuse?

When it is safe to do so (see Pages 25 and 26 for important information about safety and confidentiality), it can be helpful for faith leaders and other helpers to respond directly to the excuses that might prevent a person from accepting responsibility for abusive behavior. This “push back” from the community can encourage someone who abuses to take responsibility for the abuse and enroll in an Intimate Partner Abuse Education Program or Batterer Intervention Program. Here are some suggested responses to some of the most common excuses.

The abuser says: “She provoked me.”

- ◆ “Nobody can cause you to do anything you don’t believe in doing.”
- ◆ “You can’t control her actions; you can only control your own.”
- ◆ “You are 100% responsible for how you choose to react.”
- ◆ “I’m not justifying what she did, but your violence can only make it worse.”

The abuser says: “I lost control.”

- ◆ Point out things the person did not do (punch partner with closed fist; stab her) as examples of how they did have control (as much as they wanted to).
- ◆ “You want credit for what you did not do but you are still responsible for the actions you chose.”

The abuser says: “It’s only because I love her so much that I have such strong feelings.”

- ◆ “That’s not the way to show it.”
- ◆ “Your intentions are good, but your behavior creates the opposite effect.”

The abuser says: “I was just trying to point out how wrong she was” (good intentions).

- ◆ “That may be, but now all she remembers is your violence.”
- ◆ “Would you want to listen to someone who hits you?”

The abuser says: “I’m just under so much stress.”

- ◆ “There’s stress that you can’t control and stress that you create for yourself.”
- ◆ “Yes, all the more reason not to create more stress by getting yourself arrested, (point out other consequences).”
- ◆ “Lots of people are under stress, but they don’t abuse their partners.”

The abuser says: “It only happened because I had too much to drink.”

- ◆ “You are still responsible for what you do when you drink.”
- ◆ “Not all drinkers hit their partners.”
- ◆ “Knowing that you might become violent or say ugly things when you are drinking, you should monitor your drinking.”
- ◆ “The consequences don’t disappear just because you were drinking.”

The abuser says: “It’s the first time this has happened.”

- ◆ “Great, and let’s make sure it doesn’t happen again.”
- ◆ “Think back to any prior times when your partner might have felt afraid or intimidated by something you did, even if you didn’t put your hands on them.”

The abuser says: “It was self-defense.”

- ◆ “What are some other nonviolent options you could have chosen instead?”
- ◆ “Self-defense means taking the minimum necessary actions to protect yourself from harm, for example, by leaving the situation, blocking the partner’s blows, etc.”

Although this summary of information about abuse itself and those who perpetrate abuse is not exhaustive, it provides a firm foundation for overcoming common myths, avoiding manipulation, and getting past the excuses. With this knowledge in hand, it will be easier to hold those who abuse accountable and provide them with pathways to growth and change.

Mary Karr said, “the opposite of love is fear.” It is only after abusers are able to stop their abusive behavior, allow time for family members to gain trust, and overcome the terror they have instilled in loved ones that they will be able to build strong, healthy families that are grounded in love rather than fear.

How Can Faithful People Help?

In any abusive situation, there is potential for manipulation and for danger to the survivor, children, and other family members. Despite this, it is important to recognize the unique position and enormous potential for faith leaders who have received resources on domestic abuse and learned how to respond to abusers to offer helpful and informed guidance. Many people see their faith leaders as one of their first places to turn for help, sometimes even ahead of friends and relatives, when it comes to disclosing or discussing problems, including intimate partner violence.

One important factor that determines whether a victim will disclose abuse to a faith leader is whether the faith leader and members of the congregation are able to talk about intimate partner violence. This may be communicated within the community in many ways, including providing resources, hanging posters on the walls and in the restrooms, speaking directly during the service, providing special programming, and/or including survivors in corporate prayers. Therefore, faith leaders must critically consider how and whether they are seen as helpful resources, and what kind of spiritual leadership they wish to establish on the subject of intimate partner violence.

Many victims are looking for “permission” from their faith leader to seek safety and support as they decide what to do. Faith leaders have tremendous power to make a significant difference in the lives of survivors and their children. Their clear condemnation of abuse and support of prevention within the congregation could also help to end abuse in the next generation.

Clergy and lay leaders are also in a key position to provide direction to those who have abused their partners.

Clergy and lay leaders are also in a key position to provide direction to those who have abused their partners. However, they must learn to avoid common pitfalls, which include being manipulated by the abuser, supporting the abuser’s excuses for abuse, or breaking confidentiality.

Most importantly, faith leaders must recognize when any interaction with an abuser could heighten danger for the victim and others, and, in this circumstance, refrain from speaking with or confronting the person who abuses.

In any abusive situation, there is potential for manipulation and for danger to the survivor, children, and other family members.

Top Priority: Keep People Who Are Experiencing Abuse Safe

We strongly recommend that faith leaders build strong working relationships with local domestic and/or sexual violence services advocates, call upon those advocates for advice and support, and encourage survivors to work with local advocates to develop a robust safety plan.

A guiding principle for faith leaders to follow when interacting with those who admit abusive behavior, or those suspected of it, is to do no harm to victims of abuse. Abusive situations are extremely complicated and can be dangerous and even lethal. The situation can also change rapidly. There is simply not room in this resource to respond to all possible circumstances and nuances. For this reason, we strongly recommend that faith leaders build strong working relationships with local domestic and/or sexual violence services advocates, call upon those advocates for advice and support, and encourage survivors to work with local advocates to develop a robust safety plan. Faith leaders can also call a local hotline for advice and support when needed.

Trying to Leave: The Most Dangerous Time

The most dangerous time for a victim of abuse is when they are thinking about or planning to leave or when they have just left. Keeping survivors safe means that it is critically important to keep confidential any statements the victim has made, whether these were made directly to the faith leader or to other staff or members of the congregation.

It is never safe or appropriate for a faith leader to speak with the victim and alleged perpetrator together about abusive behavior, even in cases when the victim has asked them to do so. If the survivor asks the faith leader for a meeting that includes the abusive partner, the faith leader should suggest instead that individual counseling is the place to start. The faith leader should also refer the survivor to a domestic violence services victim advocate for support, advice, and safety planning.

This cautious approach is necessary because many survivors have disclosed abuse in the “safety” of a couple’s counseling or marital counseling session in their faith leader’s office, only to face retaliation later from the person who abuses them. This retaliation can occur even if, during the session, the abuser confessed, begged to be forgiven, and promised that the abuse will never be repeated.

In some congregations, faith leaders have made it a policy to always meet with the two people in ANY couple separately before providing couple’s or marriage counseling. This practice allows the survivor to disclose abuse in private if they choose to. If abuse is present (or bubbles to the surface during the individual counseling), the faith leader should avoid meeting with the abuser and the survivor together because this could lead to retaliation and further endanger the survivor.

It is never safe or appropriate for a faith leader to speak with the victim and alleged perpetrator together about abusive behavior.

Faith leaders should never ask about or talk to a congregant about their abusive behavior in cases where the only source of information has been the survivor except with the explicit permission of the survivor. Even in cases where the abuse is publicly known and the survivor has given permission to speak to the abuser, it is highly recommended that the survivor meets with a victim advocate to discuss the abuser's potential retribution and to develop a safety plan before the faith leader approaches the abuser.

Even when there are other sources of information about the abuse, faith leaders should not mention the victim's reports or concerns to the abuser. When the other source of information is a friend or relative of the victim, faith leaders should likewise not cite their reports to the alleged perpetrator because the alleged perpetrator will suspect that such reports of abuse came from the victim.

In summary, a faith leader should not discuss the abuse with an alleged abuser in the following situations:

- ◆ The abusive behavior has only been revealed by the victim or a friend or relative of the victim and the victim has not yet had the opportunity to meet with a victim advocate for safety planning.
- ◆ The alleged abuser is likely to presume that the faith leader is asking about the abuse only because of prior conversations with the victim.
- ◆ The victim does not wish for their partner to be approached.

Faith leaders could discuss domestic violence with an alleged perpetrator in the following circumstances:

- ◆ The victim has asked the faith leader to do so and has had an opportunity to meet with a victim advocate for support, advice, and safety planning.
- ◆ Information about the abusive behavior has come from a public source, such as a newspaper story or police report, and the survivor has a safety plan in place.
- ◆ The information about the abusive behavior has come directly from the abuser.
- ◆ The faith leader has directly observed the abusive behavior. In this case, the faith leader should first approach the victim in private, make a referral to a victim advocacy program for safety planning, ensure that a safety plan is in place, and ask for the victim's permission to speak to the alleged abuser.

Some faith leaders have found that congregational members are more likely to self-identify abusive behavior when faith leaders have spoken publicly about the topic of intimate partner violence or have spoken about the need for respectful behavior between couples.

Even when there are other sources of information about the abuse, faith leaders should not mention the victim's reports or concerns to the abuser.

Another vehicle for encouraging an abuser to self-identify is to make printed materials available for everyone in the congregation. An excellent choice of materials is a self-assessment for abusive behavior. The self-assessment developed by Emerge is included in this resource as Appendix 2: a checklist of controlling and abusive behaviors is included as Appendix 1.

Responding to Concerned Friends, Family Members, or Congregants

Sometimes, a concerned friend or relative or someone in the congregation (not the survivor or the alleged abuser) contacts the faith leader on behalf of the victim to talk about their concerns about possible abusive behavior. In such cases, it is best for the faith leader to encourage the concerned person to ask the victim to contact the faith leader directly, rather than having a prolonged discussion with the concerned person about the abuser's behavior.

It may be helpful for the faith leader to give concerned friends, family members, or congregants written information about intimate partner violence, available local advocacy agencies, Intimate Partner Abuse Education Program brochures, a self-assessment tool, or digital links to such information.

It may be helpful for the faith leader to give concerned friends, family members, or congregants written information about intimate partner violence, available local advocacy agencies, Intimate Partner Abuse Education Program brochures, a self-assessment tool, or digital links to such information. This information could also be made available in the congregation's library, on bulletin boards and in the

restrooms, and on the congregation's website. I strongly recommend that all faith leaders get to know the local services (for both survivors and for perpetrators) so that they can describe the program and make knowledgeable referrals that encourage congregants to trust and access local services.

Guidelines for Expressing Concern and Encouraging the Person Who Abuses to Get Help

After a faith leader has determined that they can safely begin a conversation about the abuse with an alleged abuser, here are some guidelines for discussion that might motivate a person who abuses to seek the right kind of help.

Every abusive situation is different, so it is difficult to provide blanket statements about what will help someone who abuses and what won't. However, it may be helpful to express concern and point out the consequences of the abuse. Say that you are concerned about the person who abuses, while also citing one or more of the following possible consequences (based on your knowledge of what is most meaningful to them).

“If this goes on, you could:

- ◆ get arrested,
- ◆ ruin your relationship,
- ◆ push your partner away,
- ◆ harm your children by exposing them to the abuse or its aftermath,
- ◆ alienate your children,
- ◆ have to spend a lot of money on legal services or another residence,
- ◆ create emotional and financial stress,
- ◆ harm your own, or your partner’s, health,
- ◆ create bad publicity for you and your family,
- ◆ lose friends.”

Addressing “Quick-Fix” Strategies

Abusers may try to avoid the hard work required to end their abusive behaviors by focusing instead on “quick-fix” strategies, which can include promises, apologies, gifts, looking for short-term help, or bargaining. These may all be part of the abuser’s overall pattern of manipulation and avoidance of accountability. To counteract this, it is helpful for faith leaders, faith community and family members, and friends to help the abuser focus on and commit to long-term, targeted help (for example, at an Intimate Partner Abuse Education Program; see next part for more information) to make sure the abuse doesn’t happen again in their current or any future relationships. To do this, faith leaders can point out the limitations of quick-fix strategies as detailed below.

- ◆ **Promises that it will never happen again**
“That’s a good start but it will backfire if you expect your partner to immediately trust you.”
- ◆ **Apologies**
“Great, but apologies don’t stop abusive behavior, and you can’t expect immediate acceptance of your apology.”
- ◆ **Gifts**
“Gifts don’t stop abuse and are meaningless if you keep repeating your behavior.”
- ◆ **Getting help**
“Good, but studies have shown that outcomes are poor for people who don’t stick with it.”
- ◆ **Bargaining (I’ll get help if you get help; I’ll get help if I can move back in)**
“You have to be committed to changing your behavior. Your partner is not responsible for helping you change or rewarding you for changing.”

Additional Support and Referrals

After avoiding manipulation and excuses, expressing immediate concerns, and pointing out potential consequences, faith leaders can encourage the person who abuses to seek help at an Intimate Partner Abuse Education Program (IPAEP) that extends beyond a quick fix. Point out that even if the person strongly believes their violence will not re-occur, treatment is essential to address the possibility that it may re-occur and also to address how intimate partner abuse may have impacted their partner and children. If there is evidence of minimization (that is, the abuser makes light of the

After avoiding manipulation and excuses, expressing immediate concerns, and pointing out potential consequences, faith leaders can encourage the person who abuses to seek appropriate help that extends beyond a quick fix.

situation), encourage them to seek additional information in order to receive an expert opinion about whether or not they are abusive. When the abuser is making excuses or blaming others, faith leaders could point out the need for the person to be responsible for their own behavior (see guidelines above).

Faith leaders can also provide referral information about the local Intimate Partner Abuse Education Program for assessment and/or treatment, and provide hope and reassurance that change is possible.

In addition, faith leaders can strongly encourage the person who abuses to abide by any court protective orders and to respect the victim's wishes about any other limits they may have placed on the relationship. If no contact or limited contact is a condition of the protective order, point out that there are legal options for seeking to gain or increase contact with the survivor or the children and that these should be used instead of trying to convince or pressure the victim to allow additional contact. When such court orders are in place, it is important to point out that these decisions were not made by the survivor but were made by the court.

Faith leaders can provide hope that, with commitment and hard work, change is possible.

It is also important to show concern for the wellbeing of the person who abuses. Ask them to check in during the time that they are attending an Intimate Partner Abuse Education Program. Encourage them and provide hope that, with commitment and hard work, change is possible. Help them to reflect on their actions and to appreciate the damage that has been done. Follow up with them if they stop attending the program and encourage them to attend. If they drop out, encourage them to re-enter the program and to stick with it. Help them to keep up hope and use their faith as a resource.

In short, support accountability and involvement in an IPAEP as the most proven pathway for the person who abuses to change.

Supporting Accountability and Hope: Services for Those Who Abuse

Treatment for the person who abuses an intimate partner must be premised on the idea that 100% of domestic violence is caused by the abuser. Abusive behavior is fundamentally a choice made by the abuser no matter what other problems may exist in the relationship. Programs that specialize in treatment of people who abuse, such as Intimate Partner Abuse Education Programs or Batterer Intervention Programs, are best equipped to provide opportunities to be accountable for abusive behavior.

Support Accountability

Accountability differs from both punishment and confession. Punishment does not require the individual to take responsibility for abusive behavior or to change their behavior but simply to pay a fine or to serve a sentence. While confession requires a person to admit a sin, there is generally no requirement beyond this to take responsibility for the sinful behavior or to change it. Further, there is no requirement to articulate how that behavior has impacted others, or to make amends.

In contrast to punishment and confession, accountability entails a process for taking responsibility in a manner that can be evaluated as acceptable or not acceptable to others. Intimate Partner Abuse Education Programs usually promote at least four distinct steps of accountability. These are:

- ◆ admitting your violence,
- ◆ admitting that you were responsible for your violence,
- ◆ recognizing the impact of that violence on the victim and others, and
- ◆ making amends.³³

Unless followed by steps 2 and 3, simply admitting certain aspects of one's abusive behavior, or offering a general or blanket apology such as "I'm sorry for how I may have hurt you," or even, "I'm sorry for everything that has happened," does not entail recognition of one's responsibility or its specific impact on others. True accountability needs to be an interactive process wherein others can provide informed feedback about each step.

*Accountability
differs from both
punishment and
confession.*

Refer to Treatment at an Intimate Partner Abuse Education Program

The best treatment for helping perpetrators address the root causes of abuse is provided by Intimate Partner Abuse Education Programs (IPAEPs). My own agency, Emerge, is an IPAEP.

Though they may vary in their methods, IPAEPs are guided by the philosophy that the person who commits abuse is entirely responsible for their abusive behavior. Most engage the program participant in a process of accountability as outlined above.

The best treatment for helping perpetrators address the root causes of abuse is provided by Intimate Partner Abuse Education Programs (IPAEPs).

IPAEPs go by different names in different states. These may include Batterer Intervention Programs, Abuse Education Programs, and Partner Abuse Programs. Despite these different names, all are guided by state certification and practice standards that specify things such as the minimum length of treatment, essential elements of treatment, collaborations with victim advocacy programs

and other service providers, and outreach to victims of abuse. In contrast to other treatment options for abusers, IPAEPs have articulated protocols of accountability to victim advocacy programs.

Referral protocols and program models of IPAEPs vary, so I strongly recommend that faith leaders become familiar with the philosophy, services, program participation requirements, and fees of their local programs. Establishing such a connection with local programs enables faith leaders to address questions that congregants may ask and to communicate their own trust in the program.

In most states, lists are maintained by the state oversight body, which tends to be the Community Corrections Department or the State Coalition of Domestic Violence Programs. Contact information for State Coalitions can be found by calling the National Domestic Violence Hotline at 800-799-7233. A state-by-state listing of oversight bodies of IPAEPs, which includes links to a listing of IPAEP programs in each state, can be found at the Batterer Intervention Services Coalition in Michigan at the following link: https://www.biscmi.org/other_resources/state_standards.html.

I strongly recommend that faith leaders become familiar with the philosophy, services, program participation requirements, and fees of their local programs.

Essential Elements of Treatment

In Intimate Partner Abuse Education Programs that are certified by their state, each step of the accountability process is accompanied by essential elements of treatment that inform and provide a structure for the process. Here is a brief description of some of these essential features.

Recognizing Abuse

Most abusers have a very limited conception of what abusive behavior is, and this is reflected in their initial “admissions.” For instance, many think of domestic violence only in terms of worst case scenarios that involve severe levels of violence. As a result, anything that falls short of this does not, in their minds, count as abuse. Therefore, one essential element of treatment is to broaden the person’s understanding of abuse by providing education about all the different kinds of abusive behavior, including the categories of physical violence, psychological or emotional abuse, economic control, spiritual abuse, and sexual abuse or coercion.

One IPAEP defines domestic or intimate partner violence as, “any way of putting another person in fear, any action that forces a person to do something they don’t want to do, or prevents a person from doing something they want to do.”³⁴ Within this definition, many actions, such as making threats, acting in an intimidating manner, yelling, looming over the other person, banging the table, putting holes in walls, throwing objects, making threats, and restraining the victim, qualify as domestic or intimate partner violence.

It is also important for the person who abuses to recognize that once a person has been violent, there are many ways that they can remind the victim of their potential for new acts of violence, such as by pacing, being silent, raising their voice, or standing between the victim and the door. These behaviors cause victims of abuse to become hyper-vigilant and contribute to the victim’s fear and intimidation.

Physical violence is always accompanied by a wide range of controlling and coercive behaviors.

For the abuser, these behaviors can become subliminal ways of warning the victim or threatening impending violence should the victim persist in certain actions that the abusive person deems undesirable. The intended effect, whether conscious or unconscious on the part of the abuser, is control over the victim.

Physical violence is always accompanied by a wide range of controlling and coercive behaviors, such as demeaning or insulting the victim, socially isolating the victim, making jealous accusations, and other ways of undermining the victim’s will or self-esteem.

Participants in the IPAEP learn that apologies for an isolated incident of abuse, such as an angry outburst, fail to recognize how this isolated incident is part of a wider pattern of coercive control. Without this recognition, an abuser’s apologies are not only hollow, but are in fact just another aspect of their manipulative control. Unless a person who abuses is working with an IPAEP and has recognized this web of control, apologies or confessions, including confessions made to a faith leader, are really just a form of manipulation and damage control.

Education about the Impact of Abuse

Abusers often offer shallow apologies to their victims, not only because they minimize their abuse, but also because they don't recognize its full impact on their partners. This is partly because they tend to view themselves as victims rather than perpetrators. IPAEPs provide education about the many ways that victims are impacted by abusive behavior. Beyond physical injuries, the effects of abuse often include lowered self-esteem, depression, fear, avoidance of the abuser, distrust, and ambivalence about the relationship.

Because many abusers are self-centered, they may recognize these behaviors or feelings in their partners as justifications for abuse instead of as the results of abuse. For instance, many abusers lash out at their

Beyond physical injuries, the effects of abuse often include lowered self-esteem, depression, fear, avoidance of the abuser, distrust, and ambivalence about the relationship.

partners for being angry or unappreciative. Even the victim's unhappiness can be seen as "a burden" the abuser lives with ("she's never happy") rather than as an inevitable result of being abused. Therefore, education about the effects of abuse is intended to help the abuser see that many of their partner's characteristics that they complain about are in fact the direct result of their own abusive behavior rather than defects in the partner. This helps abusers to see that their partners are responding to the abuse in a normal way.

In a similar manner, IPAEPs provide education about the various ways that children who are exposed to partner abuse are affected. Without this education, abusers tend to blame their children for acting out or for being disrespectful, rather than seeing these behaviors as normal responses to having a parent who abuses the other parent.

Taking Responsibility for Abuse

Because they minimize their abuse and also fail to recognize its true effects on their partners, many abusers also deny or otherwise resist the need for change. Rather than accepting the necessity for long-term solutions, many resort to quick fixes. The list of quick fixes includes apologies, promises to change, giving gifts, making temporary concessions, swearing off alcohol or drugs, engaging in short-term treatment, and even becoming more religiously observant or having a religious conversion.

Often, when apologies and promises don't result in the desired effect on the victim, the abusive person will retract apologies, proclaim that it doesn't work to "be nice" to the partner, and resort to pressure tactics and continued abusive behavior. Pressure tactics typically include attempts to make the victim feel guilty or sympathetic to the abuser's situation (such as being arrested, no longer living in the house, having limited contact with the children, bearing the expense of paying for other living quarters). The process of apologies followed by pressure tactics and abuse is often repeated many times in a cycle of abuse. Over time, many abusers skip the apologies, since the victim does not accept them anyway, and transitions to blaming their partners.³⁵

Beyond identifying and pointing out the limitations of quick fixes, IPAEPs help participants to recognize long-term solutions. As a beginning step, these include recognizing that their partners or ex-partners must undergo a healing process before there can be any consideration about the long-term status of the relationship.

This period of healing is necessary because many victims not only fear their abusers but have also lost trust that they will change. While quick fixes for the abusers entail apologies and promises, long-term solutions require accepting whatever limits the victim is placing on the relationship without resorting to pressure tactics or coercion. IPAEPs emphasize that the abusive person must respect their partner's space and time.

In this context, respecting their partner's space means respecting protective orders or separation agreements as well as accepting any limits the victim is placing on the relationship. Even if the person who abuses continues to live in the same household with the victim, respecting the victim's space means that the abuser cannot continually hover over the victim, asking "Do you still love me?" "How long are you going to be angry at me?" "When will you forgive me?" and so on. Respecting the victim's time means accepting their timeline for "next steps" in the relationship without rushing or pressuring them to make a decision or coercing them to act as though the abuse never happened.

The person who abuses receives continuous feedback about their progress or lack of progress in taking the steps of accountability.

Another way IPAEPs help abusers learn to take responsibility for their abuse and embrace long-term solutions is by engaging them in the steps of accountability, an interactive process that necessarily involves people other than the victim. In the context of an IPAEP, the person who abuses receives continuous feedback about their progress or lack of progress in taking the steps of accountability.

Because accountability is not viewed as a private matter between the victim and perpetrator, IPAEPs also provide written feedback about the program participant's progress to referral sources, such as courts or child welfare. Such information can include whether the program participant is still minimizing their abusive behavior or blaming the victim. This detailed information about program participation is quite different from what is typically provided by a private therapist or anger management program.

IPAEPs also engage people who abuse in learning respectful and empathetic behavior toward intimate partners and children. There are two aspects of learning empathy. One is developing the ability to see things from another person's perspective, and in particular to recognize how one's abuse has affected their partner and children. The other is developing empathic behaviors, such as active listening, appreciating, compassionate understanding, recognizing boundaries, and supporting their partner's feelings, wishes, goals and aspirations, and spirituality.

Importance of Making the Right Treatment Choice

Now that you know how important it is to refer someone who abuses to an Intimate Partner Abuse Education Program, it's also good to know why other solutions are NOT a good choice.

Here is a brief summary of the pitfalls of referring a person who commits abusive behavior to three common alternatives to IPAEPs.

Anger Management

Anger Management programs are not well suited for people who abuse intimate partners, but are designed instead for those who have committed aggression toward co-workers, other drivers, strangers, and family members such as siblings and parents. Despite this, some abusers are referred to such programs because they are of shorter duration (typically 10 to 12 sessions compared to 26 to 52 for an IPAEP). In addition, some abusers deny that they have a domestic violence problem but insist that they have an anger management problem.

While anger may be one aspect of domestic violence, domestic violence is more broadly understood to be a problem of coercive control.

While anger may be one aspect of domestic violence, domestic violence is more broadly understood to be a problem of coercive control. Many aspects of domestic violence do not involve moments of anger, yet the primary focus of anger management programs is to teach the client to identify physical and psychological cues to anger and to learn to redirect it to more appropriate responses. Anger management programs completely miss the ways that the

person might be using psychological control, social isolation, economic control, or many other forms of abuse to undermine their partner's self-esteem or will.

Another problem with anger management programs is that the focus on anger as a problem in and of itself sometimes reinforces the abusive person's complaints about their partner's anger, and therefore gives new ammunition to use against the victim. I have known many abusers who attend anger management programs who said that such programs reinforced their perception that their partner is overly angry, sarcastic, or "holds grievances" or "won't let go of the past."

While some abusers may benefit from attending an anger management program for aggressive behavior toward other people, these programs are counter-productive as the treatment of choice for those who abuse their intimate partners.³⁶

Individual Psychotherapy or Pastoral Counseling

Some abusers will more readily agree to see an individual therapist because they don't feel comfortable attending a group intervention. Some faith leaders may refer to an individual therapist in cases when the person accused of abuse has experienced trauma as a child or as an adult or seems to have a psychological problem such as depression or anxiety.

While this may seem helpful in some cases, there are important downsides. One is that therapists may give the message that abusive behavior is the result of individual trauma or a psychological problem. As a result, the therapist may focus treatment on those issues rather than the domestic violence as a problem that is connected to but also independent of these other concerns.

This is akin to a common problem that existed for substance abusers 30 years ago before substance abuse programs were recognized as the treatment of choice. When therapists attempted to interpret substance abuse in terms of its childhood origins or mental health symptoms, this tended to reinforce excuses for drinking or drugging behavior. While such a focus may be appropriate at some stage, the first priority should be getting the drinking or drugging behavior under control, since it otherwise sabotages attempts to work on other issues.

Similarly, many abusers may benefit from concurrent individual therapy while ALSO attending a program that specializes in domestic violence, or after attending such a program. However, abusers should not be offered individual therapy instead of attending a specialized IPAEP.

Therapists may give the message that abusive behavior is the result of individual trauma or a psychological problem.

Couple's Counseling

Experts in domestic violence advise against couple's counseling for those who commit domestic violence. One reason is that couple's counseling while domestic violence is ongoing is unsafe for victims. The clinical literature provides many examples of instances when a victim's disclosures of abuse during sessions resulted in their being abused immediately after sessions.³⁷

Experts in domestic violence advise against couple's counseling for those who commit domestic violence.

The other reason is that couple's counseling tends to obscure who is responsible for abusive behavior. Rather than clearly stating that the abusive person is always making a choice to be abusive, couple's counseling often views abuse as an aspect of "dysfunctional communication" between the two intimate partners. This tends to reinforce the abuser's belief that their partner bears all or some responsibility for their abusive behavior.

As a result, many victims of abuse report that couple's counseling was dangerous and resulted in their remaining with an abusive partner despite ongoing abuse.

Parting Thoughts:

Moving from Quick Fixes to Real Hope

The role of faith leaders and faith communities in responding to survivors of abuse and supporting long-term change for those who abuse cannot be underestimated. Most survivors of abuse don't want their relationship to end, but they do want the abuse to stop. Many faithful survivors of abuse have worked hard to keep their families together.

The role of faith leaders and faith communities in responding to survivors of abuse and supporting long-term change for those who abuse cannot be underestimated.

For the abuser, a referral to an Intimate Partner Abuse Education Program, particularly from a trusted faith leader, is often the best hope for lasting change.

Faith leaders should always prioritize the safety of the survivor. When and if a victim of abuse is safe and the faith leader has the victim's permission to work with the abuser, a referral to an Intimate Partner Abuse Education Program can help. In addition, faith leaders can provide regular check-

ins, encouragement, and a focus on accountability. Faith leaders can also explore with the abuser the spiritual decay that is the inevitable result of imposing coercive control on those they purport to love.

This intervention, as well as support for the survivor and their choices, could be life-transforming for the survivor, the person who abuses, and the many friends and family members affected.

Ultimately, the goal is for every faith and every congregation to be a source of hope, support, and referrals, for every survivor and every family to be safe, and for everyone who abuses to have the support and referrals they need to change their abusive behavior.

We hope that this resource will encourage faith leaders to play their unique and pivotal role in nurturing long-term, loving, and supportive relationships and strong families in their congregations and communities.

Ultimately, the goal is for every faith and every congregation to be a source of hope, support, and referrals, for every survivor and every family to be safe, and for everyone who abuses to have the support and referrals they need to change their abusive behavior.

Referrals and Resources

The two most widely respected and replicated Intimate Partner Abuse Education Programs in the U.S. are the Domestic Abuse Intervention Project (DAIP) in Minnesota and Emerge in Massachusetts. The website for DAIP is <http://www.theduluthmodel.org> and the Emerge website is www.emergedv.com.

The DAIP Power and Control Wheel, which shows all the various kinds of abusive behavior and how they interact with each other, is included above on Page 8, and can be downloaded from their website at www.theduluthmodel.org/wheels/.

Emerge publishes the “Controlling or Abusive Behavior Checklist” and the “Harmful Behavior Checklist,” which are included in this resource as Appendix 1 and Appendix 2, and can be accessed at <https://www.emergedv.com>.

Emerge publishes a comparison chart that illustrates the differences between Anger Management Programs and IPAEPs. This chart is included in this resource as Appendix 3.

Both websites offer other useful resources for those who seek additional information about interventions for those who abuse. The Emerge site includes a video that describes the various stages and elements of its intervention program.

Appendix I

Emerge

Counseling and Education to Stop Domestic Violence
388 Pleasant Street, Suite 204, Malden, MA 02148
P: (617) 547-9879 F: (617) 547-0904 www.emergedv.com

Controlling or Abusive Behavior Checklist

Instructions: Check off each type of abuse (circle each specific behavior) that you have done toward your partner or ex-partner.

Psychological and Economic Abuse or Control:

- Yelling, swearing, being lewd, using angry expressions or gestures, outshouting.
- Criticism (name-calling, mocking, put downs, ridicule, accusations, blaming, trivializing gestures).
- Threats (verbal or nonverbal, direct or implied).
- Harassment (uninvited visits or calls, following your partner around, checking up on your partner, embarrassing your partner in public, not leaving when asked to, bothering your partner at work).
- Isolation (preventing your partner or making it difficult for your partner to see or talk to friends, relatives, or others, e.g. criticizing your partner's friends, making jealous comments or accusations, not helping out with the children when your partner wants to go to work or go out).
- Pressure Tactics (rushing your partner to make decisions, using guilt or accusations, sulking, making threats to have affairs, withholding financial support, manipulating the children, turning friends against your partner).
- Economic Abuse (withholding money, the car, credit cards, making your partner account for spending, overspending on yourself, using the legal system against your partner, using money for drugs or alcohol).
- Claiming "The Truth" (being the authority, defining your partner's behavior, manipulating logic).
- Lying, withholding information, being unfaithful.
- Withholding help on childcare or housework, not doing your share, not following through on agreements.

- Emotional withholding (not giving support, validation, attention, compliments, or respect for your partner's feelings, options, and rights, not showing your feelings other than anger).
- Not taking care of yourself (abusing alcohol or drugs, staying out late, being reckless, not asking for help, refusing to seek medical attention when needed).
- Engaging in spiritual abuse, such as ridiculing or insulting your partner's religious or spiritual beliefs, preventing or undermining their practice of their faith, using spiritual beliefs to manipulate or shame your partner, using scripture or religious traditions to blame or control your partner, isolating your partner from their faith community, undermining their reputation in the faith community, or labeling your partner's differences or resistance as sinful or immoral.
- Doing any of the above to the children.
- Other forms of abuse or manipulation. Please name. _____

Physical Violence:

- Assault (slapping, punching, grabbing, kicking, pushing, finger poking, pulling hair, pinching, biting, twisting arm).
- Rape (use of force, threats, or coercion to obtain sex).
- Use of weapons, throwing things, keeping weapons around to frighten your partner.
- Intimidation (blocking your partner's exit, threatening or scary gestures, use of size to intimidate, standing over your partner, driving recklessly, outshouting, punching walls, banging the table, knocking things around).
- Damaging or destroying your partner's possessions, abusing the pets, damaging joint possessions.
- Restraint (disabling the car, blocking your partner's exit, locking your partner in a room, sitting on your partner, preventing your partner from using the phone, taking your partner's car keys).
- Doing any of the above to the children.
- Other forms of physical violence or abuse. Please name. _____

Appendix 2

Emerge

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Harmful Behavior Checklist

What counts as harmful behavior?

In general, harmful behavior constitutes any action that causes pain or harm in someone else. As you can imagine, there is an infinite number of actions that have the potential to cause pain or harm, and many of those actions are not necessarily intentional. At Emerge, we look at both intentional and unintentional actions which may become a harmful pattern of behavior.

The following list contains some examples of harmful, abusive, controlling, and violent behavior, as well as the effects that this behavior may have caused. If you have done anything on this list to a partner, chances are that you understand the damage that these actions can cause. At Emerge we ask group members to identify how they have harmed others so that they can work to keep it from happening again.

- ◆ Have you ever hit, pushed, grabbed, threatened, frightened or intimidated your partner?
- ◆ Is your partner afraid of you?
- ◆ Are your children afraid of you?
- ◆ Are you concerned that your behavior is harming your relationship?
- ◆ Have you broken promises about changing behavior?
- ◆ Have you ever punched a wall, banged a table, or broken something during a disagreement?
- ◆ Have you ever grabbed your partner during a disagreement, attempted to stop them from leaving, locked them out, or restrained them in any way?
- ◆ Do you pressure your partner to do things your way, even when you know your partner doesn't want to?
- ◆ Has your partner ever said "you're always trying to control me"?
- ◆ Do you use names, put-downs or swearing to control your partner?

- ◆ Do you put the blame onto your partner for things you are responsible for?
- ◆ Have you found yourself “keeping score” of the wrongs your partner has done to you in order to hold those things against them?
- ◆ Have you ever blamed your abusive actions on alcohol, other drugs, stress or family problems?
- ◆ Have you cheated on your partner or been sexually abusive in other ways?
- ◆ Have you ever been accused of mistreating your children?
- ◆ Are you concerned that your children are being emotionally or psychologically harmed because of the way you treat your partner?
- ◆ Has your partner complained about jealous or possessive behavior on your part?
- ◆ When you do something that hurts your partner, do you just say “I’m sorry” and then expect acceptance of your apology without making any change in how you were hurtful?
- ◆ Have you used religious or spiritual beliefs to control or manipulate your partner?

Appendix 3

Emerge Counseling and Education to Stop Domestic Violence

388 Pleasant Street, Suite 204, Malden, MA 02148 | P: (617) 547-9879 | F: (617) 547-0904 | www.emergedv.com

Batterer Intervention Is More than Anger Management

Intimate Partner Abuse Education Programs (IPAEPs) or Batterer Intervention Programs address anger, but their primary focus is on helping people build skills for making non-violent choices. These programs also provide contact with partners, assess substance abuse and mental health status, and make referrals.

Questions	Anger Management	Certified Batterer Intervention
Are programs state-certified?	No.	Yes, in the 45 states that have certification standards.
Who is served by the programs?	Perpetrators of stranger or non-intimate violence.	Specifically designed to work with domestic violence offenders.
How long are programs?	Usually 8-12 sessions, with an average program lasting 10 sessions.	Varies from state to state but the range is 16-52 sessions, and the average is 26.
Do programs contact victims?	No.	Yes. If the victim chooses, the program will remain in regular contact with her and provide her with referrals, safety planning, and information to help protect her children.
Are programs monitored by a state agency?	No.	Yes.
Are programs linked with a battered women's agency?	No.	Yes. Each program must have a letter of agreement and formal linkage with a battered women's agency.
Do programs assess batterers for lethality?	No.	Yes. Certified Batterer Intervention Programs at the very least ask questions that reveal how potentially lethal a batterer may be, such as if he keeps a gun at home or has ever been convicted of other violent offenses.
What is the emphasis of the intervention?	Violence is seen as a momentary outburst of anger. So perpetrators are taught to use techniques like "time outs."	Physical violence is seen as one of many forms of abusive behaviors chosen by batterers to control their intimate partners: physical, sexual, verbal, emotional, psychological, financial, and spiritual abuse. Batterer Intervention Programs hold batterers accountable for the violent and abusive choices they make. They teach to recognize how their abuse affects their partners and children and teach alternatives to abusive behaviors.
Are group facilitators trained about domestic violence?	Subject to agency discretion.	Yes, the amount of training varies from state-to-state.
How would I address grievances with this type of program?	Talk to the director of the program.	1. Talk to the director of the program. 2. Talk to the state monitoring agency.

Endnotes

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