

"THROUGH THE LENS OF DOMESTIC VIOLENCE: WORKING WITH ADOLESCENT MALES IN RESIDENTIAL TREATMENT"

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ABSTRACT: The following article describes a treatment approach for working with adolescent males who have witnessed domestic violence and who are demonstrating significant conduct disorders. Direct intervention targeted at domestic violence trauma and child maltreatment issues is outlined as a method of treatment for these youth and their families. The Habitat Program's experience with the first 24 male adolescent clients is reviewed and ideas for clinical intervention are outlined. The article explores the work of the treatment team in managing their own perceptions and experiences regarding violence while working with this group of boys.

Mark was a fifteen-year-old male who was referred to the Habitat program by Children's Services due to six placement breakdowns over the past three years. Reports from his parents and social worker described presenting concerns such as drug and alcohol abuse, placement breakdown due to aggression, non-compliance, and violence directed at staff, his father, mother's new partner, and his younger sibling. Also, concerns about Attention Deficit Disorder and Conduct Disorder were identified. Mark's difficulties coping with his parents' separation six years ago as well as his struggle with his mother's new partner were raised. The focus of intervention during the past year had been on anger management, creating a stable placement for Mark, and addressing the volatile relationship between Mark and his parents.

Wood's Homes is a comprehensive treatment service offering a broad range of residential, clinical, educational, and community services to adolescents and young adults, age 12 – 24 years. It is located in Calgary, Alberta. The Habitat Program is an 8-bed intensive residential program for adolescent male youth.

The Habitat Program at Wood's Homes was inspired by youth like Mark and the hypothesis that direct intervention targeting domestic violence trauma experienced by young people could be effective in treating adolescent males with conduct difficulties who have also witnessed domestic violence. Male youth, who demonstrated significant conduct difficulties, often give clues to their histories in the forms of aggression

they adapt. Degrading attitudes towards women, physical aggression, a limited sense of personal responsibility, and poor self-control are recognizable in this population. These youth are often referred to a residential treatment center after a history of failure of less intrusive interventions (such as anger management counselling) and previous placement breakdowns. While behaviours including violence and aggression, criminal charges, school breakdown, drug and alcohol abuse are commonly reported, the experience of witnessing domestic violence is rarely described as a presenting concern.

BACKGROUND

There is evidence to suggest that children of batterers are found to have difficulties with aggression and conduct disorder. Young males, with a history of witnessing family violence and involvement with the child welfare system, may be seen as significantly more at risk (Jaffe, Wolfe, & Wilson, 1990). Given their histories and current behavioural presentations, these youth are on a path towards perpetuating future violence (Emery & Laumann-Billings, 1998). This is exacerbated by continued failure, as their adolescent lives are replete with school failure, criminal involvement and family conflict.

At the Habitat Program, we began to study patterns of conduct disturbances and investigate the history of domestic violence. By looking for domestic violence issues within the case files being referred, links between a history of domestic violence and current difficulties could be traced. Several themes emerged that help to understand the pattern. First, the young person's behaviour was usually seen as a problem in and of itself. By the time of referral for residential treatment, these young people had become forces to be reckoned with and appeared to be well on their way to a future of perpetuating violence. Second, evidence of experiencing domestic violence lay buried deep within the files and usually only minimal information was available. Often there were only passing references to previous stays at Women's Shelters, of being a witness to or a victim of family violence. Third, the youth were often traumatized not only by witnessing domestic violence, but also by the accompanying physical and sexual abuse. Here again, important details of these experiences and their implications for the young person's development often seemed to be missing.

The Habitat Program began with the goal of developing a model of treatment for this population, based on the premise that the young person's experience of domestic violence and accompanying maltreatment needed to be dealt with as core issues. It was also recognized that treatment efforts needed to be developed that managed the behavioural issues while the underlying trauma was explored. The central idea was to bring interventions developed from the treatment components of batterers to address the behavioural issues, and simultaneously work with these youth and their families to resolve the underlying domestic violence and

abuse trauma. This paper traces the evolution of the Habitat program by describing the types of treatment approaches and strategies that have been developed. In addition, it will explore the work required of the treatment team to manage their own perceptions and experiences regarding violence while working with this group of boys.

In a large part, this work was inspired by feminist perspectives on domestic violence issues (for example, Gardiner 1992; Wolfe, Wekerle, Reitzel, & Gough, 1995), and our clinical experience of women who had succeeded in ending abusive marriages, but who found themselves as mothers in an abusive relationship with their adolescent sons. Essentially this perspective recognizes domestic violence as occurring within a society that condones and minimizes violence against women. By understanding the social context, gender roles, and socialization of men and women, we can understand why men abuse their partners, why women stay in battering relationships, and why women feel powerless/helpless to take charge of their lives.

The program began by accessing agreement from our funder to support this approach, and initiating a fee-for-service enterprise. What this meant was that each youth was funded individually, usually by Child Welfare sources. Child Welfare officials were interested in supporting this approach because by this time, we had ample clinical evidence of the connection between domestic violence and the fact that previous treatment efforts with these youth had not been successful. The youth had become "hard to place" and often succeeded in building frightening reputations for themselves. Horror stories of previous violence, harm done to program staff, and hopelessness surrounded these young people. We created an opportunity to demonstrate a new approach. We also had clinical and financial pressure to develop a program that could also demonstrate results.

ASSESSMENT

During the assessment period, the focus was on the history of domestic violence, the family's story of abuse, and the strengths and resources of the young person and his family. It became evident through interviews with Mark and his family that the experience of domestic violence was a prevalent issue. Mark's mother, Mary, shared through the assessment process, that throughout their marriage Bill, her husband, had physically and verbally abused her. Mark had been present through much of this and had witnessed significant violent episodes.

Mary talked about her use of the shelter system on two occasions when Mark was much younger. The last time resulted in her separation from Bill. She also described that, even though they were separated, the issue of custody prolonged the abuse cycle between Bill and herself. By age 11, Mark had begun to physically abuse his younger brother, as well as Mary herself, and was displaying out-of-control behaviour. She felt that this pushed her to get help from the Child Welfare system.

We began the assessment process by focusing on the young person's history of domestic violence and maltreatment. We found that information given prior to the intake of a young person very rarely identified the extent of domestic violence and/or abuse as a presenting concern for these young men. However, once the assessment period began, we consistently received detailed information about past experiences of violence, abuse and trauma. Once engaged young people and their families were highly receptive to talking about these issues and very responsive to detailed questioning. For these families, their story was acknowledged as having a role in the current struggle. For many, there were residual effects of issues that had been partially dealt with. For others, silence and secrecy covered ongoing violence issues. An important finding has been that the likelihood of identifying a history of domestic violence (including not only witnessing domestic violence but also physical or sexual abuse) was greatest for referrals involving conduct-disordered, violent young men.

TREATMENT

The Male Adolescent

For the youth, our work in treatment is focused on addressing evident behavioural, emotional, and cognitive problems by supporting young people to identify problematic patterns of behaviour, and to share their experience of abuse and violence. Treatment strategies include providing education about the effects of abuse and violence, and challenging youth to be accountable for their own abusive behaviour. What we have found are typical patterns seen with batterers (Mathews, 1995). These patterns include:

- Engaging in excessive minimization and denial of past experiences;
- Poor definition of personal boundaries and violation of others' personal boundaries;
- Poor problem solving and reliance on aggression and bullying;
- Limited tolerance of frustration and a heightened sense of injustice;
- Limited ability to accept responsibility;
- Focus on blaming others.

Treatment is based on a framework that views domestic violence as a systemic problem which results in multiple effects on different family members. Within an overall framework of family systems theory, a perspective that addresses healing from past trauma is combined with cognitive-behavioural strategies that use daily experiences to work towards changing patterns of abusive and violent behaviour. This perspective involves assessing the direct effects of abusive events experienced by the young person. This includes not only what has happened but understanding current behavioural issues in light of past abuse experiences. An

understanding of abuse-related mental health issues and behavioural problems determines the specific treatment focus.

One extemporaneous finding is that work designed to address the youth as a perpetrator of violence by managing his abusive behaviour and aggression also helps ready him to deal with his own abuse history. This is accomplished in a climate of safety and trust and is accompanied by psycho-educational group work focused on teaching young people and their families about the residual effects of domestic violence.

The Family

In order to explore the experience of domestic violence and deconstruct its effects, treatment involves not only the young person but also members of their family system, to the degree that it is possible. All family members are invited into treatment from the assessment stage through to discharge. Although both parents are encouraged to join the therapeutic process, we have found that mothers are more consistently committed and engaged in the treatment process. Interestingly, only a few fathers have attended on a regular basis. Siblings have been involved, but overall treatment has most often focused on the mother-son dyad.

For the most part, the mothers have been the primary caretakers and the fathers have apparently been absent for significant periods of time. In many cases, re-introducing the father has been a critical step towards resolving past trauma, and requires carefully planning interventions to ensure safety. In this process, we found that even though mothers have had the most significant relationship with the young person and have demonstrated the most commitment, they are also most often subject, at minimum, to considerable verbal abuse from these their adolescent sons. Where the mother takes an effective parenting role and attempts to set limits, she is often met with an abusive barrage, not unlike what she experienced in her past marriage. Creating a careful balance that maintains safety and respect while supporting these women to stand up to their children without abandoning them is difficult work. All of the mothers have worked to end abuse in their intimate relationships and were experiencing old patterns re-enacted by their children. For many, working through these issues is exceedingly painful.

As a result of this work, program staff have become more aware of recurring violence in many of these young people's lives. For some families, the violence had already stopped prior to admission of the young person. For many more, the work is focused on stopping the violence in the current family situation, and has included exploring secrecy and denial about past events, encouraging responsibility-taking from adult perpetrators, generating parental empathy for the young person, and, promoting further gains toward healing the entire family system.

With family members, treatment begins by gaining an understanding of the experience from different perspectives. Some questions that guide our work are:

- What did the different family members experience and witness?
- How did this experience affect their individual development and the development of the family system?
- What meaning did family members give to the abuse and violence?
- How did the larger multi-generational history influence the story of domestic violence? How did this experience affect the family's belief system or what belief systems underlie domestic violence?
- As a result, how does the young person view the violence and the roles each family plays within this problem dynamic?
- To what extent do their beliefs contribute to the current violent interaction patterns?

The answers to these questions begin to create a picture of the past abuse and an understanding of its current affects.

The story-telling involved in the answering of these questions begins the healing process and takes place through conversation, groups, therapy, journals, and lived experience in the program. The young people often describe their experiences and display their belief systems through the "acting out" of the story – in more ways than one. The staff become interpreters as they actively seek to understand the meaning of the behaviour and how this behaviour relates to the client's past experiences. Abusive outbursts and threats of aggression provide rich opportunities for immediate intervention. Thoughts, feelings and beliefs supporting violence are identified and become ample sources of clinical material for analysis and intervention. Teaching self-control, holding youth accountable, and uncovering consistent behaviour patterns becomes the daily work. The role of the staff is to bear witness to the young person and families' past experience and assisting them to begin to work through the trauma, while at the same time challenging the young person's ongoing problematic behaviour is the basis of the treatment. Ongoing family involvement creates a parallel process for work with families. The residual effects of family violence, even when all violence has long stopped, are very evident for these families.

Treatment Goals

Therapeutic goals for the family and young person include:

- Developing greater self-control and less destructive ways of behaving through a broader array of coping strategies;
- Developing a sense of personal agency, self-efficacy and self-sufficiency in that they develop a sense of having more control over important aspects of their lives;
- Understanding their own responsibility for their current difficulties; grieving trauma, but finding ways to move beyond violent and abusive experiences to develop a non-violent story;

- Overcoming a sense of shame and victimization as well as understanding the complexity of violence (verbal as well as physical/emotional/sexual);
- Acknowledging and validating the family's violent history, and taking responsibility for past events;
- Challenging destructive beliefs about violence and experiencing alternative ways of thinking and behaving;
- Experiencing nurturance, healthy attachments, and recovering the need for acceptance and belonging;
- Finding the capacity for forgiveness of self and others.

Gender struggle

The youth in the program often expressed themselves in ways which generated difficult dynamics based on gender within the staff team. Female staff were frequent targets for verbal abuse that took the form of severe degradation of women, often with sexual overtones. Male staff were typically surprised by this behaviour in youth who were much less personalizing in expressing resistance to them. The team began to have struggles as female staff experienced disqualification and oppression, not only from the youth, but from male colleagues who could not relate to their upset about the apparent gender difference.

Splits in the staff team emerged with female staff feeling male staff were not doing their share of limit setting and were minimizing acting out or disrespectful behaviour. Much work, which involved looking at gender stereotypes and the staffs' own child rearing histories, became a part of the team's effort to manage these young people. Challenging the idea that "Boys will be Boys" became a way of understanding the struggle for the male staff to set new limits, to recognize minimization and to take a position with the youth about how female staff should be treated. Female staff, in turn, reflected on their role in confronting these issues and used themselves to challenge stereotypes. The parallel issues for the mothers of these youth surfaced and became a source of intervention in supporting the mothers to effectively parent while resisting the intimidation of their sons. Male staff gained new appreciation for the important role they played in challenging stereotypical behaviour and supporting attitude change.

Treatment Successes

The Habitat program welcomed 24 young males since opening in September 1999. With a length of stay averaging nine months, 22 have successfully graduated from the program and all but three have moved to a less intrusive placement in the community. This number included ten young people who moved home with a family member - which for many was not viewed as a plausible option prior to beginning treatment. In addition, many of their families, through the treatment process, were able to stop the violence in the current family situation, explore and acknowl-

edge past stories of abuse, and go on to create safety and stability in the family system. All ten youth had been in out-of-home placements for many years prior to treatment and were also permanent guardians of the social services system. They were able to return home. The other 12 returned to less intrusive placements: within the foster care system, community group homes, and semi-independent services.

Major treatment gains and behavioural improvement has been attributed to the capacity of the program to provide acknowledgement of the violence and trauma in these young males' lives. For many, this has often been the first time these youth have experienced anyone taking responsibility for the violence they witnessed and the abuse they experienced. In each case, the program worked with the family system to facilitate someone taking responsibility, even if the main perpetrator refused or was incapable of doing so. This acknowledgement appears to have impacted on the treatment process and to have allowed our young men to begin addressing their own victimization and trauma. The program observed changes in many areas of personal functioning including an increased ability to identify feelings, an increase in self esteem, improvement in self control, a decrease in violent and abusive behaviour, an increase in problem solving skills, in improved social skills and interaction, improved decision making, acknowledgement and ability to verbalize past victimization and trauma, and an increased ability to identify abusive and violent behaviour.

Healing for the families has also facilitated further resolution of the individual parents' earlier trauma. Parents have been able to think about and work through their family of origin experiences, and to talk about how violence has affected their lives and how they were parented as children. In acknowledging their own stories, and in some cases grieving the loss of many things, the parents were more able to experience empathy for their children and accept their memories of violence. By working through their own victimization, they are more able to support their child by taking responsibility for their own behaviour.

Initially Bill presented as hesitant to participate in therapeutic conversations due to past feelings of being judged by other systems. Bill described his own story of abuse as a child and how this may have affected his role as a husband and a father. Bill disclosed his sadness that he had not explored his history of violence before his marriage to Mary ended. In the context of family therapy, Bill indicated that he wanted to support his son through the treatment process and work collaboratively towards choosing non-violence to achieve a more responsible and healthy family life.

During treatment the family was able to engage in sessions in order to recognize strengths and resilience that they have had in maintaining their attachment as a family system. In many ways, this family directed the course of their journey in order to grieve and celebrate their lives in the past and the present. Forgiveness was a salient theme for this family to create a context that allowed for safety as well as healing.

CONCLUSION

In this article, we have attempted to describe a program for male witnesses/victims of domestic violence, as it has developed. At a clinical level, this theoretical perspective developed offers some hope for mitigating not only the conduct disturbances presented by our young clients, but also the underlying domestic violence trauma. We are in the early stages of this work, but are excited about the potential our model shows to date in helping families further end the cycle of violence. We have been honoured to have been recognized as an innovative program in the field of domestic violence treatment by being awarded the "Dare to Dream Award" at the International Conference on Children Exposed to Domestic Violence in London, Ontario, 2001. We remain committed to discovering effective ways to assist these families and youth.

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