

**"Bridging Gaps":  
A conference on working with abusive men  
Victoria, British-Columbia**

**The Clinical and Ethical Stakes of Psychotherapeutic Intervention  
with Conjugally Violent Men**

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**Introduction**

Founded in 1982, Pro-Gam is the first organization offering services for conjugally violent men in Quebec. From its establishment, a psychotherapeutic type of orientation was given to Pro-Gam's clinical services.

In accordance with the code of ethics adopted by the "Provincial Association of Helping Resources for Violent Men" (ARIHV\*), Pro-Gam, as a founding member, positioned itself as being a complementary and distinct service from the judicial system. This position has been supported in the statements and principles regarding intervention with conjugally violent men from Quebec's Health and Social Services minister: "As a specific form of intervention that differs from legal and correctional services..." (Dealing with Violent Spouses: Guidelines, 1992). It is essential that the therapeutic mandate, in which the goal is to facilitate change, is distinguished from the judicial and correctional mandate, in which the goal is to rehabilitate through control.

Parallel to the global evolution of knowledge concerning the problem of conjugal violence and in response to different social, judicial, political and ideological pressures, we equipped ourselves with clinical structures and internal policies. Such policies permit us to better work in complementarity with our partners and to value safety issues while attempting to preserve the minimal conditions which are coherent with our conception of the process of change.

We have clearly established that our client is the man who asks for help. In order to encourage a minimum possibility of client openness and change, we

recognize the need to establish a relationship based on confidence. However, this is not possible unless we can assure him treatment process confidentiality. We are also very conscious that working with potentially dangerous individuals requires rules and procedures which maximize safety. In this sense, the initial evaluation process, the conditions of admission of a client to a group, the therapeutic contract, the previewed limits to confidentiality, our policy regarding the exchange of personal information and our policy regarding the management of high risk situations, as a whole, are the principal clinical tools which are at the intervener's disposal.

It is in the application of the clinical framework that ethical dilemmas insite us, sometimes legitimately, sometimes too quickly, to switch from the initial therapeutic mandate of facilitating change to that of the control mandate in order to protect. It is often in this uncomfortable subjective clinical judgement zone that each helping professional must constantly maintain a balance between the client's right to privacy and the right to security and life.

"Following the example of many other helping professionals in general, we believe, in a more pronounced way, due to the nature of the clientele, the specific problem of domestic violence and the societal debates associated to this, that practitioners working with violent spouses are confronted with difficult problems and ethical dilemmas. These create discomfort, tension and hesitations in the relationships with clients as well as with other people and organizations. These constitute serious obstacles, as much for the establishment of a fertile alliance with the client as they do for the development of a veritable consultative approach with the milieu" (Rondeau, G. et al., 1997).

## **The therapeutic approach**

At Pro-Gam, we have chosen a "psychotherapeutic" approach in order to address the multiple issues associated with conjugal violence and to adapt our interventions in accordance to the specific needs of our clients. By addressing the behavioral, cognitive, affective and relational dimensions involved in the problem of conjugal violence, we have access, as much to the psychological individual origins of conjugal violence as to the origins associated with the integration of social and cultural norms.

Our approach, consequently, requires a personal implication from our clients. Sharing their experience with therapists and other group members exposes a client's inner world, an intimacy often, until then, fiercely guarded,

constituting the framework and the backdrop to the violent and dramatic conjugally violent scenes.

"...social reality can be understood only by focusing on the actor perspective (...) Structural, economic, cultural and political forces play a part in the perceptions of interacting individuals, even if their influence is not felt or known immediately." (Ferraro, in Hotaling et al., 1988).

Our approach differs from psychoeducative groups characterized by a pre-determined content which is delivered formally and unidirectionally, allowing participants to be relatively passive. Our groups are principally based on the material coming from the clients' experience and our interventions are based on their particular dynamic. Questions and themes are freely dealt with and at moments which are most pertinent in their respective therapeutic process (Jenning, 1987). In this way, they are more attached to their specific personal experiences and to their present individual preoccupations.

Inherent to the psychotherapeutic approach is the necessity that we work with men who present a minimal availability to change. We have chosen to concentrate our efforts on men demonstrating the ability to question themselves rather than on those individuals struggling to convince others to change. For those clients whose motivation is other than a request for help, we believe that it is more appropriate to refer their participation to awareness, educational, or informational programs which are prerequisites to any type of treatment.

### **A complex problem**

Research and clinical practice publications as well as our own professional experience with conjugally violent men increasingly demonstrate the pertinence of taking into account a large range of factors in order to explain the phenomenon of conjugal violence. We believe that it is the result of a complex interrelation of several factors which interact according to different configurations from one individual to another. The paths leading to a violent act in an intimate context may vary seemingly well from one individual to another (Bélanger, 1999).

Although violence, from an outside observer's point of view, appears often as a need to dominate and control their partner or the relationship, the affective, narcissistic and relational implications specific to the actor himself in his intimate relationship, are underlied by varied dynamics and a lot of complexities which are difficult to dissect, to explain and to unlink. Seen from

the inside, violence can fulfill several functions with the aim to achieve a variety of goals. This dimension has been particularly studied by Donald Dutton in Vancouver.

Given these important individual particularities, we believe that we must adapt our intervention to the specific individual and situation as they are presented, rather than to impose a "one-size-fits-all" intervention model. For example, we cannot work in the same way with a client who believes himself superior to his partner and who claims to have rights on her because he is a man and she is a woman as we could with a man who aspires to an egalitarian relationship with a partner who activates in him an intense fear of abandonment.

### **The particularities of the clientele**

In order to better evaluate what is at stake in our particular type of practice, it is important to consider the type of clientele we are addressing and the context in which they are asking for help. First of all, it is important to consider the fact that our clientele is exclusively masculine and that this fact is not trivial to our approach. A recent Quebec research entitled: "Les demandes d'aide des hommes" (the masculine helping process), by Dulac (1998), has revealed important masculine reluctance to seek help. The notion of needing help is incompatible with a man's sense of "virility". A man, through the socialisation process, is expected to be on top of the situation and to never demonstrate any signs of weakness or vulnerability.

In addition, the high degree of social undesirability associated with conjugal violence makes the subject taboo for men having this problem. Far from foreseeing the possibility of liberation, the idea of disclosure and admission of the problem stirs up, on the contrary, enormous guilt and fear of being judged, finger-pointed, and even punished by the therapist.

Although our clients can express their motivation to consult often from a real sense of personal change, we know that there is a large range of extrinsic motivations that are often at the heart of their efforts. Often, they hope to be able to avoid a relational rupture, to find ways to change their partner, or to be validated in their perceptions that they are not responsible for what has happened nor for their violence.

Furthermore, over 70% of our clientele is made up of judicated cases. The judicial orders, in what they could represent in terms of obligations, injunctions and punishments, have a deciding influence on client predisposition towards therapy. Clients' most pressing preoccupations consist mainly to settle all of

their legal obligations in order to minimize the penal sanctions. It is a fact that the majority of our clientele attempts to use our services as a possible alternative to penalization.

Clearly, we intervene in a context that is not ideally conducive for psychotherapy. Organizations and helping professionals are often perceived as an extension of justice. From our clients' viewpoint, our first mandate, which is to assist change, is very often confused with the judicial mandate of surveillance and control.

### **Minimal conditions for psychotherapy**

From the aforementioned assertions, our insistence to practice psychotherapy as well as its feasibility could be questioned. Actually, our hands-on experience has shown us that as soon as we bring together certain favorable conditions for openness and for sharing intimate confidences, men often, after a moment of hesitation, take the risk of confiding in the therapist and authentically involve themselves in the therapeutic process in order to finally profit from it. We have, in fact, often noticed that it is possible to help a man explore his situation and to foresee eventual gains associated with questioning himself and changing.

In order to make therapy and the changing process possible, it is essential to be able to establish a working alliance with the client. The concept of therapeutic alliance is central to our conception of treatment. We emphasize upon the quality of the therapist-client relationship in order to favor commitment and an agreement between the two to work together on common objectives within a predefined framework.

Such an alliance is only possible insofar as there is a relationship of confidence between the client and the therapists and it is only possible if the two following principle conditions are met: First of all, that the therapist demonstrates a welcoming attitude, the ability to listen, to understand and to be respectful of the client. Secondly, it must be demonstrated that we can respect the client's right to confidentiality and to assure him of our loyalty. As such, we clearly define our mandate to help and we position ourselves as being distinct but complementary from the mandate of control which belongs to the judiciary system.

## External pressure

The establishment of services for conjugally violent men in Quebec has given rise to many discussions, provoked many apprehensions, and even ignited strong opposition. Women's groups protecting victims of domestic violence saw in them an even greater threat for the security of women.

Questioning their competence, their ideology, their effectiveness and by consequence, their legitimacy, these programs were accused of making men irresponsible for their violence, and creating a false sense of security for their partners. From this point of view, partners risked founding false hopes from rehabilitation and also risked making the decision to stay or return to their partner based solely on the fact that he was participating in such a program. To prevent such a situation, political pressures were exercised so that a correctional orientation to our services, within a more controlled framework, exempt of confidentiality, would have the virtue of "assuring" spousal protection.

The judicial system, of which the principal mandate is to assure public protection, shows itself legitimately preoccupied by women victims of conjugal violence. We acknowledge the important role of the judiciary system representing the "social non-acceptance" of domestic violence. We also recognize the importance to exchange certain information with representatives of the judiciary system. However, it has to be done in a way which respects the therapeutic process.

In the past, a variety of judicial representatives solicited our collaboration to divulge personal information about our clients and their progress, and this without being preoccupied by the laws governing the protection of private life, nor taking into consideration the negative consequences on the therapeutic process.

At a more global level, parellel to a tendency in the judification of certain social problems (for example by indentifying conjugal violence as a crime) there has been a steady trend in decreasing penalization of crimes. Different alternative measures were sought so that offenders could either avoid going to court or shorten their prison sentences (Lemire, et al., 1998).

Transferred from the judicial system, more and more reliance was put on the community and on social aides to assure responsibility for social control (Duchastel et Laberge, 1990). In this context, the organizations for conjugally violent men are expected to play a role of social control.

## **Internal policies and structures**

Until now, we have been able to resist diverse political and social currents by equipping ourselves with our own political and internal structures which permit us to highly value human security as well as to preserve the essential clinical climate which is indispensable to the process of change; and this, without losing credibility from our community partners. Basically, the entire structure and organizational culture aims at favoring a welcoming and respectful climate for our clients. Our clinical structure is centered around the therapists' attitude, which is the basis of the therapeutic relationship.

While establishing the necessary framework for therapy, the therapist must constantly be aware to avoid engaging in a power relationship with the client, thus reproducing an unhealthy and antitherapeutic relational pattern; perhaps the same pattern he engages in with his partner, and possibly the pattern he has himself experienced, as a victim, when he was a child.

The therapist must therefore demonstrate professionalism. Inevitable emotional reactions from contact with clients must be used to the benefit of the evolution of therapy and not to satisfy personal needs or to resolve personal unresolved conflicts. Acting from personal counter-transference, the helping professional risks being, from one extreme to the other, either in collusion with, or hostile towards the client. In this sense, the therapeutic mandate to help, within a secure environment, must take priority. It is essential that it not be confused with the mandate of legal or moral control.

Moreover, despite the fact that it is a prerequisite to the process of change, confidentiality never takes precedence over security. In order to provide ourselves with a safety net in those situations presenting a high level of danger for life and safety, we have determined limits to professional secrecy; limits that are an integral part of the therapeutic contract. To be accepted into the program as a group member, the client must authorize us to breach confidentiality if we judge that he represents an imminent danger to himself or to another person.

In addition, we have established a contingency policy dictating how confidential information is communicated to third parties which conveys even more explicitly the specific and distinct nature of our mandate. This means that any request for information concerning a client and his process must be initiated by the third party and is given only conditionally with the client's written authorization.

Furthermore, we are equipped with a "Policy Concerning the Management of High Risk Situations" which provides us with preventive and emergency

measures in allowing us to work in a secure environment and to take suitable actions in imminently dangerous situations. Regarding preventative measures, in the framework of the intake-evaluation process, we assure ourselves, as much as possible, to evaluate the clients well and to refuse group access to clients who:

- are afflicted with serious mental health problems or severe personality disorders;
- have important untreated drug addictions;
- are in an acute state of crisis or disorganisation;
- lack remorse for their violence or desire for self examination;
- refuse to adhere to our conditions for treatment;

For the duration of the therapeutic process, therapists must remain attentive to various signs of distress, disorganization, increases in hostile feelings, disengagement from therapy, etc.. They must also assure support, listening and the necessary respect in order to maintain a relation of trust, and consequently, a therapeutic alliance.

Another important prevention measure lies on the therapists' perspicacity to evaluate the impact of their interventions. They have to remain constantly respectful of each client's rhythm and to be attentive to a client's receptiveness to confrontation so as to avoid any risk of violent outbreaks. Any confrontation causing a rupture in the therapeutic alliance could be interpreted as a provocation which could ignite anger and the desire to aggress on behalf of the client.

Essentially, it is based on a real relation of trust that helps clients through the most difficult situations and assists to clinically manage those particular situations which are susceptible of deteriorating. Priority is given to direct contact with our clients in managing situations of high risk of dangerousness by furnishing them with the possibility to express their emotions, to understand what is happening to them and to finally realize the inutility of acting out their fantasies.

In spite of a therapist's good intentions, however, realistically such a project could fail. It is only from that moment that we should breach confidentiality and take immediate action aimed at protecting potential victims.

### **Clinical and ethical stakes**

In practice, disclosure of confidential material and the engagement of emergency procedures stirs up a lot of therapist apprehensions. Evaluating



such a situation always implies a subjective dimension and as a consequence, the possibility of making the wrong decision, either from the lack of vigilance, or from an excess of zealousness. In both cases, the consequences can be disastrous as much for the aggressor, as for the potential victim, the therapist and the therapeutic process.

Concerning women's safety, partners of men who consult us are a central preoccupation for both the helping professionals and the organizations working with domestic violence. As a therapeutic service for conjugally violent men, it is still to be seen how, realistically, it is possible to contribute to the safety of these men's partners.

One choice is to position the organization as an agent of social control closely collaborating with the judicial system. To do this, we would have to maintain continuous contact with the clients' partners in order to warn them of any situation susceptible of putting them in danger. Within this context, we would have to set aside little space for psychotherapy because of the difficulty to establish and maintain a therapeutic alliance and, consequently, fewer hopes for more profound change.

Although exchanges with partners would favor her security, it is also possible that it provokes the inverse effect. Certain situations could actually arouse the feeling of betrayal in men, stimulate certain paranoid ideations and the desire to aggress. This could lead to as much reaction towards the therapist as it could towards the client's partner, who could both be identified as adversaries.

Given the multitude of factors and variables associated with the personal motivations between two people forming a couple which are unknown to us, and on which we have no hold, we can never be certain of their interpretation, of what was exchanged, or how the exchanges will be used. Triangulating the relation would run the risk of having the therapist participate in an unknown and possibly unhealthy dynamic where he/she has no control nor consciousness of the stakes/implications.

Certain procedures have been established which favor spousal safety. We systematically warn all our clients' spouses by sending them an information document about our organization, our methods, our policies, our therapeutic goals and our rules concerning confidentiality. In this document, we insist on the fact that they must ensure their own personal safety and take all the available steps necessary to do that. We also furnish them with a list of helpful resources in case of an emergency.

We insist on the limits of psychotherapy. In other words, that a profitable outcome depends on the client's involvement and that it does not happen in a

day. As such, partners should not base their decision to stay, leave, or to return to her partner simply because the man is in therapy.

Furthermore, we insist a lot on the importance to clearly distinguish the roles and mandates of the judicial system and of therapy, because it is our belief that "as long as there is a doubt in the mind of the client and the therapist on the latter's mandates, and of his intended objectives, the establishment of a solid therapeutic alliance will continue to be hindered" (Bélanger, 1994).

A therapist cannot expect confidences on the part of the client if he/she is perceived as someone who possesses the power to sanction the client's behaviors and attitudes, nor if he/she is perceived as a potential informer. Furthermore, clients will also be reluctant to expose their private lives if the therapist is perceived as a representative of justice or if the therapist takes on such a role.

Moreover, unclarified roles put therapists in an uncomfortable position loaded with ethical dilemmas revolving around the issue of loyalty. Questions such as the following arise: "To whom should I be loyal: the client, his spouse, or the referring party?"; "Is it possible to be equally loyal to everyone at the same time?". Such dilemmas become increasingly complex once a client activates a personal conflict within the therapist.

Any desire to extend the arm of the law into therapy groups for conjugally violent men risks blurring boundaries between two systems and compromises any possibility of promoting change which underlies our service's grounds for existence.

In as much as we are preoccupied with security, it is important that we are not perceived by the general public or by future clients as potential informants with whom it would be difficult to confide in. Any doubt that professional secrets could be divulged, could lead to conformism on the part of judicated clients. On the part of non-judicated clients, this could lead to hesitation to consult and particularly, to disclose, out of fear that their offense would be signaled. As such, they remain at risk of being judicated. From both points of view, the possibilities for change are null. On a larger scale, more people's security would be at risk.

Imposing external limits to control or supervise a potentially violent individual is not, in our opinion, the only means of assuring the security of individuals. We believe that it is also possible, by means of the therapeutic process, to help a person establish his own personal limitations, to develop an efficient ability to rely on these limitations, to increase quality in his life and responsibility for his behavior. From this perspective, therapeutic work which unravels the

motivating links associated with aggression remains a short, middle and long-term non-negligible means of contributing to the security of individuals.

## **Conclusion**

Simply mentioning the theme of violence often provokes strong reactions which stem from moral positions that are sometimes in opposition with one another. To speak about psychotherapeutic help for those men having problems with conjugal violence often provokes even more of a reaction. The legitimacy of services is questioned and induces debates. Do these men deserve to be helped or should they be punished as criminals?

Conjugal violence is a problem that involves fundamental rights and conflicting values: the right security and life and the right to privacy. From this angle, the right to professional confidentiality is seriously, and maybe even dangerously, put into question. Although we situate respect for life at the summit of our ranked values (and consequently the right to security and protection), we believe that we must search for methods proportional to the risks involved, that limit, as much as possible, negative, useless consequences.

No one wants to be in opposition with virtue. We all agree, in general, as social servants and as conscientious individuals, that domestic violence is both life-disorganizing and emotionally devastating. We must find ways to put a stop to it. However, it is also important to be extremely careful and respectful when we must intervene in the intimate lives of anyone against their will.

The desire to construct a totally safe society without violence, is legitimate, but, paradoxically, careful considerations must be undertaken to avoid causing harm to another's quality of life. Waiving confidentiality should only be considered as an exceptional emergency tool instead of being used as a generalized prevention measure.

In our opinion, therapeutic services are not to be used for non-therapeutic ends in the same way that therapeutic solutions will not resolve the difficulties of the judicial system to secure public safety. We have to recognize and admit that our organization cannot « guarantee » spousal security. Pretending the contrary is to put women in danger by giving them false impressions.

An important part of the dilemmas encountered while working with this type of clientele resides in the political and social pressure on organizations to ensure security which induces pressures on therapists who, consequently, never take any risk. Aiming to ensure security, instead of clinically appeasing a clients'

crisis state, organizations, too quickly, choose to use measures designed to control.

Instead of offering a program for conjugally violent men "without risks" by assuming a surveillance and control mandate, we have proposed a program of psychotherapy with calculated risks. In this way, we have opted to increase the opportunity for real change which, finally, is probably just as safe.

Prudence is called for when alluding to the effectiveness of any program based on the therapeutic process, however, eighteen years of clinical experience has clearly demonstrated that the use of a psychotherapeutic approach as our method of choice has not contributed to increase spousal danger risks. We can even assert, without hesitation, that we have helped many men to take responsibility for themselves and their acts in order to end their violence and future traumatic dramas.

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