Comments – Working systemically with family violence: controversy, context and accountability

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Introduction

I am grateful for being given the opportunity to comment on this important article about this important issue. Vetere and Cooper remind us that domestic violence is common in the society in which we practise our therapy. Nor is it a declining crime: a recent audit (Hopkins, 2000) discovered that a woman seeks help for domestic violence every six seconds of every day in Britain. This same audit revealed that one-fifth of Relate couples also reported domestic violence as being perpetrated in their relationships. Yet British family therapy journals rarely address the issue – unlike those of our American colleagues (Bograd, 1999; Goldner, 1999; Jory and Anderson, 2000). British family therapists also need to broaden their knowledge about domestic violence because research has highlighted that many therapists do not notice or respond appropriately to it (Harway et al., 1997). With this context in mind, Vetere and Cooper have provided a valuable description of some complex systemic practice which can only add to the practice knowledge of us all.

However, papers which describe detailed clinical work of this sort often leave unsaid the equally complex contextual work which is necessary to make the clinical work safe. Authors such as Vetere and Cooper (à la Goldner et al., 1990) work within a tight network of agencies in which questions of safety are well delineated and in which the sort of skilled couple work they describe is supported and protected. But this is not necessarily true for other family therapists who may apply this work to their settings without the involvement of such a network of agencies. Because I believe these contextual
issues are frequently overlooked and under-reported, I wish in this commentary to emphasize them.

My interest in developing this perspective comes from both reflections upon my gendered self and my work setting. I am a man committed to teaching men that they have the responsibility to end domestic violence. I also jobshare with a woman colleague the management of a team which works therapeutically with men, women and children where domestic abuse has occurred. This team is situated within a national voluntary agency. In our work, we are acutely aware of how our systemic/contextual perspective is essential to help us deal with gender dynamics within our team and between our team and other agencies. This same perspective also helps keep the work we do ‘safe’ (or as ‘safe’ as is possible) for the men, women and children who are our clients.

Since our internalized gendered self influences our behaviour, thoughts and feelings in unconscious ways, I have also learned to be suspicious about my own motives in working how and where I do. This is just as important in the construction of this commentary: I (a man) am commenting on an article by two women. I therefore invite those who read this commentary to interrogate what I say with a view to how and where gender influences my perspective.

Controversy

Readers of Vetere and Cooper’s article may not realize that the specialist form of practice they describe has only emerged after an often acrimonious debate about the role of couples work in domestic violence (Avis, 1992; Erickson, 1992; Kaufman, 1992). To some commentators, the very idea of ‘treating’ a couple as a couple where domestic violence has occurred is controversial. In an early article, Bograd, for instance, argued that: ‘The popular practice of conjoint therapy may be based on certain conventional beliefs or attitudes about women, marriage, and violence’ (1984: 563).

Specifically, she maintained that couple therapy might implicitly ‘perpetuate traditional sex roles’ (1984: 565) because the woman was likely to be ‘the most responsive’ to the therapeutic experience. Moreover, this reinforced ‘the traditional notion that women are primarily responsible for the tranquillity of the domestic environment’ (1984: 565). Some researchers have even reported that women experienced ‘retaliatory assaults’ (Adams, 1988; Mederos, 1999: 128) after couple therapy. Within the North American
context, these criticisms have led not only to some services constructing a ‘firewall’ (Mederos, 1999: 134) against therapeutic interventions, but also to some states excluding ‘marital counseling or family therapy as acceptable remedies for court-mandated offenders’ (Mederos, 1999: 135). Such attitudes towards couples work are also present in Britain today. Take, for example, the Greater London Authority’s (2001: 29) strategy for addressing domestic violence which states:

Couple counselling, self-help groups, anger management, family group conferencing, restorative justice and individual therapy do not guarantee either the safety of the woman or hold men accountable and in some cases, can be dangerous.

Within the context of this controversy Vetere and Cooper’s work represents a more socially responsible and systemically sophisticated couples therapy than was the norm in the era of the therapeutic ‘firewall’. By adapting the work of the Ackerman Institute’s Gender and Violence Project (Goldner, 1998; Goldner et al., 1990) the authors make room for both a systemic and a feminist approach to the work. The feminist perspective highlights issues of safety for the woman and children. Moreover, this perspective implies that this safety is dependent upon professionals from different agencies working together. Indeed, one of the strengths of Vetere and Cooper’s article is that (unlike the Ackerman Project’s early articles) it emphasizes the way wider agencies can be involved in monitoring safety while the couples work proceeds.

However, couples work is not the only contribution systemic therapists can make in this field. There has been a long history of family therapists offering different systemic approaches to domestic violence. These include community approaches (Almeida and Bograd, 1991; Pressman, 1989; Shaw et al., 1996) and wider conceptualizations of domestic violence (Harway and O’Neil, 1999). Bograd herself stated that ‘thinking systemically about a couple does not mandate working with the spouses together’ (1984: 563). Although they do not emphasize this aspect of their work, it is indeed clear that Vetere and Cooper have undertaken this broader systemic work because of the way they discuss the role of their referrer. Thus quite

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1 In the USA domestic violence cases have also constrained therapeutic practice further by establishing the duty to warn of risks to third parties, e.g. the Tarasoff case (Jenkins, 1997).
clearly, the work they report is only part of the systemic activity of their project.

It is important that family therapists are aware of these controversies and of the variety of systemic practice in the field, not so that they do not engage with domestic violence but so that they engage carefully. This is especially relevant given some of the attitudes to couples work that may be prevalent among other agencies. Because of these attitudes, Vetere and Cooper’s achievement at establishing trust between themselves and referrers/other agencies cannot be underrated. It is this contextual work that I now wish to discuss.

Context

As I have said, Vetere and Cooper obliquely refer to the broader agency-based systemic work of their project. They comment:

Our minimum sufficient network for therapeutic rehabilitation is a triangle, formed by ourselves, the family members and our referrer/referring agency. Our referrer forms the stable third in our therapeutic triangle. (2001: 385)

From this we may assume that many complex negotiations occur on a case-by-case basis with referring agencies. However, these negotiations are not only made more complex by the history of the controversies I have mentioned but also by the dynamics of agencies and their relation to domestic violence itself. For instance, we might assume a high likelihood that the dynamics of power and control being played out within families are also being played out by and between agencies. In addition, systemic therapists will be aware that a ‘referring’ agency may have many conscious and unconscious purposes in referring a family for ‘rehabilitation’ (Selvini Palazzoli et al., 1980). Not all these purposes may contribute to the safety of the woman and child. The criminal justice system is an example of this. Domestic violence workers have long been conscious that this system replicates the patriarchal assumptions of society in general. For instance, men are ‘excused’ violent behaviour in the home that would incur social sanctions if seen in public (Gelles, 1997). Thus a referral from this system for couples therapy could be seen as an

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2 As they are in child protection work (Furlong, 1996). See also Shepard and Pence (1999) and Harwin et al. (1999) for descriptions of the complexities of multi-agency work.

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attempt by the referrer to avoid costly court proceedings. It may also imply that the woman needs to alter her behaviour as much as the man who has been charged with an offence of violence.

Projects such as the Reading Safer Families Project are able to ensure that the effects of these agency dynamics are addressed because of their ability to negotiate with referring agencies. Lone family therapy practitioners however, might not be able to protect their clinical work from these dynamics. Once again therefore, I wish to underline aspects of Vetere and Cooper’s work which become sidelined in the discussion of couples work. Their skilful awareness of their context, with its dangers and difficulties, is as crucial to their work as is their therapeutic skill.

Accountability

One of the key components of safe domestic violence work has been ‘the centralizing of victim safety’ (Shepard and Pence, 1999: 16). This principle has now become the essential ingredient of all government policy and guidance (Home Office, 1999a,b). In some projects this has been interpreted as making the work accountable to the woman. Family therapists are aware that such a stance does not avoid complex ethical questions. However, the inherited language of our profession sometimes obscures our purpose. For instance, we use words such as ‘family’ or ‘couple’ which might imply that we are accountable not to the victim but to a collective of victim (and children) and perpetrator. Equally we use words such as ‘family violence’ and ‘safe relationships’ which, like the term ‘domestic violence’, mask the predominance of male to female violence (Lamb, 1991). Taking seriously issues such as risk assessment and contraindications of couples work, as Vetere and Cooper do, is part of being accountable to the woman and children. So also is an honest awareness of the research literature which helps acknowledge the limitations of couples therapy. Systemically orientated researchers have contributed to the study of violent interactions (Burns et al., 1999; Jacobson, 1994a,b; Jacobson et al., 1996; Jacobson and Gottman, 1998). Yet Bograd has argued that: ‘there is little research to guide therapists through complicated and critical clinical decisions’ (Bograd, 1994: 596).

Sadly, family therapists have not yet managed to justify their approach and to specify in which situations skilled conjoint therapy contributes to the ending of violence. Vetere and Cooper note that
there is outcome research on interventions with abusing men (Babcock and Taillade, 2000; Gondolf, 1999). There are also studies on outcomes for women and children (Jasinski and Williams, 1998). Although the findings of these studies are often not absolute, they do seem to show that for some men pro-feminist group work prevents future violence, and that women’s groups empower women. Apart from two studies which compared outcomes for couples groups and single-gender groups (Dunford, 2000; O’Leary et al., 1999) it is rare to find a study that compares the outcome of couples therapy to other interventions. Not surprisingly therefore, family therapists have not been recognized as part of a prevention strategy designed by the current government (Home Office, 1999a,b, 2000). Thus family therapists will need to both research their work and specify for which groups of men and women their intervention is most suited.

Conclusions

In this commentary I have attempted to ‘fill in’ some of the gaps in Vetere and Cooper’s article and thus to emphasize the broader systemic aspects of their project which they only partly discuss. I have suggested that family therapists should be aware of the context in which they practise this work and that by implication isolated practice might not be safe for either woman or therapist. I am thus promoting a view that couples work is safest when undertaken by experienced therapists who have a context that can contain the complexities of the work. Likewise accountability poses a challenge to family therapists: it is time for us to specify for whom and in what conditions couples therapy prevents domestic violence. Family therapy and couples therapy can contribute to the ending of this abuse. They can contribute clinically and within the wider domestic violence system. Articles such as Vetere and Cooper’s can stimulate us all into developing these contributions. However, in such a complex and dangerous field, therapists need to ensure that their practice is centred around the safety of women and children. This will mean taking into account, as do Vetere and Cooper, other agencies, and their own historical and institutional context.

References


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