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1-877-545-7698

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Position Statement

Anger Management or Anger Control Counseling/Treatment is never the appropriate strategy to address abusive behavior, especially domestic violence. A Certified Batterers Intervention Program (BIP) is the appropriate intervention.

Certified batterer's intervention programs (BIP) operating in compliance with IC 35-50-9-1 are listed on the Indiana Coalition Against Domestic Violence website <http://www.icadvinc.org/programs-services/batterers-intervention-programs/certified-programs/>. Programs not listed are most likely not operating in compliance with DCS Standards and are certainly not in compliance with IC 35-50-9-1. Furthermore, the non-certified programs are probably doing anger management counseling.

The first goal we have when providing services to an abusive person is to challenge the tendency to mislabel the problem as anger. Anger management treatment and anger control therapy attribute an abusive person's violence to a "momentary outburst of anger" as opposed to tactics of power and control manipulation. From most accounts, domestic abuse is actually systematic terror inflicted upon victims through direct and indirect controlling, manipulating, and degrading behaviors. It is not merely a series of impulsive, angry incidents, but often premeditated, systematic, debilitating power and control tactics.

Abusers use their anger instrumentally and strategically. If a situation calls for the effective use of anger, an abusive person will summon their anger to do the job. They also may use, just as effectively, sorrow, sadness, or shame as effective and coercive means to establish, maintain, or regain control. Simply stated--abuse is purposeful, instrumental, and strategic behavior designed to bring about a result.

Anger management or anger control programs fail to take into account the premeditated and calculated controlling behaviors associated with abuse. Anger programs focus on the premise that an abusive person is unable to control certain violence or anger tendencies as a result of a triggering factor. This approach supports two dangerous myths:

1. That the victim shares responsibility for the violence because they trigger it, and
2. The abuser is not responsible for the violence because they are unable to control it.

Thus anger management tends to decrease abuser accountability and can even reinforce the abusive person's tendency to blame the victim. The treatment focuses on "what makes the abusive person feel angry" resulting in the abusive person focusing on what they feel the victim has done wrong instead of their own behavior. This is particularly harmful in light of the fact that an abusive person taking responsibility for past abuse is an essential part of any sort of successful change.

Although abusers often explain their behavior as a result of feeling angry, that behavior is in fact always the result of a choice to exert power and control over another person. Abusers actually almost always control themselves very well. For example, they rarely strike out at their bosses or co-workers. They are often calm with the police and in court. They know how to control themselves when they believe they need to be socially appropriate, but do not feel the need to do so with people they abuse.

Anger control techniques widely used with abusers are typically based upon cognitive psychological strategies. Unfortunately, the cognitive beliefs being targeted are those that result in angry feelings, not the cognitive beliefs that justify, excuse, minimize, and enable abusive behavior. The model presumes that "being provoked" instigates a physiological arousal that is labeled anger. This "anger" is then translated into aggression and/or abuse.

Anger control is designed to enhance the ability to recognize provocation cues and physiological signs of arousal. Anger logs are often used to promote this awareness. Cognitive restructuring skills include adjusting expectations and reappraising the circumstances that provoke arousal. Role plays often are used in this regard. Positive self-talk is commonly used to reduce arousal. Arousal reduction also uses stress management techniques such as progressive relaxation exercises and calming visualizations. Communication enhancement includes "time outs" to inform the annoyer of the arousal and more assertive expression of feelings. Problem-solving takes the form of identifying the triggers in one's environment that may provoke arousal.

Anger control no doubt contributes to redirecting or reducing anger and aggression in many individuals; the question is how well suited is it for abusers and batterers. Does anger control help end abuse, or does it only reduce anger? My experience, and most of the research I've read over the years, indicates anger management does not end abuse. If an abusive person stops hitting someone or verbally degrading them, the abuse does not necessarily end. In fact the psychological abuse of manipulative and isolating behaviors may continue and be as emotionally devastating as physical abuse. Thus, the end result of anger management or anger control treatment is a "calm" perpetrator of controlling, coercive, manipulative, and violent behavior rather than an "angry" one. And in fact, anger management could leave the victim in a more dangerous environment than they were in prior to the treatment. Because the abuse problem was mislabeled as an anger problem, and outside observers take notice of a decrease in anger, the psychological abuse and coercion goes unrecognized. The abusive person has simply learned to adapt; to use more subtle and effective power and control tactics resulting in the victim being more vulnerable and more scared to reach out and seek assistance in the future.

Anger control may, furthermore, feed an abusive person's tendency toward self-pity and self-deception. The focus on their anger causes some abusers to dwell on their own emotional discomfort rather than the more severe pain that they have caused others. While this can be therapeutic, it can also lead to self-justification and victim blaming.

Abusive behavior is how an abusive person gains power and control. (An example is that yelling scares the victim, which gets them to say or do what the abusive person wants.) Anger control reinforces the willfulness of many abusers. The "official recognition of control" in anger control leads many abusers to believe that the way to stop abuse is to extend their control to one more aspect of their lives -- their emotions. Instead, the batterer needs to be encouraged to "let go" of much of his need to control. Furthermore, directing the focus upon controlling the feeling of anger promotes the tendency to ignore the need to focus on more relevant feelings such as guilt. Guilt is a feeling our conscience uses to inform us we are saying or doing the wrong thing. Focusing on controlling anger is at the expense of ignoring feelings of guilt. Worse yet, focusing on feelings of anger may increase the abusive person's tendency to justify, minimize, and make excuses for their abuse. This shifts blame to the victim and suppresses the abusive person's feelings of guilt for acting abusively.

Anger control is often misrepresented as a quick-fix, but it may actually endanger victims. The vast majority of men who "voluntarily" join batterer programs do so in response to their partner leaving them, threatening to leave, or taking legal action. The men therefore tend to use the program the same way they use their violence -- to manipulate and control their partners. After learning a few anger control techniques, many batterers will claim they have the problem "under control" and lure their partners in to returning. The men in anger control treatment usually enter a self-congratulatory phase in which they feel that they are really getting better and deserve praise. Their partners, however, are hardly ready to reward them for the humane treatment which they inherently deserve, or to be trustful of a man who has unpredictably abused them long-term. A woman's failure to be congratulatory as the man expects may lead to further abuse.

Anger control too frequently lets the community off the hook. It would have the community think that the problem of partner abuse is being "treated." Abuse becomes, then, a problem of psychologically deficient individuals who lose their temper and impulsively abuse rather than of inadequate protection services. In

sum, anger control is less threatening to the community and therefore an easier way for counselors to gain acceptance for their programs. This of course is a challenging notion for some community leaders to accept, because it suggests that they too have a responsibility in working to end abuse, not just the program counselors.

Anger management programs are not geared toward perpetrators of violence. They have no oversight and are not certified. There is no assurance of operational policies and procedures that adhere to protocols and standards for safety and accountability concerns. There is no participation by domestic violence projects, or safety monitoring by domestic violence advocates. It is left to agency discretion whether domestic violence training or experience is required for clinicians or therapists conducting anger programs. And abusers will tend to seek services from anger management as program fees are often subsidized by health insurance and/or grants, and the length of treatment is typically only 8 to 15 weeks.

The justice system should not order, encourage, or even allow anger management programs as a tool for addressing domestic violence. It is an insufficient response to criminally abusive behavior. Diverting an abusive person out of the criminal justice system and into treatment may lead him to conclude that his behavior is not a serious criminal act. And because domestic violence is not the result of an anger control issue, anger management programs are not effective in stopping domestic violence and should never be used by the judicial system as a substitute for strong law enforcement and thorough judicial oversight of domestic violence offenders.

Anger is a feeling; abuse is immoral, inappropriate, and often criminal behavior. Courts are dealing with domestic violence as criminal behavior; court policies should require the behavior be addressed as criminal behavior, not angry feelings, or a mental health problem.

Anger management is a mental health approach to an issue of criminal behavior. It can give victims a false sense of safety because they may mistakenly believe that such a program can end the violence. In reality, the victim may be placed in grave danger, and the likelihood of further violence could increase.

Anger management programs as a tool for addressing domestic violence have not been demonstrated to be an effective way to stop the violence. Experts in the field of domestic violence have repeatedly stated that the most effective way to stop domestic violence is through a coordinated community policy of zero tolerance for domestic violence, which includes coercive and controlling tactics.

Terry A. Moore, LCAC
ICADV Certified BIP Supervisor/Trainer
Founder and Program Director
Nonviolent Alternatives