

Tri-County Batterer Intervention Provider Network Meeting Minutes  
September 2, 2003

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**Members Present:** Paula Manley (Manley Interventions), Courtenay Silvergleid (Portland State University), Kelley Brassaw (trainee for BI program facilitation), and Don Voeks (Gresham Urgent Care)

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**Topic for Today: Early Trauma – How does it impact the way providers work with men?**

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The group wanted to clarify up front that early trauma does not cause abuse, but can be an important factor to acknowledge and work with during intervention. The issue of causation is always a touchy one. Group members discussed how there really aren't causes for men's abuse since it is their choice to be violent or hurtful, but that there are factors that may contribute to a man's decision making when it comes to abusive behavior.

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Discussion began with a review of why it may be important to think about early trauma. One member offered that while there hasn't been a great deal of theorizing regarding the role of early trauma and batterers, there are a couple of well-known theories. This member described Donald Dutton's 1995 work in The Batterer in which he claims that a constellation of three "early traumas" create an environment or predispose a boy to becoming cyclically assaultive as an adult:

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- Being shamed by father
  - Insecure attachment to one's mother
  - Direct experience of abusiveness in the home
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Dutton isn't the only practitioner who identifies the role of early trauma in men's violence. David Wexler, in his 1999 article, "The Broken Mirror: A Self Psychological Treatment Perspective for Relationship Violence" suggests that the human need for self-cohesion is primary. Children who are deprived of essential mirroring responses or subjected to ridicule & criticism become arrested in their development of an internal sense of confidence and competence. As adults, they are always looking to some outside source of approval or recognition (mirroring). When they see reflected back to them an image that makes them feel unlovable or inadequate they feel ashamed and they blame the mirror for their reflection.

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Wexler's description resonated with some of the group members. One member added that men victimize out of their own sense of victimization. "If I don't feel good about myself, that is when I hurt others. If I feel bad, then I want someone else to feel as badly as I feel."

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How should we as providers work with early trauma in our clients? One provider offered that s/he discusses triggers with the men but only after s/he has covered domestic violence basics. S/he begins with discussion of domestic violence, then discussion of feelings, followed by some time exploring triggers. S/he feels that it is important to maintain non-violence to educate men about their own triggers. When s/he asks men "When did you first feel this?" This often takes the discussion back to childhood. This provider also uses a book for adolescents entitled "The Wall" in his/her groups which talks about how we engage defense mechanisms to protect ourselves.

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Another provider offered that discussion of early trauma often surfaces after viewing the video “Hidden Witnesses” in group. The men begin talking about their experiences as children. This provider will also share books about domestic violence for children, which will often trigger memories and experiences for the men in the group. This provider uses men’s experiences of and memories of their own early trauma to build empathy for their children and their partners. When we show men that they are creating the same trauma in their children that they experienced, it will often motivate them to change. The process is similar with the letter of accountability. As the men expose the impact of their actions on others, they will often reference how it felt to be on the other end of these kinds of abuses when they were children.

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One member raised the question as to whether it was appropriate for BI providers to address early trauma. The response from the group was that we don’t want to separate men’s childhood experiences from their adult experiences. It is appropriate for BI providers to address early trauma within the context that it emerges. Early trauma often contributes to men’s beliefs, values, attitudes. If we challenge those beliefs, values and attitudes, it helps if we can address or discuss the origins of these beliefs, values, attitudes. Obviously if someone’s mental health needs resulting from their early trauma require long term therapy – that isn’t the role of the provider and supplemental support needs to be acquired.

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Group members then discussed whether or not a group facilitator can see a man individually as well as in group. One provider offered that if the man’s individual needs are consistent with the expertise of the facilitator then it is ok. One guideline that was offered was to ask yourself whether you would be the best person to “treat” the client if battering wasn’t part of the picture.

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In closing up the discussion, one member asked whether providers are regularly exploring or asking about early trauma during intake or assessment? Some providers ask during intake or initial assessment, but added that they didn’t feel as though they really got genuine information up front. It is more likely to come out during the group.

Another provider doesn’t ask, but if a man brings it up spontaneously, this provider will check in with the P.O. to confirm the information. In general, providers were likely to at least ask about the family of origin, what were dynamics like, are parents together, separated, etc.

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