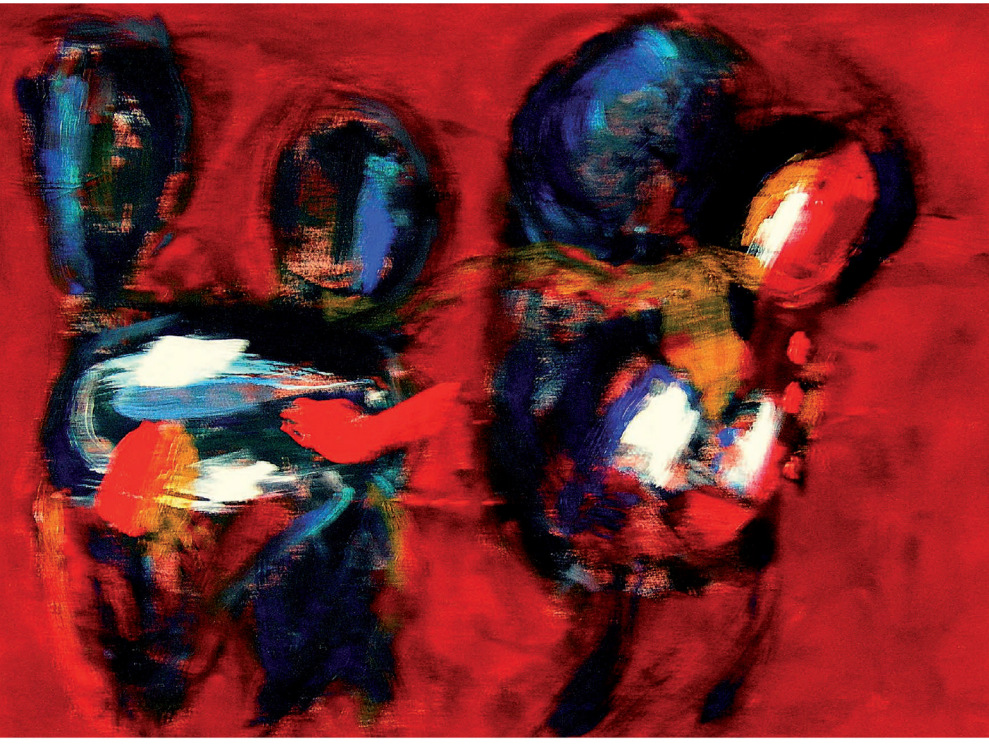
Intimate Warfare

Regarding the Fragility of Family Relations



MARTINE GROEN
JUSTINE VAN LAWICK

ROUTLEDGE

INTIMATE WARFARE

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Regarding the Fragility of Family Relations

Martine Groen and
Justine van Lawick

Systemic Thinking and Practice Series:

Series Editor
Ros Draper

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ABOUT THE AUTHORS

Martine Groen is a clinical psychologist and psychotherapist, who has specialized in the effects of violence and trauma in families. She is also a trainer, consultant, coach, and mediator in non-profit organizations. She has been consulting and training traumatized women, families, and organizations from 1995 to 2005 in former Yugoslavia. She took part in a conflict resolutions scheme between various organizations in Bosnia. She has published several books on prostitution, intimate war, domestic violence, shame and violence.

Justine van Lawick is clinical psychologist, family therapist, and director of training in the Lorentzhuis, a centre for systemic therapy, training and consultation in Haarlem, the Netherlands. Her areas of interest focus on addressing violent behaviour in families with compassion for all involved family members and without blaming. Another area of interest is working with marginalized families. Justine has published many articles and a book.

SERIES EDITOR'S FOREWORD

It is an honour to include the second edition of this book in our series. Cultural and societal taboos about talking about domestic violence as well as the consequences of such violence, frequently leaving perpetrators and victims either in hiding or in the public domain of the justice system, mean that professionals constrained by agency requirements easily omit addressing the systemic complexities in cases of domestic violence. In highlighting the systemic complexities of domestic violence, this book seeks also to inspire excellence among professionals who recognize that where multiple agencies are involved with the different needs of different clients in any domestic violence situation, collaborative working and co-creation is in the best interests of all their clients. This book is for professionals working as sole practitioners as well as those involved in multi-agency working.

Written by two well-recognized experts in their field, this book brings to the reader a vast storehouse of wisdom and experience for understanding and intervening with clarity and compassion in the lives of wounded and damaged people.

The authors, Martine Groen and Justine van Lawick, are well known nationally in Holland, a country with a long history of forward thinking in the provision of services for the marginalized

members of society, perpetrators and victims of domestic violence being no exception. The international experience and reputations of the authors in war-torn countries, where abuse and violence have become synonymous with names of villages and towns, also means that readers of this book can benefit from the distillation of their accumulated wisdom and experience, over the years, as clinicians, researchers, and pioneers in the field of therapeutic work with clients involved in domestic violence.

Being well aware themselves of the potential for contamination when working with such toxic subject matter, the authors not only include a chapter specifically addressing needs of therapists working self-reflexively with domestic violence situations, but also ensure that each chapter in the book stands alone for readers to consult and access, if they wish, on a need-to-know, case-by-case basis. Even with the possibility available for readers to avoid facing over-exposure at any one time to such painful material, the many perspectives addressed in the various chapters of the book, far from adding to complexity, will, one hopes, enable readers, with a sigh of relief at the recognition found in these pages, to connect specific aspects of any current piece of their work to a topic from the field of domestic violence so ably and carefully explored by Groen and Lawick. There is a richness in each chapter in the detail and care with which the authors address taboo issues, managing to name without either blaming or shaming.

The scope of this book and its wealth of knowledge and information means it will be of use to any professionals, not just family therapists required to work with domestic violence issues in their daily work, and, as such, is in keeping with the vision and ethos of this series to disseminate systemic thinking and practice among the helping professions and show its usefulness to as wide a professional audience as possible. As series editor, I hope this book will inspire more professionals to champion joined-up working, so promoting better services, awareness raising, and preventative work for those driven to communicate through acts of domestic violence and those they injure, thus reducing the need for "intimate warfare".

Ros Draper
Series Editor
Hampshire 2009

FOREWORD

The family is commonly viewed as the primary setting for nurturing and an alleged "safe haven". In reality, it is also a very dangerous place to live in. We are much more likely to be physically or sexually assaulted by a member of our family than by a stranger. Like tobacco and other toxic substances, the family should carry a Government Health Warning, as it can seriously damage your well-being. Violence within the family (intra-family violence) is a major public health issue and takes many forms, from child abuse to sibling abuse, from spouse abuse to elder abuse. The more narrow term "domestic violence" refers specifically to the exercise of control and the misuse of power, physical, emotional, mental, financial, and/or sexual by one person, usually a man, over another, usually a woman, within the context of an intimate relationship.

Intimate Warfare puts intra-family violence into context, that is, the close relationships and the wider social system(s) of which families are part. It is written by two passionate and highly experienced psychotherapists from the Netherlands, whose knowledge of the subject is far reaching and transcends the Dutch borders. In Europe, domestic violence is the major cause of death and disability for women aged 19–44 and accounts for more death and ill

health than cancer or traffic accidents (Amnesty International, 2004, Government National Plan for Domestic Violence, 2005). In England and Wales almost half of all women killed every year die at the hands of an intimate male partner or ex-partner (Women's Aid, 2001). In the UK (British Crime Survey, 2000) it is estimated that one third of violent reported crime is domestic assault, now renamed as "intimate violence". Such violence is not at all uncommon: 48% of women and 33% of men reported that they had suffered more than one form of intimate violence since the age of sixteen (Dewar Research Government Statistics on Domestic Violence, 2007). There are also increasing reports of domestic violence by men, but since many young males tend not to regard domestic violence as a crime, or do not wish to admit it, the true incidence is likely to be much higher.

It is a sad fact, but most violence is "home grown". It is estimated that 65–90% of domestic violence incidents are witnessed by children, and many of these children develop emotional and behavioural difficulties that mirror those of children who have been the actual victims of abuse. *Intimate Warfare* shows how violence emerges in the family context and is reproduced in the offspring. While there are plenty of publications in the field of domestic violence, from learned papers to comprehensive text books, *Intimate Warfare* is a unique contribution in that it covers the subject from a whole range of different perspectives. It describes systemic ways of working individually with perpetrators, using a systemic frame. It addresses violent partner relationships, as well as teenage violence against parents. It presents many pragmatic ideas and techniques that systemic practitioners can use in their daily practice. There are fascinating accounts of how the seeming "fit" between experiences of shame and violence can feed and perpetuate the "downward spiral" of violent escalation. Unusual for a book of this kind, particularly in the systemic field, there is a chapter with the sole focus on the therapist and on transference and countertransference issues and how these manifest themselves in different work contexts. The authors build useful bridges between systemic and psychodynamic frameworks: for example, when they show how circular interviewing techniques stimulate reflective ability and mentalizing functions. Clients are helped to learn to regulate their emotions and impulses better, resulting in their enhanced awareness of emotions,

cognitions and desires in others, leading to the development of new and different social and moral awareness.

Intimate Warfare describes brilliantly how tensions build up in families, how these can spiral into violence, how such violence can be curbed, and how people can be taught different ways of managing conflictual situations. The book refers to the changing roles of men and women in recent decades and the confusion and tensions that go with this. The authors convincingly relate their approach to the ever-changing historical and political settings and contextualize violent behaviours by embedding these in the social and family environment.

Intimate Warfare deserves a wide readership, and not only among systemically orientated clinicians. It is essential reading for all those who are passionate about working with violence in families. This book not only complements other recent publications on this important subject, but is a significant new contribution to make the family—and the world—a safer place.

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Introduction

The community in which children are nursed, the family, should by all accounts be a safe haven. However, it is not. People within family relationships are likely to be threatened, humiliated, smacked, raped, or murdered.

Such violence in the domestic circle conjures up a lot of questions. For years we have been working with this problematical issue, and we are trying to make the dynamics of violence within the family more understandable. This book is a reflection of our dialogue.

The first edition of this book was published in 1998. Much has changed over the intervening years. The results of the1997 Intomart survey, which showed that 45% of the Dutch population has experienced violence within the domestic circle, made the government become aware of the scale and gravity of the problem. Funds were made available for projects which dealt with the recognition, prevention, care, and treatment of domestic violence. The projects on domestic violence have led to establishing several networks in which the police, support centres for domestic violence, general practitioners, shelters, centres for victim aid, social services, municipal health care agencies, centres for child welfare, psychiatry, care

and treatment of drug-addicts, probation services, social workers, psychotherapists, and systemic-therapists co-operate. As to the effectiveness of this approach, future research will tell.

The Dutch police have created a special registration of domestic violence and calculated that, in a year, they receive more than 57,000 reports of domestic violence. It is a known fact that only 12% of all the cases are being reported. This means that every year about 500,000 acts of violence occur on a scale of 16,000,000 inhabitants. Many of these incidents are witnessed by children. Because of this, these children have an increased risk of developing psychosocial or behavioural problems.

In April 2007, the University of Leiden published the results of a major research about child abuse. The results are shocking. Yearly, 107,200 children are being abused in the Netherlands. About 45% is being neglected; 24,000 children are victims of physical abuse. This means that, in the Netherlands, about thirty out of 1000 children are being abused. A quarter of the cases concern sexual abuse, three quarters physical abuse. Only the cases which led to visual traces are included.

Quite new research with the Conflict Tactics Scale shows that women also can be violent in couple relationships.

All together, we have to admit that domestic violence is one of the largest and most influential social problems in society.

The Dutch government made prevention and diminishing of domestic violence one of the core issues of the current cabinet (2007–2011).

From March 2009 onwards, a new law makes it possible to place the perpetrator of violence out of the family home for ten days or longer. During this time intensive help is offered for all the involved family members. The pilots that were being started before this in four big cities showed that this barring of perpetrators worked well in getting the family into an effective helping programme. Most perpetrators also suffer, and want the violence to stop. Most couples want to end the violence, not the relationship.

The new Dutch law of 25 April 2007 forbids all physical punishment of children. Although this will not prevent all parental smacks, it will make it impossible for parents to hide behind a pedagogical argument when confronted with maltreatment of their children.

In March 2007, a Dutch Commission started to create a scientifically based official professional guideline on how to recognize, acknowledge, diagnose, and treat domestic violence. Systemic thinking is the basis of this guideline.

A systemic perspective also forms the foundation of this book. That means that we try to understand the systemic dynamics that are connected to family violence and that we want to work with all involved to stop and prevent violence. We try to work with all on non-violent ways of conflict resolution.

In this book, we concentrate on couple violence and the consequences for children (Chapter Nine). One chapter addresses the violence of adolescents directed against parents (Chapter Ten).

The reader will notice that a lot of questions will remain unanswered. You will also find that the authors' points of view and modes of thought may differ at times. Each chapter identifies the author. However, the ideas of both authors have been incorporated in all chapters.

You can read each of the twelve chapters in which the different aspect of domestic violence are discussed independently.

In this edition, two chapters are added: one about escalating and de-escalating acts (Chapter Five) and one about violence in migrant families.

In the first chapter, "Characteristics and size of domestic violence", we address questions about the definition, size, and characteristics of domestic violence. The second chapter, "Together you will progress", is of a practical nature and discusses the possibilities of involving partners (usually men) in couple therapy. The third chapter, "The downward spiral of violence between partners" discusses the possibility of ending violence in a relationship. A model is presented of a therapy in which a great deal of attention is given to the gender division of roles between men and women. The fourth chapter, "From ill-behaviour to relational behaviour", elaborates on the previous chapter and examines on a more in-depth level the possibilities of couple therapy with regard to the issue of violence. The fifth chapter is a new one about escalating and de-escalating acts, followed by a new chapter on violence in migrant families. Chapter Seven, "The coherence between shame and violence", discusses shame, the emotion that nurtures and fortifies the downward spiral of violence between men and women. Chapter

Eight deals with the importance of "Rituals of vengeance" to make someone pay for the suffering and to create the ability to reconcile. Chapter Nine, "The reproduction of violence", deals with children who almost always lose out where domestic violence is concerned. Practical examples are given to demonstrate the importance of rituals in therapy. The following chapter (Chapter Ten) "Of young rulers and the terror at home", discusses adolescent violence that is directed towards the parents. In Chapter Eleven, "The therapist as a person", the therapist is the focal point. Secondary trauma, negative transference, the context of work, and possible preventions are discussed.

The final chapter, "Apprehensive heroes", is a theoretical chapter in which new points of view on the issue of violence are given and possible consequences discussed. In the conclusion, we give suggestions for future reference.

Some important themes, such as sexual violence, violence in gay and lesbian relationships, violence against children, and violence between siblings, are absent. The fact that we do not discuss these themes does not mean that we underestimate their importance. However, we have limited ourselves to those issues with which we have gained more experience and which we have given considerable thought. Our reference is a private practice in a network of colleagues. It would be a mistake to assume that a private practice only encounters the less severe cases. Both our practices deal with a broad spectrum of cases which vary from the less severe to the very serious. We have both clients who are first time help-seekers, as well as clients who have already travelled the well-trodden path of social help and mental health care. Because we have agreements with healthcare insurers, we are able to provide therapy to a broad spectrum of the social classes.

Working together with other professional helpers is part of our systemic therapies.

We hope to inspire you with our ideas and experiences.

CHAPTER ONE

Domestic violence: characteristics and size

Justine van Lawick

Introduction

In this chapter we deal with some of the prime issues regarding domestic violence. How come the "safe haven" that the family unit is supposed to be is, in fact, often a hotbed of violence? What part does gender identity play in both the perpetrators' and the victims' case? Are the perpetrators mostly male and females mostly the victims? What is the influence of education and culture? In what way are psychopathology and violence connected?

From the second half of the past century, worldwide research has been carried out into violence within families, especially violence of men against women. Only in the last three or four decades has one come to realize that domestic violence is not an exception to the rule, but a serious social, medical, and psychological problem. People are more likely to be hit, kicked, humiliated, threatened, raped, seriously physically abused, hurt, or killed by family members in their own home, then anywhere else. This seems to be the case all over the world (Jasinski & Williams, 1998). It is hard to accept the image of the family unit as the most violent institution of society. One rather clings to the image of the warm,

intimate, safe, and relaxing nest, the "haven in a heartless world" (Lasch, 1977).

Size

In the Netherlands, a broad public debate has been set in motion after the national survey that bureau Intomart, assigned by the Department of Justice, conducted in 1997, which showed that 45% of the Dutch population had at some point experienced violence in the domestic circle (van Dijk, 1997). The research focused on physical, sexual, and psychological violence. Twenty-one per cent of the interviewees had experienced violence that continued for more than five years. According to the researchers, boys and men are victims in equal measure with girls and women. In 80% of the cases, the perpetrators are male. Apparently, there is a strong taboo: only 12% of the victims report to the police and only half of them actually press charges. Innovative to the Intomart research is that boys and men were interviewed as well as women; earlier research and publications have mostly dealt with the victimhood of women (Bograd & Yllo, 1988; Gelles, 1997; Jasinski & Williams, 1998; Römkens, 1992; Stark & Flitcraft, 1996; Walker, 1984). Towards the end of the past century and from the beginning of the present century, interest has arisen in the dynamics within couples (Cooper & Vetere, 2005; Goldner, Penn, Sheinberg, & Walker, 1990; Kik & Baars, 2000; van Lawick & Groen, 1998; Vetere & Cooper, 2007), and the psychology and dynamics of violent men (Bancroft & Silverman, 2002; Dutton, Golant, & Pijnaker, 2000; Jacobson & Gottman, 1998a,b; Scalia, 2002).

The international discourse on domestic violence has been complicated through thorough research on conflict management in couples. The central instrument in this research is the Conflict Tactics Scale, developed by Straus in 1979. The original has been tested, adapted, validated, and revised several times. The most recent and often used version is the Revised Conflict Tactics Scale (CTS 2, Straus, 1999). The CTS consists of seventy-eight questions: the respondent has to mention the frequency of violent acts on a scale from 0 (never happened) to 6 (happened more than twenty times in the past year). The behaviours that are mentioned vary

from insults to broken bones. Every odd number question is put from the perspective of the respondent: "I did . . . against my partner", while every even number question takes the perspective of the partner: "my partner did . . . against me". The scale measures three dimensions: psychological aggression, physical aggression, and injuries. The last part, about injuries, is added to counter the criticism that this scale only measures light forms of violence.

The conclusion of this research is that women are as violent as men in partner relationships. There seems to be no significant difference in the scale of violence in heterosexual or homosexual couples.

Many studies address the individual characteristics and psychodynamics of perpetrators (men) or victims (women). We prefer to study the dynamic of the couple.

Johnson carried out research on relational profiles with violent couples (Johnson, 1995, 2000). He suggested four categories:

- Intimate Terrorism (IT): controlling aggression directed against the partner. This dynamic is charactarized by escalations of violence that serve to control the partner. This contains physical violence and psychological violence, such as forced isolation, threatening, humiliation, and economical dependency. This group consists mainly of men.
- Violent Resistence (VR). This group refers to the dynamic of defending against the attacks of a violent partner: mainly women.
- Mutual Violent Control (MVC): two terrorizing partners who want to control the other; they both use violence. This group consists of men and women.
- Common Couple Violence (CCV). Violence as a consequence of fights that get out of hand. In this group, men and women turn out to be equally violent.

Graham-Kevan and Archer (2002) researched a mixed group of women in shelters and their partners (N=86); male and female students (N=208); and males in a batterer programme and their wives (N=192) to classify the categories of Johnson. Respondents had to fill in questionnaires about physical aggression, injuries, escalations, and controlling behaviour. Respondents coming from

shelters and batterer programmes could be connected more to the IT, VR, and MVC categories, and the students and part of the former group to CCV.

These figures trigger strong reactions. People who are convinced that domestic violence is mainly directed against women by men who want to dominate them question the outcomes of research that shows that women are as violent as men. They criticize the methodology of the research and suggest that the CTS only addresses mild forms of family violence. It strikes me that opponents never question research when the outcomes support their own ideas. I suppose the confusion is connected to the fact that we talk about different groups of violent persons. One group consists mainly of men terrorizing women, and this is the group we tend to think about when we consider domestic violence.

In relationships where one terrorizes the other, or both partners try to terrorize each other, *controlling* behaviour seems to be central. In couples where violence occurs when conflicts escalate and get out of hand, *loss of control* is central. We do not know exactly the size of these two different groups. But, when studying the huge figures on domestic violence, we have to realize that part of this is a group of men and women who fight each other and are equally violent. They experience light or severe forms of violence when conflicts escalate and explode. This group fits best into systemic couple therapy.

Men, women, and violence

In clinical practice, we also recognize that a lot of women use physical violence in conflict with their male partners. An often expressed example is that they try to prevent their spouse from leaving if he wants to go. We often hear that women are the provokers: they attack their spouse out of pure frustration, and the men in these cases state that violence is their only source of defence. Of course, even in these cases there are men who do not hesitate to hit and hurt their spouse.

Men and women use psychological violence. Men can humiliate and threaten women, but women can also belittle and undermine men. Dutton (2005) revised his perspective on couple violence. He started his research and treatment of male batterers from a feminist point of view. He supposed that violence in intimate relationships

was used by men who had internalized values from patriarchy and wanted to dominate women. After twenty-five years of research, analysing, meta-analysing, and experiences with treatment of male batterers, he changed his mind. Metastudies showed that batterer programs built on the idea that batterers want to dominate women were not effective, recidives were extremely high (Babcock, Green, & Robie, 2004). Dutton started to think that feminist theory confused the issue by making men perpetrators and women victims. Violent behaviour by women was concealed. He still recognizes patriarchal terrorism in a small group, but he also recognizes matriarchal terrorism, and he found that 45% of couple violence is mutual. Much research addressed only women as victims, and this blurred the whole issue. Dutton now thinks that it is psychopathology that is the problem, not patriarchy. He concentrates on attachment injuries in violent persons.

I am afraid that he is focusing the subject too much on an individual perspective. Contextualizing violence is crucial. Social circumstances are of utmost importance: housing, financial resources (debts!), illness, work, neighbourhood, culture, discrimination, and other context-bound factors.

Dutton states that about 4% of severely violent men and women merit a gaol sentence, with treatment, but for the other 96% he suggests a combination of treatment directed to personality problems, self control, and couple therapy. We agree with these suggestions.

Violence and systemic therapy

If we let the results of all the different researches percolate, it is hard to believe that we, in our role as systemic therapists, have not become aware of the gravity and scale of the violence issue within the domestic circle much sooner. It is only due to the critical notes from the feminist perspective (Goldner, 1985, 1998; Hare-Mustin, 1978; Luepnitz, 1988) that emerged into our field of expertise some twenty or so years ago that we started to acknowledge this blind spot. We kept focusing on the reciprocation of interactions in which the perpetrator can be seen as a victim, too, and *vice versa*. Systemic therapists wanted to disengage from the reduced linear thinking which focuses on the cause of problems and instead concentrate

on the circularity in order to search for a chain of interconnected symptoms. Neutrality was high on the agenda; systemic therapists had to keep an open mind towards both parties, immerse themselves with all involved, and refrain from any moral judgement. Thus, the possibility was created to keep the influence of gender, class, and culture out of the frame in the theoretical consideration and the analysis of the issue. This made it possible to overlook balances of power between family members, and in turn, for example, incest and abuse were either not recognized or ignored.

Defining violence

When we talk about violence in this book, we mean physical, psychological, and sexual violence. How do we define violence? Concerning content, it does seem impossible to answer this question properly. A slap could mean physical violence, but it can also be part of a cheerful frolic. Even injuries cannot be directly linked to physical violence. We have come to a definition that puts the relationship at centre-stage. We talk about violence when a family member damages the integrity of another family member and hurts the other psychologically and/or physically.

We have to distinguish between violence that is intentional and violence that is not-intentional. When one person terrorizes the other, violent behaviour has the *intention* to control the other. With common couple violence, people lose control during escalations and do not have the intention to harm the other person.

When we talk about terrorizing behaviour, we define violence as follows: a person abuses his or her physical and psychological dominance to threaten or hurt the other in order to create fear and, thus, maintain a superior position and keep the other in a subordinate position. Thus, a relational context is created in which the dominant person can impose his/her will on the subordinate one against their will.

We have already stated that sometimes this terrorizing and controlling behaviour is mutual. Both try to occupy the dominant position. This dynamic can lead to severe injuries, or even death.

With common violence, we refer to conflicts that get out of hand. In this context, it is much more difficult to talk about intention.

Violence has many faces: psychological, physical, and sexual, which can be from light to severe forms. It can be directed against children, adults, parents, the elderly. Brothers and sisters can be violent; other family members, grandparents, aunts and uncles, or close friends can be involved. Sometimes a power difference is crucial, as with parents and children; sometimes a power balance seems to exist.

We started to concentrate on physical violence, but our clients taught us to change our position on this. In the first place, physical and psychological violence go together; humiliation, threatening, and scolding often precede slapping. Second, many people say, after the violence has stopped, "I can forget about the beating, but I cannot forget about the words". A parent who learnt not to use physical punishment but who is shouting, "I wish you hadn't entered my life, you are spoiling my whole life, I wish you were dead" is probably causing even more harm. We want to distinguish these issues from incest: serious violence with a different dynamic. Perpetrators of incest have different motives and the relational dynamic is quite different from the dynamic of violent escalations. We do not address this issue in this book. Many other publications inform readers about incest and families (Bentovim, 1988; Lamers-Winkelman, 2000; Sheinberg, 2001).

The influence of gender

Gender development influences behaviour, also violent behaviour of men and women. We would like to use the definition of gender by Meulenbelt (1997). She defines gender at different levels:

> The biological difference, thus creating a gender-identity, interconnected with the early stages of personality development. This is influenced by a set of codes for masculinity and femininity that may differ with culture, timeframe and social background. Subsequently this is linked to the social context: the distribution of labour, money and power. [pp. 10–11]

This elaborate description (Meulenbelt goes further) does justice to the complexity of the concept. We will dwell on the different elements of the definition.

The biological difference

Whether "masculine" and "feminine" behaviour are explained by biological principles and cerebral differences is a recurring discussion. A lot of research is available which shows that male and female brains work differently. These differences are more connected to power differences and different positions in society than with essential, innate differences. These differences are connected with the influence of hormones as well (Kimura, 1992).Women are said to use both halves of their brain more and they divide their attention better than men. They can interpret non-verbal signals well, are good at languages, and focused on co-operation. The left half of the brain seems to be dominant with men. They can hold and focus their attention, have a well developed spatial awareness, are problem-solving, and prepared to go into action themselves. This, of course, is a generalization; each individual will have a unique combination of qualities. These differences have been formed during the course of evolution and are intertwined with the different roles that men and women fulfil in society. If these divisions of tasks change significantly, and if this lasts for generations, these differences may change. It is striking, for instance, when observing men who serve women in power to find how good they are in interpreting the non-verbal signals of their female boss and, for example, bring water when needed.

It is striking how many people give a sigh of relief when once again it is "discovered" that the difference between men and women stems from different neurological connections in the brain. "No point in worrying, everything is written in stone already", seems to be the general idea. One easily abandons the broadly accepted conviction that body and soul, or "soma" and "psyche", form an indivisible unit and one opts for biological determinism. Circularity is easily swapped for linear causality: the brains differ, *ergo* women and men differ, herein lies the cause. I like to come full circle: it is not possible to conclude where "nature" stops and "nurture" takes over, genes and environmental factors form an indivisible unit and can only be comprehended within this context.

Gender identity

Gender identity is formed in the first years of one's life and is anchored in the primal layers of the personality. Freud thought that

gender identity developed only from the fourth year onwards. It has transpired, through the work of Stoller (1968) and Delfos (2001), that children "know" that they are a boy or a girl from a very early age and subsequently behave as such. Parents and others react differently towards a boy or a girl, as does society. With a male baby, taking initiative, for example, is stimulated. This starts while in the womb: if there is a lot of activity and movement in the belly then it will probably be a "real" boy. The code for masculine behaviour expects and approves initiative in almost all cultures. The same goes for wooing a female. The expectation that the young women will have to keep relationships going stems from gender identity, too. Girls are stimulated to co-operate properly from an early age onwards. This transpires beautifully from Tannen's (1990) language research. As toddlers, girls are already busying themselves to find solutions when opinions differ so that they can play together, while boys defend their territory and will be likely to start a fight. Girls say, "Shall we . . .", and boys say, "I want . . ." There is something to be said for both attitudes. Precisely because this gender identity is so deeply anchored within us, it has a wide-ranging influence on our behaviour even though we are often unaware of this.

The codes that are imposed on girls and boys, women and men, differ with culture, class, and time frame. There are numerous examples. We will name a few.

A man behind a stroller or with a baby in a pouch on the belly meets the criteria of the new male code of North-Western Europe. It is much less so in Southern Europe and unthinkable in, for example, a traditional Creole family. Despite this, an unemployed Dutch father refused point-blank the suggestion that he should take his little boy to school, "because", he stated, "I am not one of those softies who carry their child on their bikes in a child's saddle." Obviously this image did not fit in his code of masculinity. At the beginning of the twentieth century, going to university was regarded in our culture as unfeminine. It was even believed that too much study would result in a woman losing her fertility. Nowadays, girls as well as boys are stimulated to learn, and, on average, girls achieve higher grades than boys at secondary level. In many university courses the majority of students consists of women, including in medicine and law. Boys seem to be the vulnerable sex nowadays; they are uncertain of what is expected from them and

of their role when women study, work, and deliver children and care.

In traditional religious education, a distinction between girls' and boys' subjects is still made. The code for femininity and masculinity is more stringent in a traditional context. Turkish girls are not allowed to glance at, or kiss, a man. Only when they are married can they "give" themselves to their husbands. It is, therefore, important to examine time and again how masculinity and femininity are outlined in a specific culture, within a specific time frame, with *these* people from *this* family.

The social context

This is a dimension which is often ignored in psychological literature. Studies in the fields of sociology and anthropology show convincingly that the influence of division of labour, money, and care is a strong defining factor. Interesting in this regard is the study of Gilmore (1990), who researched the code for masculinity all over the world. He arrived at the conclusion that the differences between the sexes are more distinct if the means of living are dwindling and the environment (e.g., climate) is harsher. He found only two cultures where the difference between men and women is not emphasized. These turned out to be groups (the Semi and Tahitians) where there has always been an abundance of means of sustenance and, as a result, a warring tradition was non-existent. Given that we live in an affluent society, this creates the possibility of putting less emphasis on gender difference. Economically harsher times, however, will immediately put more pressure on the division of work and money. The "given right" of men to work often gets priority over the employment of women.

Yet another example: the fact that so many women cut down their working hours with the arrival of children has far-reaching consequences for the economy. Men often work longer hours given the same situation, and in doing so make career leaps. Women put their careers on the back burner and fall behind in the job market. It seems almost impossible to catch up and it has significant economic consequences. This inequality causes financial dependency of women and the results are painful if the marriage ends in a divorce. The humiliating position in which many mothers on

welfare or on a minimal income find themselves is common knowledge. Worldwide poverty seems to be a women's issue. Around the turn of the century, 80% of the world population who live below the poverty line were women.

When we talk about gender formation in this book, we mean the complexity of male and female behaviour that is based on all the aforementioned levels. This concept will be used extensively in Chapter Three, regarding the downward spiral of violence between men and women.

The influence of personal history

Next to social and cultural context and gender, personal history plays a meaningful role. People can be raised in a family where regulating emotions is problematic. Families can be unsafe. In an unsafe context, children have to survive by finding solutions; fighting others can be one way.

When children grow up in a family where they can find safe attachments to care-givers, they can learn to regulate their emotions in these safe relationships. They also learn to care for other people without fear of losing their autonomy. In unsafe relationships with care-givers, development of the ability to regulate emotions is hindered in children, and these people are more easily triggered to use violence in relationships.

In the context of this book, we cannot elaborate on this issue, but other publications do explain more deeply this developmental process (Fonagy, 2001; Johnson, 2004).

We think all human beings can be violent under certain circumstances, but people who develop well in a safe and loving environment learn to regulate aggression and can avoid violent escalations.

So, assessing personality problems is very important. Other psychopathology, such as depression, mania, psychosis, and other psychiatric syndromes, also can be connected to interpersonal violence, but it is beyond the remit of this book to go into this issue deeply.

Substance abuse

Addiction to alcohol, medicine, drugs, or gambling enhances the chance of violent explosions. These substances do not directly lead

to violence, but the brake on violent behaviour does not work well. Treatment of addiction is crucial when aiming at stopping violence.

Changes in the balance of power within the family unit

In the past forty years, a change has come about in the development between male–female relationships in our Western culture. Far into the 1950s, an imbalance of power between men and women was an accepted fact. The matrimonial ideal was of compliance; husband and wife were supposed to complement each other. Inequality was not experienced or seen as an imbalance of power, and did not carry the notion of suppression of the wife by the husband's dominance. In the 1960s, things changed in this regard. The matrimonial ideal shifted towards more equality between men and women. Nowadays, the imbalance of power is not readily accepted and in a lot of marriages there is an ongoing battle (silent or more vocal) about the division of care. The authoritarian father or partner is no longer popular in our Western culture. Husbands who hit their wives used to be met with understanding, support even, because women were seen as subordinate: they had to obey their husbands. Today, a man who hits his spouse will be met with disapproval.

Men who hit ought to be ashamed of themselves. Research has shown that attitudes towards men who hit their spouses are changing. In the USA, 13% of interviewees in 1990 were of the opinion that, under certain circumstances, a husband is allowed to hit his wife; in 1992 this was down to 12% and it decreased even more, to 10%, in 1994 (Gelles, 1997).

Among the young there is an awareness of the norm that men are not allowed to hit women. This became evident to me when my daughter, aged seventeen at the time, managed to stop a fight between some young men. I asked her and my then fifteen-year-old son why they thought that girls are more successful in stopping a fight and why boys, if they try to intervene, probably get knocked about themselves. My son knew the answer immediately. "If you hit a girl, you're a pansy; you just don't hit a girl." My daughter added that there is no reason for fearing a girl might join the fight, because girls do not fight. I asked what their thoughts were on girls who do fight. "Those are bitches," was their response. It did not sound very uplifting.

The guidelines along which we educate our children have undergone changes as well. When we read contemporary pedagogical literature which gives advice to parents and professionals alike, we detect a strong shift towards less physical violence. In the 1950s, physical punishment was regarded as a necessary part of child-rearing. Parents and teachers were expected to teach the children how to behave in a civilized manner and in accordance with the prevailing norm. Despite the fact that the norms on civilized and proper behaviour have changed with the times, the guidelines along which we educate our children have not changed that much in general. "The hand that rocks the cradle is the hand that rules the world" and "Spare the rod, spoil the child" were perennially popular sayings. Parents and teachers raised children with authority. In cases where a child did not accept their authority, physical punishment was regarded as quite normal and even advisable. "A household of commands", as De Swaan (1982) calls it.

That these practices have not entirely vanished transpired when an eighteen-year-old Belgian girl applied for the job of baby-sitter for my children. In our interview, she admitted that she regarded hitting as an integral part of raising children. She herself had been hit many times by her own father, but she saw no grounds to reject him. "He loved me and I had it coming." I decided to look for another baby-sitter. During a television broadcast about counselling Moroccan youths who are running riot (6 January, 1998), a Moroccan father who clearly loved his children and who would do almost anything for them elaborated extensively about the fact that raising children is impossible without hitting them. He was of the opinion that if the Dutch police would hit more often and harder, those boys would stop their criminal behaviour.

In the past century, ideas about child-raising have changed slowly but surely in Western European and North American culture. Psychological theories emerged in the modes of thought about child development. Sigmund Freud, and, later on, his daughter Anna Freud, have had a significant influence. Children were no longer regarded as somewhat flawed adults who had to be reared with a tight grip into civil human beings, but as emotional young people who could get damaged and hurt. The authoritarian style of educating gave way to a more democratic style. The ideal became: proper contact with the child in order for it to develop within a safe