Counseling the batterer

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Domestic violence has received increasing attention in recent years as an area of concern for the helping professional. Despite this
interest, programs for counseling the batterer are relatively few and counseling interventions for use with this client population are in what could be termed an experimental phase. The purpose of Counseling the Batterer is to review the pertinent literature concerned with counseling the batterer, to explore several programs which have been involved in this effort, and also to design a model group counseling program for abusive males. The foundation for the model program is based on the pertinent literature and programs while the content and process reflect the writer's counseling experience in this field.

Personality characteristics of the abusive male and implications these particular traits may have when counseling this type of client are examined. Possible physiological etiological factors in battering behavior are explored to convey to the reader the necessity of a thorough differential diagnosis of the client who exhibits battering behavior in order to select an appropriate treatment program. Current literature surveying the various approaches to counseling the abusive male, ranging from individual, group, or couples counseling to the use of film as a therapeutic medium are reviewed. The sociological perspective of battering in our society is also examined.

A sample of counseling programs for the batterer is presented in Chapter III. Various helping scenarios are organized under individual, couples, or group settings, with primary emphasis on programs utilizing a group format.

A philosophical base for the model program immediately follows the chapter examining various counseling programs. This conceptual structure draws heavily upon behavioral theory, and includes many of the
interventions found in the literature review. The reasons for the
selection of a group for a model program are presented.

A model program which utilizes a workbook by Sonkin and Durphy
(1982), Learning to Live Without Violence, as a teaching basis, is
presented session by session in an outline format. A summary and seven
recommendations for further research are followed by an extensive
bibliography and also two appendices, which contain various tables
illustrating results of research discussed in the main body of the text
as well as samples of outlines of counseling program formats.
COUNSELING THE BATTERER

by

ROBERT OLIVER BROWN

A thesis submitted in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

in

EDUCATION

Portland State University

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TO THE OFFICE OF GRADUATE STUDIES AND RESEARCH:

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ACKNOWLEDGEMENTS

I would like to express my appreciation to my thesis committee members, Dr. Dave Capuzzi, Dr. Phyllis Lee, Dr. Ken Kempner, and Dr. Johanna Brenner, for the long hours they have spent offering suggestions for revising and improving my thesis. In addition, I offer my special thanks to my wife, Patrice Spath, for her suggestions concerning thesis content and form as well as the long hours she has spent working with me to organize and type this thesis.

Robert Oliver Brown
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CHAPTER I

INTRODUCTION

Wife beating has been a common practice for thousands of years. Roy (1982) noted that a pattern of permitted and condoned abuse influences behavior in men which results in the oppression and subjugation of "their women". Roy (1982) also found very few men today are aware of this legacy, thus not realizing its effect on their own treatment of the opposite sex. That the traditional model of behavior of men towards women is still operative in our society is illustrated by Hofeller's (1982, p. 33) citation from a recent book *How to Get and Hold a Woman* written by a marriage counselor:

> Why ask women when they only need to be told?....The question of knowledge or responsibility does not lessen a woman's need for support, guidance, and control. (Rayetter, 1971, p. 53)

This passage is typical of the patriarchal assumption that females must be controlled as a matter of course. All too often the traditional male instinct to control is abetted by violent behavior towards his spouse. Walker (1979, p. ix), estimated that 50 percent of all women will be victims of a battering incident at one time in their lives. Walker (1979, p. 20) noted that in a 1976 study sociologists Murray Straus, Richard Gelles, and Susan Steinmetz found a physical assault occurred in 28 percent of American families. Straus (1977-1978b) noted that American parents socialize their children to
grow up to be violent by the child rearing practices they model. Straus found the use of violence in parenting not only legitimizes violence in the family, but also implants violence into a child's personality while establishing "the link between love and violence". The idea of male dominance in the family system is modeled by "a corresponding tendency to use physical force to maintain that dominance when it is threatened" (Straus, 1977-1978b, p. 450). The need for male control in the family, coupled with the use of violence as an effective tool to gain and maintain control, continues generation after generation to be taught by one of the most influential educational institutions in our society, the American family. Pagelow (1981), however, noted that learned acceptance of the use of violence in conjugal relationships does not necessarily mean young men will grow up to exhibit violence. But whether males are violent or not, our society continues to perpetuate the message that men must dominate the family and maintain this dominance as one of their essential male roles.

Domestic violence continues to be construed by many families in our society as "nobody's business but our own". (Many women today consider that husbands have the "right" to hit or physically discipline their wives.) Many American husbands consider domination of "their" wives to be the norm in social behavior.

Viewing the battered woman as a victim is a relatively recent social phenomenon. During the decade of the seventies a rising consciousness of the serious and abusive character of wife-beating sparked a movement both in this country and Europe to establish shelters and hotlines for abused women. Many programs assisting women also
included counseling components and support services to help piece back together the lives fragmented by domestic violence. But will shelters and counseling services stop the beating? Davidson (1978) noted that if one is a battered wife who wants to save the marriage: "Without some cooperation from your husband, nothing you do will significantly change his behavior" (p. 186).

Compared with the availability of counseling programs and support groups for the battered woman, counseling programs serving the batterer are scant. For instance, at this time in Portland, Oregon (February, 1984) only one group program at the Men's Resource Center is in operation, along with whatever individual counseling help a batterer can find in this area. Roberts (1982, p. 232) found a total of 80 programs for abusive men could be identified as operational in a study performed in 1980. A questionnaire mailed to each program elicited 44 responses (55%). Roberts speculated that perhaps some of the non-responding programs were not operational. A survey conducted in October, 1983, by Raphael House of Portland, Oregon, to the 44 respondents to the Roberts survey indicated only three of the 44 programs still in operation. Of the remaining 14 questionnaires returned by February 15, 1984, three respondents replied no program had ever been implemented, and the other 11 were returned marked "addressee unknown." By whatever measure, counseling programs for abusive men continue to be limited.

Counseling for batterers may be conducted in a variety of forms or combinations of procedures. Roberts (1982) found 15 of the 44 programs that responded utilized a combination of individual, group, and couples counseling, while 13 programs used group counseling as the
preferred method of treatment, with five of the thirteen using couples counseling when appropriate. Eleven programs utilized a mix of individual and couples counseling and provided no group experience. Twenty-three of the programs reported having a hot-line service, 18 of these on a 24-hour basis (Roberts, 1982, p. 235).

While a few services for batterers utilize psychotherapy as the primary mode of treatment, most counseling programs for abusive males primarily use behavioral therapy techniques to develop and reinforce methods of managing stress and controlling anger. Becoming more aware of one's feelings and learning non-violent communication skills are also common elements in most programs.

**Purpose of the Study**

1. To review the pertinent literature concerning counseling the batterer and to explore several programs which are involved in this endeavor.

2. To design a model group counseling program for the batterer based on the literature, examination of programs, and the writer's counseling experience in this field.

**Definition of Terms**

1. **Domestic violence**: There are four different types of domestic violence (Sonkin and Durphy, 1982, pp. 10-12).
   
   a. **physical violence**: The use of physical force to coerce another person to act against their will.

   b. **sexual violence**: The forcing of any form of sexual activity.
c. destruction of property or pets: The destroying or damaging of property or abusing or injuring of pets.

d. psychological violence: The use of name calling, mental degradation, threats, and other forms of mentally controlling another's actions.

2. Anger: A healthy emotion, of which violence is only one expression.

3. Assertiveness: The clear and direct communication to another person of ones thoughts, needs or feelings (Sonkin and Durphy 1982).

4. Feelings: "An inner emotional response to our experience that tells us about the value of that experience to us" (Sonkin and Durphy, 1982, p. 54).

5. Stress: A physical and emotional response within us to a situation we perceive as threatening (Sonkin and Durphy, 1982)

Limitations

1. The review of the literature is limited to the literature the author thought most pertinent to counseling the batterer.

2. The author is fully aware that the model counseling program proposed in this paper has not been researched or attempted in practice. While some components of the program have been used in various counseling scenarios for the batterer, as yet there is no responsible measure of the effectiveness of the program as a whole.
CHAPTER II

REVIEW OF THE LITERATURE

The review of literature explores various articles and books dealing with counseling interventions utilized in working with abusive males and also examines several diagnostic considerations which are useful in categorizing various battering personality typologies. The sociological as well as psychological factors which produce a battering relationship are noted. The various characteristics of the battering personality are explored in depth. These features of the abusive male not only are involved in the etiology of abusive behavior, but also must be understood and hopefully changed by the application of the appropriate counseling interventions.

Possible physiological factors involved in the etiology of battering behavior are examined in the review of literature. Samples of individual, couples and group approaches to counseling abusive males are also reviewed in this chapter.

CHARACTERISTICS OF THE ABUSIVE MALE AND IMPLICATIONS FOR COUNSELING

General Personality

Understanding the various personality characteristics of the abusive male is a prerequisite for planning appropriate treatment modalities. Several studies were cited by Koval et al. (1982) as
identifying the factors for explaining abusive behavior by males in intimate relationships. The authors' list is helpful in that it conveys, at a glance, a profile of the batterer and his environment. The abusive male was described as being emotionally unexpressive, emotionally dependent, often non-assertive and socially isolated, in a great many cases drug or alcohol dependent, and also as having a learned predisposition toward violence. It was also found that the batterer lived in a society with cultural norms that tend to support marital violence. Furthermore, the batterer was often in a state of unemployment or job dissatisfaction. A knowledge of common characteristics of the batterer is pertinent to developing a program for counseling the abusive male, no matter which counseling format may be utilized.

Characteristics of the abusive male have been examined by Elbow (1977), Faulk (1977), Fitch and Papantonio (1983), Fojtik (1977-78), Frank and Houghton (1982), Langley and Levy (1977), Martin (1976), Powers and Kutash (1982), Rounsaville (1978), Shainess (1977), Sonkin and Durphy (1982), Star (1980), Star et al. (1979), and Symonds (1978). Ponzetti et al. (1982) listed five internal factors and three external factors which are of assistance in developing a profile of the abusive male:

1. Internal factors
   a. Batterers may have a learned predisposition towards violence, this type of behavior being seen as an appropriate conflict resolution tactic.
   b. Abusive males with alcohol or drug dependency may use this condition to avoid responsibility for violent acts.
c. Violent males often find it difficult to express their feelings.

d. Batterers usually exhibit a heavy emotional dependence upon their partner.

e. Abusive males are found to be less able to assert themselves than non-abusive men.

2. External factors

a. Abusive males may resort to violence as an alternative way to make up for loss of economic power in the family during times of economic stress.

b. Batterers may be social isolates.

c. Battering behavior is supported by the cultural environment in our society (Ponzetti et al., 1982).

The nature of the violent relationship should be examined before deciding which intervention would be most appropriate in counseling specific abusive males. Ponzetti et al. (1982) cautioned that unique characteristics of the relationship are more predictive of abuse than the above listed individual internal and external personality factors. The authors suggested interventions could focus on a reduction of sex-role expectations of batterers as well as developing more effective interpersonal skills, such as assertiveness, self-disclosure, and listening. Ponzetti et al. (1982) asserted that at the present time "no data exist as to the relative effectiveness of group versus individual counseling with abusive males" (p. 224).

Two general types of batterers were identified by Briggs et al. (n.d.). A man whose abusive behavior arises from major changes in his
life is termed the "situational assailant". Although abusive acts may be infrequent with this type of batterer, injuries to the victim are often of a serious nature. Briggs et al. (n.d.) suggested the situational assailant "usually feels guilty and shame and is the most open to change" (p. 22).

The "situational assailant with an unstable personality" was described as having "poor skills for coping with daily stress" making additional stresses difficult to handle in his life (Briggs et al., n.d., p. 22). Frequency and severity of abuse escalate over time and often run in cycles. This type of abusive male is likely to place blame for his behavior anywhere but on himself. Briggs et al. (n.d.) were of the opinion that intensive, long-term therapy is needed to help this type of batterer to change his behavior.

The "characterological assailant" is pictured as having violence as a component of his personality, and as being abusive to others outside the family. "Aggression and violence are a part of his general life style. He can be identified as possessing true character disorders" (Briggs et al., n.d., p. 22). This abusive male owns no guilt or shame for his acts since he feels justified in his violent behavior. Briggs et al. (n.d.) suggested "highly confrontive" therapy over the long term to change this type of client's behavior.

Several personality characteristics of the batterer were presented by Davidson (1978). The author noted shared characteristics between the batterer and those males who commit incest or are involved in child abuse. Lack of ability to share feelings, low self-esteem, and "very little understanding of what his real feelings are" (Davidson,
were found to be common to both types of males. Davidson (1978) noted further by battering, the male has "his one opportunity to be an oppressor instead of the oppressed. Violence is the expression of the man's impotence" (p. 27). The author found the batterer to have high dependency needs and often to go as far as actually merging his ego with that of his spouse. If his mate tries to leave, the abusive male feels a part of himself is being taken away and reacts violently to avoid this disaster.

The work of Chodorkoff (Uniform Crime Reports for the United States, 1975, Federal Bureau of Investigation), cited by Davidson (1978), suggested that the victim of the assault is "not the original trigger of the internal psychic state leading to the assault" (p. 35). Chodorkoff proposed that the assaulter could have three possible mental representations in his mind as the objects of his anger: (1) the primary target, (2) the fantasy target, and (3) the actual victim. Davidson applied this general description of the violent assailant to the psychological profile of the batterer:

The primary target may be a parental figure. (It has already been established that wifebeaters feel they were not sufficiently loved in childhood.) The fantasy target is an imaginary figure who may seem to be critical of him or castrating or dominating him. The victim is, of course, the individual selected by the assailant upon whom he discharges feelings of rage projected from the primary and fantasy targets (Davidson, 1978, p. 35).

Davidson (1978) also explored the possibility that an abusive male may doubt his masculinity or sexuality, disproving these doubts "by feeling 'potency' in violence, blaming his wife for his loss" (p. 37). The connection of the violent act and sex was noted by the author in relating the findings of Carol Victor's survey of 80 battered wives at
the Growth Life Center. Although none of the women reported wanting sexual relations with their spouse after being beaten, 18 husbands did. Moreover, 19 of the women's husbands attacked their wives because their spouse had refused to have sex with them (Davidson, 1978, p. 66). The controlling behavior of the batterer concerning sexual relations was further explored by Davidson (1978):

In a number of battering marriages, the existence of a sexual life, whether pleasing or boring or disgusting to the woman, seemed to be completely up to the man. If he wanted her as a sex object, he could take her by force. If he did not want her, she could not entice him. (p. 68)

Coleman (1980) administered a questionnaire concerning domestic violence to 33 abusive male volunteers at the Marriage and Family Clinic at Texas Research Institute of Mental Sciences (TRIMS). From the questionnaire data and therapy sessions, the author found batterers felt "that to be a man, one must be strong and dominant, superior, and successful. Feelings of inadequacy, in any of these areas were devastating to the men's self-esteem and self-regard" (Coleman, 1980, p. 211). The author noted characteristics of the abusive male to be:

1. A simultaneous desire and fear of an intense relationship with a woman.

2. An ambivalence about dependence on their wives. (Tended to devalue his spouse in order to avoid his own feelings of dependence.)

3. A possession of anxiety generated if he feels unsuccessful as a breadwinner or is "bossed" by his wife.

4. An expectation that others, especially his wife, are expected to assist him in presenting and maintaining an ideal image of himself.
Coleman (1980) also found the batterer avoided expression of his feelings while acknowledging those of his spouse (Sonkin & Durphy 1982). This avoidance placed the man in an unstable position in stress-provoking situations. "Sex role stereotypes reinforce the husband in maintaining an impenetrable position in relationship to his wife's feelings" (Coleman, 1980, p. 211). This need to put up a strong and "macho" facade was seen as causing males to repress their feelings of vulnerability in their personalities. Coleman (1980) noted difficulties in expressing anxieties and maintaining a "stoic posture" can make men vulnerable to displays of emotion during a crisis situation, an area in which he can generally display control. Rigidity in sex-role stereotypes has also been addressed by Kahn and Greenberg (1980).

Dobash and Dobash (1979) based their work concerning characteristics of abusive males on data derived from lengthy tape-recorded interviews of 109 women who had been residents of shelters for battered women. The subjects were contacted over an 18 month period by two female research assistants. The authors were of the opinion that although their interviews were not conducted with the batterers themselves, the victims were "capable of reporting accurately the circumstances surrounding violent episodes, their feelings and responses to these events, and the feelings and responses of their husbands" (Dobash and Dobash, 1979, p. 259). From the data resulting from these interviews, the authors presented character portraits of the batterer and his behavioral patterns.

Dobash and Dobash reviewed types of verbal encounters which preceded violent episodes in battering families. An illustration of the
various types of arguments leading to violent episodes can be found in Table I, p. 115. Many of the factors preceding a violent act, however, were found to be insignificant, while many violent acts themselves seemed unrelated to the context of confrontation. The authors sought an understanding and explanation of these arguments "preceding violent episodes in the wider patterns of subordination and domination in the marriage and in the expectations of the men and women involved" (Dobash and Dobash, 1979, p. 102). The authors theorized that the male feels he has the right to make "claims" on his wife, at the same time believing she does not have the right to make such strong claims on him. Thus, when she refuses his claims or pushes her claims to a point the batterer feels is too far, violence erupts.

Denial as used by the abusive male was also explored by Dobash and Dobash (1979). The authors noted the batterer's use of alcohol is often given as an excuse for violent behavior not only by the batterer but also by the victim "as a means of making sense of the violent behavior and placing blame upon something outside the marital system" (Dobash and Dobash, 1979, p. 118). A man could also argue he should be excused for assaulting his spouse because she provoked him in some manner. The authors introduced literature which appears to imply that "nagging" or provocation by the victim could justify violence. Dobash and Dobash (1979) criticized this view, finding the concept of "provocation, or victim-precipitation, as it is sometimes called in the social sciences, is both naïve and insidious; it represents an acceptance of the use of physical violence" (p. 135). In the battering relationship, the idea of provocation is found by the authors to be a
"very powerful tool used in justifying the husband's dominance and control and in removing moral indignation about his resort to force...." (Dobash and Dobash, 1979, p. 136). This "belief in female provocation" is so ingrained in our social environment that the abusive male can use it as a socially approved mode of denial.

Psychoanalytic theory was also cited by Dobash and Dobash (1979) as a contributor to the idea of male dominance in society in general and in the field of psychiatry in particular. Psychoanalytic ideology pertaining to male-female relationships was found to be "extremely patriarchal". That is, the male, if he is to have a healthy masculine identity, must be dominant and independent" (Dobash and Dobash, 1979, p. 193). Studies supporting the psychoanalytic perspective were cited to illustrate not only the authors' contention that this philosophy supports the patriarchy, but that psychoanalytic theory blames women, "the primary caretakers of children", for not training children in the appropriate male and female roles (Dobash and Dobash, 1979, p. 194).

Any value the authors felt the psychoanalytic perspective may have in the counseling of batterers was revealed in their final paragraph concerning this issue:

To sum up, the psychoanalytic idea that violence is a manifestation of individual pathology created by an imbalance in male dominance and female submission and developed through inadequate mothering implies that women (first as mothers, then as wives) are the primary source of violence, including that which is directed at them. Although such ideas have never been adequately supported and challenged, the theory has a great deal of appeal in a patriarchal society; it is very popular, especially in the media, and underlies much of the training in the helping professions. (Dobash and Dobash, 1979, p. 199)

Hofeller (1982) described a study which collected data from an
experimental group of 50 battered women and a comparison group of 50 women from non-violent families. A quantitative analysis of demographic data, characteristics of violence, reactions to violence, and possible predisposing factors was presented by the author. An inventory of batterer personality types as described by the members of the experimental group is presented in Table II, p. 116. Hofeller (1982) noted that "jealous, dominating, insecure, and 'macho' were chosen by the majority of the women" (p. 89) as the most prevalent personality characteristics descriptive of their mates.

Hofeller (1982) classified the variables in domestic violence as

(1) factors associated with the individuals involved (e.g. role perceptions and personality traits); (2) social factors (e.g. family background); or (3) situational factors (e.g. stresses due to unemployment). (p. 39)

Role perceptions and personality traits were found to include a "strict adherence to a rigidly defined male role" (Hofeller, 1982, p. 39). Jealousy and possessiveness of their spouse (Walker, 1979) and actions towards securing total control over the female (Davidson, 1978; Walker, 1979) were characteristics also noted in the abusive personality by Hofeller. As did Davidson (1978) and Gelles (1977), Hofeller (1982) cited the batterer's lack of verbal communication skills as a factor in violent behavior directed towards their mates. But the author cautioned that although the above personality factors are associated with the batterer, they "cannot be viewed as causal; information about individual traits and role perceptions was obtained after or during the experience with abuse, never before the incident began" (Hofeller, 1982, p. 42).

In a recent article, Fitch and Papantonio (1983) evaluated data collected from 188 abusive males, all of whom were clients of House of
Ruth in Baltimore from February 1980 to March of 1982. As a result of this study, the authors listed five major correlates of men who batter:

1. Of the sample, 133 men or 71 percent actually saw or heard physical violence between their parents during their youth.
2. Physical abuse was suffered in childhood by 49 percent of the subjects.
3. Men who abused alcohol numbered 111 or 59 percent of the sample. An alcohol abuser was defined as "....one who continues to drink, even though the alcohol is detrimental to any of his/her life functions" (Fitch and Papanconio, 1983, p. 191).
4. Thirty-four men or 18 percent of the sample were labeled drug abusers (other than alcohol).
5. Of the sample, 42 men or 22 percent were unemployed.

Employment was defined as working at least 20 hours per week on a regular basis (Fitch and Papanconio, 1983, p. 191).

The significance of the data from the Fitch and Papanconio study is partially derived from the relatively large sample of abusive males on which they were able to assemble data during a continuous counseling program. Statistics from sample populations of batterers of this magnitude are found rarely in the literature.

Lack of Assertiveness

Besides being noted by Ponzetti et al. (1982), the batterer's inability to assert himself has been noted by Frank and Houghton (1982), Gelles (1977), Koval et al. (1982), Roy (1977 and 1982), and Sonkin and Durphy (1982). Rosenbaum and O'Leary (1981) reported on what they
termed "the first study to systematically assess assertion in abusive populations" (p. 69). The findings resulted from a study designed to evaluate, empirically, characteristics considered most prevalent in spouse abuse. Data from a questionnaire administered to 52 abused wives and 20 abusive husbands were compared with answers to the same instrument provided by 20 couples with satisfactory marriages and 20 non-violent couples involved in dysfunctional marital relationships. The results of this study found abusive husbands were less assertive than husbands satisfactorily married or non-violent men in dysfunctional marriages. Rosenbaum and O'Leary (1981) found this low level of assertive behavior to be exhibited both in the abusive male's interpersonal relations in general and in their interactions with their spouses. (Also see Table V, p. 119).

Status Inconsistency in the Marital Dyad

With more and more women attending college and beginning careers of their own, Hornung et al. (1981) found this upward mobility of female status placed an increased stress on the marital relationship, resulting in the increased risk of spouse abuse. The results of the authors' study found that both "status inconsistency" and "status incompatibility" (as compared to the norm) in spouses were found to be associated with "an increased risk of psychological abuse, an even greater increased risk of physical aggression, and a still greater increased risk of life-threatening violence" (Hornung et al., 1981, p. 675). The authors stressed it is the incompatibility between spousal educational levels that heightens the risk of violence, not the "educational attainment per se" (Hornung et al., 1981, p. 682).
Hornung et al. (1981) presented a study examining 1,552 Kentucky couples represented by the wives only responding to a questionnaire. The researchers found that when a female's "occupation is inconsistent/high for her educational level, there is more than five times the number of life-threatening events than when she is status consistent" (Hornung et al., 1981, p. 688). While a man's overachievement in his occupation protected the couple from a prevalence of violence, a woman's overachievement in her occupation created a situation wherein the number of life-threatening acts were 5.50 times as much as they would be if the female were status consistent. Hornung et al. (1981) also found that when a woman's job is high in status relative to a man's, life-threatening acts occurred more than six times as often than if their jobs were compatible (p. 690). Apparently, for some males, being outdistanced and overshadowed in a career was difficult to accept. As Coleman (1980) noted, abusive males believed that to be a man "one must be strong and dominant, superior and successful. Feelings of inadequacy in any of these areas were devastating to the mens' self-esteem and self-regard" (p. 211).

PHYSIOLOGICAL/ETIOLOGICAL FACTORS IN BATTERING BEHAVIOR

Roy (1982) asked why some batterers failed to respond "favorably" to supportive counseling. The author noted that the etiology of the abusive personality may be of a clinical rather than a behavioral nature and found the key to determining the nature of etiology to be the differential diagnosis.

Differential diagnosis attempts to uncover the possible cause of causes of the violence by first ruling out certain suspected
clinical conditions while being mindful of both the physiological and psychological factors that may be generating the undesirable behavior. By ignoring or being unaware of the possibility of organic problems, the professional reduces the chances of success with each client whose violence stems from a physiological source. (Roy, 1982, p. 146)

Three groups of physiological disorders which have been found to be associated with violence were cited by Roy (1982) to be:

1. Neurological disorders
2. Nutritional and environmental factors (biochemical disorders)
3. Substance abuse

**Neurological Disorders**

Elliott (1977) noted the term "dyscontrol syndrome" to describe "symptoms arising from poor impulse control, whether the cause is organic or functional" (p. 98), a condition whose prevalence appears to be underestimated for a number of reasons. First, it is sometimes thought of as a personality "quirk" and of no concern medically. Second, patients may be unwilling to admit they have trouble controlling their temper. Third, little information concerning the subject has been used in medical curricula (Elliott, 1977, pp. 98-99).

Two distinct types of patients suffering from dyscontrol syndrome were identified. The first group of patients suffered from temper attacks all of their lives; the second group exhibited the condition as a result of a "brain insult or metabolic disorder" (Elliott, 1977, p. 101). Psychiatric examination and psychological testing designed to detect organic damage were recommended if dyscontrol syndrome was suspected. Since psychogenic symptoms often coexist with organic
symptoms, a host of chemical and other tests by physicians to properly diagnose the patient were also suggested.

Schlesinger et al. (1982) strongly stressed the importance of a correct diagnosis of the category of violent behavior a batterer may exhibit before the development of an appropriate treatment procedure. Based on work with violent patients at a Veterans Administration hospital, Schlesinger et al. (1982) determined that violence consisted of three basic dimensions: primary psychiatric condition, episodic dyscontrol, and domestic violence (p. 149). The authors found the dynamics and cause of the act are the primary criteria for forming the basis for classifying which category of violence was being exhibited. For instance, spouse abuse would be categorized as a primary psychiatric condition if outbursts of violence are the result of psychotic delusions. Similarly, a man who is "explosive" in situations other than his family environment may be classified as evidencing episodic dyscontrol. In this case, his violence is not primarily aimed at his wife. It was pointed out that cases of violence resulting from psychosis were most often paranoid schizophrenia, as well as organic and toxic states that were often caused by drug or alcohol abuse (1982, p. 150). When violent behavior classified as the outgrowth of a primary psychiatric condition or as the result of episodic dyscontrol syndrome has been ruled out by differential diagnosis, Schlesinger et al. classify the client as belonging to the category "domestic violence". The condition of "domestic violence" can be caused by external stress, resulting from social or environmental conditions, internal stress of a psychogenic nature, or even a combination of both (Schlesinger et al.,
The significance of the Schlesinger et al. (1982) article can be summed up in the following sentence: "Without an appropriate system of classification out of which therapy grows, treatment of the violent individual may be haphazard, inconsistent, and most of all, inappropriate" (p. 164). Results using this classification have been encouraging for the Schlesinger team. In nearly 100 cases treated at their clinic in the three years prior to the publication of their article, no serious incidents of violence occurred. In patients who were still occasionally violent, the incidence of violence was lessened (Schlesinger et al., 1982, p. 166). While this approach may be limited when applied to violent patients who are not male veterans, the concept of screening those men with primary psychiatric conditions or episodic dyscontrol syndrome from patients classified as domestic violence disturbance appeared to be methodologically sound.

Like Schlesinger et al. (1982), Walker (1979) noted "psychological distress symptoms" in abusive males, "particularly prior to an acute battering incident" (p. 39). Alcohol and drugs were often used to calm this type of batterer's nervous behavior. Walker (1979) also noted many battered women to be of the opinion that their husband's violent behavior was caused by "some kind of a brain seizure" like psychomotor epilepsy, in which sudden bursts of movement often result in violent actions. It was also suggested that some abusive males may be affected by hypoglycemia, a disease in which low blood-sugar levels starve body cells, causing irritability in the brain cells. Such irritability has been theorized to cause violent behavior. This study
provides additional support to the Schlesinger et al. (1982) view that psychological and physiological assessment of the client should be undertaken before a counseling program for the batterer is put in motion.

**Nutritional and Environmental Factors**

Schauss (1982) noted the "relatively scant attention" in the literature "to nutritional and environmental factors involved in the etiology of battering" (p. 76). The author found "nutritional and related biochemical imbalances, particularly of neurohormones, and environmental sensitivities" (Schauss, 1982, p. 76) often contributed directly or indirectly to battering behavior. Schauss (1982) suggested therapists seek connections between a client's changes in activities or life-style and his battering behavior, since this change could create a physiological basis for violent behavior. The author also examined studies performed on patients with allergic reactions, as well as research concerning abusive males exhibiting abnormal blood glucose levels. The author concluded:

The significant amount of knowledge that has been accumulated in recent years indicating the role nutrition and other physiological factors can play in abnormal behavior should no longer be denied or disregarded. Any program or clinician that attempts to improve the behavior of a batterer should develop methods for gathering information that could indicate when to consider biochemical imbalances as an area for further evaluation. (Schauss, 1982, p. 88)

**Substance Abuse**

The correlation between the existence of substance abuse and battering behavior has been well-documented in the literature by Byles (1978), Carlson (1977), Coleman et al. (1980), Dobash and Dobash (1979),

Data from a study utilizing a sample of 150 women who contacted Abused Women's Aid in Crisis was reviewed by Roy (1977). Of particular interest was the prevalence of alcohol and drug abuse by the battered women's husbands. Roy (1977) noted "alcoholic and/or other drug problems" in 85 percent of the violent husbands of wives in the sample (p. 39). Alcohol and drug abusing males beat their wives more frequently than husbands that did not abuse alcohol or drugs. Roy (1977) also found over "80% of the men who drank occasionally were inclined to beat their wives only when under the influence of alcohol" (p. 39). The author pointed to alcohol's ability to remove inhibitions, thereby increasing anger and decreasing the ability to control its expression.

The problem of alcohol abuse in a large proportion of domestic violence cases was addressed by Wasileski et al. (1982) in a study which reviewed data collected from 60 abused spouses (seven percent of the abusers were female) seen at Family Enrichment Clinic, Clinical Investigation Center, Naval Regional Medical Center in San Diego, California, from June, 1980 until February, 1981. In the domestic violence incidents examined in this study, alcohol was associated with abusers in 40 percent of the incidents and with victims in 33 percent of the incidents (Wasileski et al., 1982, p. 765). The authors observed further:
Interestingly, neither victims or abusers reported alcohol as the primary cause of spouse abuse. Victims reported their spouse's bad temper and jealousy as the main causes, while abusers reported their bad temper and alcohol as the main causes. The present data suggest that the abusers may be characterized as an individual with low frustration tolerance, jealousy towards spouse, and poor impulse control. For such individuals, alcohol may be a triggering device, lowering their thresholds for impulsive, violent behavior. (Wasileski et al., 1982, p. 765)

The authors suggested that in a military setting development of spouse abuse prevention programs could be "interfaced in some manner with military alcohol rehabilitation programs" (Wasileski et al., 1982, p. 765). This type of program correlation need not be limited to a military setting. As practiced at the Harborview Medical Center in Seattle, Washington, it may be advisable for clients who abuse alcohol to initially participate in an alcohol counseling program before moving on to treatment in a program to eliminate battering behavior (Watts and Courtois, 1981).

Byles (1978) noted that although domestic violence can be a factor in families without alcohol problems, violence is more than twice as likely to occur in troubled families where alcohol abuse is a factor (p. 553). The Byles study examined the relationship between alcohol and violence in the domestic problems of 139 subjects appearing in a family court during a three month period in Hamilton, Ontario, Canada. The author found "that in every set of problems including alcohol problems, the probability of violence was greater than in any set of problems excluding alcohol problems" (Byles, 1978, p. 553). The probability of violence occurring was .74 in all problem sets including alcohol abuse, but only .31 for all problem sets excluding alcohol abuse as a factor. (Also see Table VI and Supplementary Data, Table VI, pp. 120-121).
However, although the correlation between alcohol abuse and battering in the family is strong, Byles (1978) found "the cause-effect question remains unanswered" (p. 553). Cause and effect was also examined by Fojtik (1977-1978) who suggested that alcohol rather than a causal factor in battering behavior may be a correlation factor.

A large sample was also utilized by Eberle (1982) in her research to determine differences between batterers who abused alcohol and those that did not consume alcohol at all during four displays of battering behavior. Eberle (1982) was of the opinion that her study is the first to use batterers to examine differences between alcohol abusers and non-users (p. 268). Alcohol abuse for the purpose of this study (Eberle, 1982) was defined as "the repeated, excessive use of alcohol by the batterer" (p. 264).

The author selected for analysis only those men who used alcohol in excess during four battering incidents (N=58) and those who did not use alcohol at all during four incidents (N=73). The remaining subjects (N=259) showed an inconsistent pattern of alcohol abuse. Discriminant analysis of the two subgroups (N=131) revealed significant differences between the non-users and the abusers. The author found

(1)he victim's use of alcohol was the highest contributor to the discriminant function (physical abuse), followed by the age of the batterer, the level of injury inflicted on the victim, the batterer's socioeconomic status, the batterers violence toward the children, and the amount of violence sustained by the woman. (Eberle, 1982, p. 268) (Also refer to Table VII, p. 126)

Eberle (1982) was of the opinion the study "lends support to the hypothesis that alcohol abusers are a more physically violent group" (p. 268), but cautioned that to support her results future research was
needed to measure actual abuse. She also suggested further study of the relationship between alcohol use by the victim and alcohol abuse by the batterer was also indicated.

The Eberle (1982) study and the articles reviewed above by Byles (1978), Fitch and Papantonio (1983), Roy (1977) and Wasileski et al. (1982) indicate a high correlation between battering and alcohol abuse. There is a strong need for the counselor to be competent in recognizing the alcoholic batterer and be aware of treatment options for alcoholism (Fitch and Papantonio, 1983).

BATTERING: THE SOCIOLOGICAL PERSPECTIVE OF BATTERING BEHAVIOR

The sociological perspective of the batterer and battering behavior has been well documented in the literature (Dibble and Straus, 1980; Gelles, 1977, 1980; Sonkin and Durphy, 1982; Stark et al., 1979; Straus, 1977a, 1977-1978b; Walker, 1979). Social causes of battering in families and also specific policies which could reduce the level of domestic violence have been presented by Straus (1977). The author proposed that battering in our society is caused by "combinations of individual, cultural, and social organizational factors, rather than any one of these by itself" (Straus, 1977a, p. 196). Different aspects of violent influences in our society were explored at length and policy implications for prevention of violence in our society were derived from the analysis of the "social structural causal factors of violence" (Straus, 1977a, pp. 232-233).

Implications arise from the Straus article for counselors of abusive males. Sociological factors, that not only produce the batterer
but also dictate an environment in which violent behavior is often condoned, must be considered when planning treatment interventions.

Concerning social factors, Hofeller (1982) found it was not yet possible to differentiate between violent and non-violent couples by any one set of demographic data. For instance, the author cited Roy (1977) as finding the highest percentage of batterers (81.1%) growing up in violent homes (Hofeller, 1982, p. 43). Nevertheless, Hofeller (1982) was of the opinion that until more data are collected, "no definitive conclusions can be drawn regarding the relative importance of childhood exposure to domestic violence" (p. 43) and the battering behavior of the adult who witnessed this behavior as a child. Situational factors, such as job dissatisfaction, unemployment, unwanted pregnancies, or status inequalities were found to "effect the level of spousal violence" (Hofeller, 1982, p. 44). Alcohol as an "excuse" (Dobash and Dobash, 1979; Sonkin and Durphy, 1982; Walker, 1979) was also noted as being a situational factor in domestic violence by Hofeller (1982, p. 44).

Hofeller (1982) came to the conclusion that compared with earlier research, there was evidence "that most variables associated with wife abuse are apparently more complex than previously reported" (p. 145). The author concluded "it may not be possible to identify any one variable or pattern common to all cases of domestic violence" (Hofeller, 1982, p. 145). Also, contrary to Walker's (1979) theory of three phases in the cycle of violence, the majority of the battered women in the Hofeller (1982) study not only did not experience this cycle, but also reported most of the batterers "were not particularly remorseful after a beating" (p. 146).
A "lethal combination" of factors which could set the stage for spouse abuse was proposed:

(W)ife abuse is more likely to occur in couples where both the man and woman experienced violence in their families of origin, and the woman is better educated than her husband, and the man is a relatively heavy drinker. It is further proposed that some type of situational stress or frustration, however minor, is necessary to precipitate the first incident. Once the initial beating has taken place, however, situational variables are relatively less important than the man's personality traits, social factors (i.e. violence in the man's background) and duration of the relationship in determining the severity of subsequent abuse. Men who experienced violence as children and/or were rated "high" in domination were more severe in their battering than men who were from non-violent backgrounds and/or were rated "low" in domination. There was also a positive correlation between severity and duration. (Hofeller, 1982, p. 147)

But Hofeller (1982) qualified the theory in the above paragraph with two limitations. First, it is possible that a woman with low self-esteem may choose a man with less education than she as a mate, thus suggesting the "the effects of status inequality may not necessarily be due to the discrepancy in education levels per se" (Hofeller, 1982, p. 147). Secondly, a man's degree of dominance is probably an aspect of his personality before the onset of beatings and "predisposes the man to use violence against his wife" (Hofeller, 1982, p. 149). It is also significant the Hofeller (1982) study singled out inequality in education status as a possible major predisposing factor in a violent relationship. Other authors who have noted this phenomenon are Carlson (1977), Labell (1979), and Wasileski et al. (1982). In Hofeller's (1982) experimental group, 22 percent of the couples exhibited equal levels in education, while 54 percent of the females had reached a higher level of education than their mates. The data were compared
with the control group, in which only 12 percent of the women were more educated than their husband (Hofeller, 1982, pp. 80-81). (Also see Table III, p. XXX). Alcohol use in both groups showed a much higher level consumption by violent males than non-violent males (Hofeller, 1982, p. 80). (Also see Table IV, p. 118).

APPROACHES TO COUNSELING BATTERERS

Crisis Counseling Format

Pagelow (1981) described the work of Michael Wellins, a civilian employee of a police department in Orange County, California. Wellins began his work as crisis intervention counselor for the department in February of 1976, and was described by Pagelow (1981) as "probably" having "more experience in dealing with batterers than almost anyone else in the nation" (p. 100). By Wellins own estimate, he had worked with 110 couples in which the man was a "chronic abuser" (as opposed to a one-time hitter) by the time of his interview with the author (Pagelow, 1981, p. 101).

The Wellins program appears to be structured more as a crisis counseling experience. Treatment is either initiated with the abusive male or the couple as soon as possible after the abusive event. Sessions were limited to a maximum of six. Next, the batterer was referred to the public Department of Mental Health (DMH), private counselors, or semi-public family service organizations for long term treatment. However, if the client had a problem with alcohol, he would first be referred to an alcohol abuse program. Pagelow (1981) noted that a number of alcohol treatment referrals became "lost" in the system
when they were not referred back to DMH for further therapy for their behavioral problem.

Wellins' picture of a character profile of batterers stressed abusive males' "lack of ego-strength, high role expectation for themselves and their family, and that they can not deal effectively with stress" (Pagelow, 1981, p. 102). Although Wellins does not probe deeply into an abuser's childhood violence experiences, Pagelow (1981) noted the counselor found batterers to "have a deep sense of inadequacy, had authoritarian homes, and had poor role models" (p. 103) in their youth. Treatment for batterers, according to Wellins, should include "assertion training, stress management, reeducation (values), support groups for anger control, and 'good' counseling" (Pagelow, 1981, p. 105). Wellins also felt that a short stay in jail was therapeutic in conveying the message to abusive males that "their violence will not be tolerated" (Pagelow, 1981, p. 105).

**Individual Counseling**

Pagelow (1981) also described the work and philosophy of Wayne Blackburn, a clinical social worker in California for a family service organization that received referrals from, among other sources, the police department with which Wellins is associated. Blackburn estimated that over a two year period he had seen 150 cases in which battering was the major factor. The abusive male's primary goal for counseling was to save or rebuild his relationship with his wife or girlfriend (Pagelow, 1981, p. 105). Blackburn used this particular motive of the client to advantage in therapy. A contract was drawn between the therapist and client that stated there will be no violence during
treatment. Violation of the contract terms resulted in instant termination of therapy. Wives were also instructed to call police and prosecute if they were abused during the treatment period. Pagelow (1981) noted men "seem almost relieved that someone gives them an order to stop beating their wives" and that they were also "accustomed to taking orders from superiors" (pp. 106-107).

Pagelow (1981) summarized the Blackburn interventions as follows:

The counselor (Blackburn) believes that men's attempts at introspection to find out why they become violent is of little value; even learning why cannot help these men to change their behavior because they are so rigid. Instead, he concentrates on building self-esteem, working on those interests in which they excel, and teaches both them and the women to be more assertive. Blackburn tries to look at the causes of the stress in their lives and searches for ways the men can remove it; he presents alternatives so that when anger is aroused men can divert it from their wives and take a long walk, use a punching bag in the garage, or call the county domestic "hotline". (p. 107)

It should be noted that while a long walk is used almost universally as a tool to defuse anger and calls to hot line services have been suggested by other authors (e.g. Frank and Houghton, 1982), using a punching bag to vent anger has been discouraged by Don Anderson and Bob Weinreich in group counseling sessions I have observed at the Men's Resource Center in Portland, Oregon. Hitting a punching bag was seen as being only a substitute for battering, not a behavioral tool useful to change violent behavior.

Nevertheless, use of a punching bag, as well as pounding on a pillow and kicking a bed or padded article of furniture was also suggested by Davidson (1978) as a method of burning off adrenalin and making anger more controllable. Davidson also suggested other self-help
methods of dealing with anger or frustration which may be more effective:

1. When you feel anger taking over, get away from your wife.
2. Get exercise immediately.
3. Pay attention to what's going on in your mind and body when your destructive emotions start to build.
4. Talk about your feelings.
5. List the pros and cons (of wife-beating).
6. Communicate (by writing out your opinions or descriptions of emotions).
7. Think about what you are doing to your children.
8. If you've been blaming alcohol for your uncontrolled, unremembered violence, join AA.
9. Develop outside friends and interests in things that make you proud of yourself

While all of Davidson's (1978) suggestions may be beneficial to a violent male, the likelihood of the majority of abusive males following the guidelines under their own volition is slim, since denial and avoidance of responsibility for the abusive act is well documented in the literature (Pagelow, 1981; Purdy and Nickle, 1981; Roy, 1977; Sonkin and Durphy, 1982; Wachter and Boyd, 1982; Walker, 1979).

Couples Counseling

Couples counseling as a technique for counseling the abuser is an option which some programs utilize as their primary modality and is favored by Geller (1982). Fleming (1979) offers a short introduction to aspects of several programs for counseling of couples in abusive
partnerships. Most of the programs or theories reviewed by Fleming (1979) view violence as occurring when the family system is "overloaded". Fleming, for instance, presented a program used by Victim's Information Bureau of Suffolk (VIBS) where partners were taught to relieve stress by practicing new ways of fighting which do not end in violence. Stress in the family, resulting either from social stresses outside the family system, or from unrealistic expectations or a lack of communication within the marital dyad, was found to create fertile ground for rising tension which exploded in violence.

Murray Straus is cited by Fleming (1979) as advising couples counseling as the preferred model when dealing with a battering relationship. Straus viewed marital or couples therapy as being effective in halting domestic violence between spouses when:

therapists come to see wifebeating as primarily a problem of social relationships (especially power), rather than a mental illness. Marital therapy, to deal with wifebeating, must focus on treating the relationship. (Fleming, 1979, p. 316)

Fleming presented the work of Lenore Walker who preferred the couples format, but disagreed with the VIBS scenario of teaching spouses new ways of fighting. Walker, as quoted in Fleming (1979) stated:

Most couples in a battering relationship have extremely poor communication skills. Their relationship has unusually strong dependency bonds that need to be broken. It is therefore more important to work with the two individuals in the relationship rather than deal with the relationship itself. Ultimately, the goal is interdependence. (p. 319)

The strengthened individual is the primary goal of Walker's couples counseling, not the relationship per se.

Weitzman and Dreen (1982) provided treatment implications and goals for couples therapy for partners in battering relationships. By
examining the individuals in the relationship and also the marital system itself, the authors presented theoretical and practical implications of systems theory found to be useful when treating abusive couples. Weitzman and Dreen (1982) found a violent relationship can be formed when "...each spouse brings to the marriage an already fragile self, which the marriage further depletes" (p. 260). Such a "fragile self" in males can often be hidden behind a macho facade and include "dependency conflicts, abandonment anxieties, feelings of inferiority personal failure and helplessness" (Weitzman and Dreen, 1982, p. 260), coupled with a need to control.

The authors found a "violence prone" system can result when a male as described above joins with a woman "of a character to be battered". The system is violence prone not only because violence as a response to stress is an integral part of each spouse's world, but also the relationship rules in abusive marital systems seem to be much more rigid than in non-violent relationships, making the system highly resistant to change. Weitzman and Dreen (1982) found the rigidity of the battering relationship to be determined at the metalevel of the system: who sets up the rules.

Three steps in intervention were suggested:

1. Define with the couple the thematic conflict between them, "making a behavioral assessment of the incident that brought them" to counseling.

2. Next, direct the couple to discuss the theme in conflict during the counseling session. In this way, the therapist can observe the marital system in action during conflict. (Don't
allow violence, however.) By escalating the conflict, the counselor can determine the couple's "threshold" or the point at which conflict is unproductive to the relationship.

3. Once this sequence of events is understood, the counselor explains to each spouse his or her reactions to their mate's behavior, assigns contracts to change behavior, and also obtains a verbal commitment to halt the violence (Weitzman and Dreen, 1982, p. 264).

The authors caution conjoint therapy is not for every couple involved in a domestic violence situation. Whether or not to utilize "conjoint treatment must rest on an assessment of the couple's overall psychosocial functioning, particularly whether they demonstrate sufficient self-control as to preclude further violence" (Weitzman and Dreen, 1982, p. 265).

**Group Counseling**

Purdy and Nickle (1981) related their experience as group facilitators for counseling abusive men. From their experience, the authors found the group format to be "much more effective" than individual therapy when counseling abusive males. Groups were found to relieve guilt, shame and isolation by exposing clients to the "commonality" of abuse. Group members, being at varying levels of progress toward non-violent behavior, were able to "teach and practice skills already learned or learn from positive role models" (Purdy and Nickle, 1981, p. 112). Interestingly, the authors were of the opinion that their male-female co-leader team was the "most effective method for
modeling, teaching and discussing non-violent communication skills and behaviors and the effects of socialization" (Purdy and Nickle, 1981, p. 113).

When counseling a batterer the authors found "safety checks" with the abuser's wife and family to be the first responsibility of group leaders. They noted a safety check is in order before and after every group session. Plans for escape of a family must be formulated in case of an emergency, as family problems cannot even be addressed until all family members are safe from possible harm. The authors felt couple or family counseling is ineffective until fear is eliminated in the system (Purdy and Nickle, 1981, p. 112). An examination of the Washington State Shelter group program which Purdy and Nickle describe is presented on page 67 in the Review of Programs section of this thesis.

**Implications for Programs for Abusive Males**

An implication for different counseling approaches in working with the abusive male was suggested by Hofeller's (1982) distinction between violence used as a means of control over the victim's behavior and violent acts used only for "specific purposes" (p. 126). The author noted violent acts used for the purpose of control were correlated with the more severe abusive results and were "also associated with higher degrees of hostility and overall alcohol use by the man" (Hofeller, 1982, p. 127). Controlling batterers also tended to use violence outside the family. Wives of abusive males whose violent acts had a "limited objective", were found to be able to end a given abusive act by giving a "cue". On the other hand, controlling batterers whose aim was complete domination, could not be influenced to stop battering by use
of a "cue". From the two types of motivations postulated by the author, the following implications for counseling abusive males were suggested:

If the man's motivation does differentiate types of domestic violence, it may be appropriate to develop a variety of different treatment programs for batterers. For example, men who use force in specific instances might not require long-term psychotherapy, but might need to learn new methods for coping with frustration. Since abusive men are notorious for their resistance to traditional therapy, the proper selection of clients and treatment could improve the "cure rate" for wife abuse. (Hofeller, 1982, p. 127)

Watts and Courtois (1981) reviewed various programs for batterers such as Harborview Medical Center in Seattle, Washington and the self-help group for abusive males, Emerge, in Boston, Massachusetts which were listed in the newsletter of the Center for Women Policy Studies, Response (April/May/June, 1980). Regarding the long-term effectiveness of the programs, the authors concluded: "While there are a variety of programs in numerous settings, none has demonstrated long-term success through experimental outcome studies" (Watts and Courtois, 1981, p. 249).

Three implications were proposed by the authors:

1. The use of behavioral programs in "problem-specific group modalities" is supported by the preliminary data.

2. Couples counseling and traditional psychotherapy is not viewed as helpful in counseling the batterer.


Materials for Counseling

The use of the film series, Time Out, produced and distributed by
O.D.N. Productions, Inc. of 74 Varick Street, New York, NY 10013, was designed by Wachter and Boyd (1982) as a complementary tool to be utilized in counseling programs for batterers to help put men at ease and to facilitate discussion. In addition to the three short films, a guidebook provides trigger questions for discussion and introspection along with individual and group suggestions for activities to allow men to "explore new ways of behaving; new ways of perceiving themselves; new ways of reaching out for support and asking for help" (Wachter and Boyd, 1982, p. 249).

The authors noted the film series is based on three assumptions:

1. Violence is a learned reaction to stress;
2. Alternatives to violence can be learned; and
3. The abuser is responsible for ending his violent behavior (Wachter and Boyd, 1982, p. 250).

Both the film series and guidebook were designed by Wachter and Boyd (1982) to help abusive males address five key issues in spouse abuse:

1. Overcoming denial of beating
2. Understanding the consequences of battering
3. Naming the emotions that set it up
4. Taking control of self (behavior)
5. Recognizing alternatives to violence (p. 252).

The authors offered suggestions for group leaders utilizing the Time Out series in therapy:

1. Become familiar with the five key issues that characterize most violent relationships: know what the issues are, how they look in the lives of men, and how they relate to battering.
2. Begin by selecting some trigger questions to start off the discussion. The film scenarios and discussion guide highlight key issues with realistic characters and situations. These provide a baseline to get discussions going.

3. Relate the suggestions and strategies in "Time Out" to the larger picture of your own treatment plan. The films and discussion guide are tools to be used to reinforce and complement your goals.

4. Make sure each man in the group achieves a sense of closure at the end of the session. This will be easiest if you identify a goal before the session, then select sections of "Time Out" that will help you achieve it. (Wachter and Boyd, 1982, p. 258)

The authors also suggested that the group leaders focus upon group members lives and not on the individuals pictured in the film, which are only offered as examples of behaviors which may be exhibited by men in the group. Wachter and Boyd (1982) also advised that group leaders focus the discussion on the group members and not their wives, as this program is designed "to help men talk about their feelings and choices" (p. 259). Included in this article are three synopses of the films and examples of discussion materials found in the accompanying guidebook.

A practical guide concerning the procedures for organizing a domestic assailant program was offered by Briggs et al. (n.d.) in connection with the YWCA Domestic Crisis Center in Grand Rapids, Michigan. In addition to describing the program of therapy for abusive men (see Review of Programs, p.48), the authors offered guidelines for groundwork in setting up the program as well as an excellent chapter describing the agency's method of casefinding. It was noted that the YWCA Domestic Crisis Center works closely with the courts in obtaining referrals. The agency is in contact with other human service agencies
in a cooperative effort to provide presentations for the Grand Rapids Police Department and local prosecutors. Television and radio spot announcements were utilized occasionally to solicit self-referrals to the counseling services provided by the agency.

Ten steps were suggested for creating a similar program:

1. Survey community needs and attitudes.
2. Research other programs.
3. Establish some intra-agency direction for the program (goals, objectives, process).
4. Develop a calendar/time-table.
5. Set up planning meeting with key people and programs in the community.
6. Establish some direction for casefinding and publicity.
7. Design referral forms, intake forms, and progress reports.
8. Write a process description.
10. Evaluate program, being open to changing design and casefinding efforts.

The Briggs et al. (n.d.) guide contains a wealth of forms, questionnaires, and tests useful in the ongoing process of the operation of a domestic assailant program. A helpful casefinding outline and general questionnaire, as well as a model referral, progress report, and release of information forms are included in the body of the publication. Both the Rotter I-E Scale and a Possible Indicators of Increase in Stress Level Questionnaire, along with the Social Readjustment Rating Scale, are included as useful tools of client assessment.
VERACITY OF THE COLLECTED DATA

When conducting a survey of partners in abusive relationships, whether information is collected from the batterer or his victim, may have a great deal to do with the character and content of the data collected. The discrepancy between data obtained from the batterer and his spouse was noted in studies by Walker et al. (1979). Under-reporting or misrepresentation of battering events by victims in hospital emergency rooms was explored by Stark et al. (1979). In the author's experience, when administering a program evaluation by telephone in January of 1984 for the Men's Resource Center of Portland, Oregon, to both batterers and their wives this same phenomenon occurred.

Watson et al. (1982) surveyed 101 male psychiatric patients at the St. Cloud, Minnesota, Veteran's Administration Hospital to determine whether a special treatment program for batterers was needed at the facility. Violence rated as "serious" was found to be reported by only four percent of the sample (Watson et al., 1982, p. 563), but the authors were a bit sceptical of the collected data.

Since our figures were based on patient's reports, it is possible that they underestimate the actual frequency of battering. History suggests that data furnished by the partners might have yielded a somewhat higher incidence. (Watson et al., 1982, p. 566)
A chapter reviewing programs is included as a further exploration of counseling interventions designed for use in working with the batterer. This author wishes to present certain representative program structures in their entirety to promote a better understanding of the value and function of these interventions when incorporated in a system. The whole often is found to equal more than the sum of its parts. Consequently, several counseling programs for abusive males will be reviewed in depth to allow the reader to view interventions operating within systems.

Programs can be classified as couples, individual or group in orientation. While some programs use purely behavioral interventions, others range from "intensive, reconstructive psychotherapy" (Garnet and Moss, 1982) to eclectic approaches with added touches of Transactional Analysis or Reality Therapy. Several of the programs also touch on the sociological aspects which perpetuate male dominance such as male sex-role expectations and the issue of patriarchal control.

COUPLES COUNSELING

Victims Information Bureau of Suffolk

The program instituted by Victims Information Bureau of Suffolk
(VIBS) defined the origin of abusive behavior as being the result of one or a combination of any of three major factors, quite similar to the diagnostic categories recognized by Schlesinger et al. (1982):

1. An organic problem
2. An impulsive disorder
3. A poor self-image with feelings of impotence or inferiority. (Fleming, 1979, p. 314)

(Compounding factors can be the repression of feelings or alcohol abuse.)

Fleming (1979) noted that psychological or neurological work-ups can determine whether an organic disorder is the basis for abusive behavior. Fleming (1979) observed that VIBS treats abusive behavior resulting from the two remaining factors by a combination of behavioral and psychotherapeutic techniques.

Structural Alteration of the Marital System. Janet Geller, while working as Clinical Director of VIBS, found the most effective treatment for a battering situation is to change the marital situation. Even though Geller viewed the abusive partner as having to bear sole responsibility for the abusive situation, she found the effects of the abusive treatment on the abused spouse are never addressed if the batterer is treated alone. In addition to ending abusive behavior, Geller (1982) found the couple must learn "how to live together compatibly, with mutual understanding" (p. 202). By working conjointly with the couple, marital problems, as well as violence, can be treated.

In Geller's program, both partners must attend the initial counseling session. For a couple in a violent relationship, this is no
easy task to accomplish, as the female is generally afraid of the batterer and rarely gets her needs met. He, on the other hand, will never do anything she desires. Thus, postponing counseling until both partners agree to attend together is significant because by agreeing to attend a conjoint session the marital system is changed by this very act. Geller (1982) noted she seeks to have "anxiety or motivation at a high enough level to overcome the resistance" (p. 206) to break through the homeostasis of the marital system. Geller recognized that to see the woman alone in an initial session could serve to lessen her anxiety level. Also Geller cautioned that the abuser may view his wife going to a counseling session alone as an affirmation of his rationalization that the situation is her fault. The author noted that the abuser may feel the therapist and his wife are plotting against him.

Geller suggested that a batterer with an impulse disorder be asked by a counselor how he can rechannel his anger into non-violent behavior. Geller found the method of rechanneling anger which will work best for a batterer can be suggested by the batterer himself.

**Communication Counseling for Couples.** In couples therapy, Geller suggested an environment that allows for dissent to be created in therapy sessions. Frequently the marital dyad has no mechanism in place which allows dissent occur. At VIBS fighting and anger are presented to the couple in counseling as normal aspects of a marriage. Resolution of problems in marriage through expression of one's anger without violence becomes a central concern of therapy. Thus, Fleming (1979) noted, rather than emphasizing an analysis of intrapsychic dynamics in treatment, restructuring of relationships is attempted by modeling and
teaching changes in behavior (p. 314).

The techniques utilized at VIBS were found by Geller to be quite effective. Couples reported having a better sense of themselves and felt less isolated after involvement in the program. Geller reported violence had stopped for every couple that had been in the program for at least three weeks (Fleming, 1979, p. 315).

THE WALKER PROGRAM

Walker (1979) cautioned few traditional couples therapy techniques have an application with a battering couple. For instance, many of these techniques train couples better and fairer fighting methods. Walker felt battering spouses do not need to learn new fighting behavior, but should instead develop new ways to control their anger. Also, while the survival of the relationship is primary and individual needs secondary in traditional family therapy, when counseling abusive families, Walker (1979) placed survival of the relationship as less important than strengthening the individual (p. 245).

Walker's (1979) program utilized "a behaviorally oriented communication-training approach" (p. 245). Walker found because couples in most battering relationships evidence poor communication skills, they continuously make inaccurate assumptions concerning their spouse's behavior. Walker (1979) noted strong "symbiotic dependence bonds need to be broken before new communication patterns can be established" (p. 246).

The Walker method clearly states to the client couple that the
male is a batterer and the female a battered woman. These labels help to overcome denial of the seriousness of the couple's situation. Couples initially receive individual counseling with same-sex therapists and also live apart. After a short period, therapists suggest the spouses move back together, and conjoint therapy begins. Some techniques utilized in the Walker (1979) program include:

1. Teaching both spouses to recognize the cues which signal tension within themselves.
2. Teaching the use of signals, either verbal or hand, for use to communicate to the other partner a rising of tension.
3. Utilizing "time-out" periods when tension begins to rise.
4. Instructing both partners to call the therapist daily early in therapy, then periodically later, as an aid to controlling anger. (Teaches male alternatives to coerciveness.)
5. Teaching both spouses how to express their needs so they can avoid making assumptions.
6. Teaching couples to be more aware of their behavior patterns in their own battering relationship.
7. Strengthening positive reinforcers and weakening negative reinforcers.
8. Utilizing "behavioral rehearsals, psychodrama, modeling, and role-playing" (p. 246).
9. Using mirrors, audio-tapes, and video-tapes to reveal to the couple "inconsistencies between verbal and nonverbal behaviors" (p. 247).

Walker found her program to be too costly to be introduced into a
mental health center environment or to be utilized in a clinic program. Because couples developed a dependence on the therapists, Walker and her co-therapist found they could only treat two couples at a time. Thus, in Walker's (1979) words, the program has "limited potential". She suggested the program only be applied to couples who are dedicated to preserving their marriage.

INDIVIDUAL COUNSELING

Intensive Reconstructive Psychotherapy

Abused Women Aid in Crises, Inc. (AWAIC) has developed a program designed to help batterers motivated to change. Garnet and Moss (1982) described an outreach campaign by way of television and radio which offered AWAIC services to help batterers. One-third of the over 100 callers inquiring about the program availed themselves of its services, two-thirds of these remaining in the program for over three months.

The primary form of treatment utilized by AWAIC was termed "intensive, reconstructive psychotherapy", a long-term approach which Garnet and Moss consider most appropriate for their highly motivated clients. This insight-oriented treatment placed emphasis "on reconstructing the impaired ego and working through the early developmental conflicts" (Garnet and Moss, 1982, p. 272) with less effort being expended on changing the spousal relationship. Certain aspects of this program of psychotherapy could be adapted for other programs using alternate styles of therapy. For instance:

1. At the initial session, a contract is created, essentially asserting the thesis that the client possess internal
problems which are vented in aggressive behavior.

2. During therapy, violent behavior is exposed to enable a batterer to drop his facade of toughness and defensiveness in a safe environment for the display of this true feelings.

3. For eight hourly sessions, once a week, the focus is primarily on the battering and how communication patterns can be altered (Garnet and Moss, 1982).

YMCA Domestic Crisis Assailant Program

Briggs et al. (n. d.) described the therapeutic approaches used to work with batterers at the YMCA Domestic Crisis Center Assailant Program in Lansing, Michigan as "a mixture of Transactional Analysis, Gestalt, Behavior and Reality Therapy modalities" (p. 15). A cessation of violent behavior is the primary goal of therapy in this program. Rather than feeling guilty for his anger, intervention techniques must move the client toward accepting responsibility for learning less violent methods of venting his anger.

Usually therapy commences with individual sessions. Couples, group or family therapy are utilized later in addition to or as alternatives to individual sessions. The YMCA Domestic Crisis Center offers two types of group therapy programs, one which is on-going and treatment oriented, the other an eight week structured group (Briggs et al., n.d.)

During the initial interview, a subjective assessment is made of client motivation. Briggs et al. (n.d.) noted the client is assessed for

...his willingness to identify and accept responsibility for
the battering problem, for the level of awareness and expression of feeling, methods of communicating needs and wants, and his expectations for therapy. (pp. 18-19)

Assessment procedures for the first two sessions also include setting up a contract between the therapist and the client. The client agrees to:

1. Follow a non-violent lifestyle during therapy.
2. Look for less destructive behaviors in cases where he could be violent.

The therapist promises to:

1. Be available to the client in case of an emergency.
2. "Assist the client in retrieving or building his own resources for impulse control and problem solving..." (Briggs et al., n. d., pp. 19-20).

This contract is composed in written form, dated and signed by both therapist and client.

Briggs et al. (n. d.) stressed that establishing a trusting therapeutic environment is quite important. While being unconditionally accepting of the client, the counselor must be able to be confrontive on treatment issues when the need arises. Confrontation may occur often during the early sessions of the program as the counselor tries to break through a client's denial of battering behavior. Persistence and patience during this process were suggested; otherwise sessions "can escalate into arguments if the therapist is not careful to state (a) position in a firm, factual, and non-judgmental manner" (Briggs et al., n.d., p. 21).
Suggested termination of treatment occurred either when the goals of therapy had been achieved or when the client did not express any motivation or effort towards changing his behavior. An exit interview is held where the client is post-tested and recommendations and referrals are made, along with a review and reassessment of progress. (See complete outline of the YWCA Domestic Crisis Center Assailant Program on page 126.)

The YWCA center has also established the On-Going Treatment Group which offers the abusive male assistance in a peer setting. The group is co-facilitated by a male and female therapist, held once a week for a two hour period, with a maximum size of 10 members per group experience. As in the individual program, a contract is drawn for each client listing specific attitudes and behaviors the man wishes to change. Briggs et al. (n. d.) noted the group members are required to make a commitment of attending at least eight group sessions, at the end of which each client's progress is reassessed to determine if the stated contract goals have been attained. An outline of the YWCA Domestic Crisis Center Assailant Program's group counseling agenda is provided on page 128.

GROUP COUNSELING

The Emerge Collective

The Emerge Collective in the Boston area was formed in 1977 to work with men who abuse their spouses. Emerge not only offers counseling and support services, but also utilizes a community education program to heighten the awareness of the community to the scope and
severity of domestic violence.

**Psycho-social Perspective.** Adams and McCormick (1982) noted that since society expects and even accepts male violence, a statement from men condemning violence was needed. Emerge sees all men as being "on a continuum of violence and believes that almost every man is capable of violent behavior at some time in their lives (and) with support and vigilance, men can learn not to be violent" (Adams and McCormick, 1982, p. 173).

Emerge's program is based on the premise that the abusive treatment of women is a learned behavior of men. Three inter-related forces which cause this use of violence are proposed:

1. The socialization of boys to be aggressive and dominant in their social relations;
2. The reinforcement of their values by parents, teachers, and social forces such as media, television, films, and the use of violence by police and military;
3. The social norms of a patriarchal society which dictate that men are the dominant gender and are free to exercise power in family life, social relationships, and in the institutions which direct our lives. (Adams and McCormick, 1982, p. 176)

The authors observed that men grow up afraid and unable to express affection, an attribute which they often pass on to their sons. Adams and McCormick (1982) found this lack of emotional expression is a cause of the abuse of women by men (p. 177). Rather than show their emotions, men depend on their woman to guess what their needs are and to fill these needs based on female intuition.

It was observed that men often say they feel "uncomfortable" just before the abusive act and do not always seem to be aware of such feelings as sadness, loneliness, hurt, and fear. Anger at feeling
uncomfortable can trigger rage, which is taken out on the woman. The woman is blamed for the discomfort because she did not behave as the male expected. Adams and McCormick (1982) noted when asked about this type of behavior "men will admit that what they feel uncomfortable about is not being in control" (p. 178). Restoring control recovers a man's level of comfort, even if he has to beat his spouse to accomplish this end. A man's psychological dependency was found by the authors to be supported by the social norm which encourages abusive behavior for maintaining control.

Emerge recognizes three conditions that are present and lead to abuse of women if the man is angered. A man will attack if he believes:

1. That it is permissable to dominate women;
2. That it is permissable to use violence to solve his problems; and
3. That it is permissable to beat a woman. (Adams and McCormick, 1982, p. 180)

Group Counseling Rationale. Emerge experimented with individual and couple counseling, but developed a group counseling method for batterers. The rationale for this approach is:

1. Since men are taught their masculine attributes and violent behavior in groups of peers, new peer groups seem to be the ideal mode to retrain men to learn alternative behavior and develop a wider understanding of themselves.

2. By the group experience, men not only learn, but have a chance to practice new behaviors and relating skills and help each other to grow. (Adams and McCormick, 1982, p. 181)

Demographic Profile of Program Participants. Over a period of
three years, Emerge counseled approximately 115 men in its group program. Adams and McCormick noted the range of ages of these men to be 18 to 50, with some men being abusive for as long as 25 years. Abusive behavior for over 5 years characterized 63 percent of these men, 23 percent of the men having battered for 10 years. Typically a high percentage (77 percent) of these men had either been beaten themselves as a child or had witnessed this type of behavior when growing up in their family of origin. Referrals to the program were broken down as follows:

- Learned from shelters or wives in shelters: 50 percent
- Referred themselves after media informed: 18 percent
- Other counseling programs: 14 percent
- Courts: 14 percent
- Referred by former Emerge clients: 4 percent


See page 129 for an example of an Emerge group counseling experience spanning 24 weeks with eight clients.

**Koval et al. Group Program**

Koval et al. (1982) also proposed a group counseling experience for ending the abusive behavior of the batterer. The authors felt that group therapy would lessen feelings in the client of being "singled out" as a bad person, would offer support and safety, and would also induce the development of interpersonal skills in the group experience. It was stressed that while such issues as alcohol abuse and job dissatisfaction are contributors to abuse, these problems should be dealt with separately or referred to someone with knowledge in these areas of
counseling. The purpose of the group is focused on "enhancing male abusers' understanding of the attitudes and values supporting their use of physical violence as a prelude to training in interpersonal skills" (Koval et al., 1982, p. 148).

**Basic Assumptions of the Koval et al. Model.** Since male abusers often fail to acknowledge their inappropriate behavior and acceptance of responsibility for their acts, a therapist must not appear to be "moralistic" at the beginning of therapy. Koval et al. (1982) noted this type of attitude could affect the long-range goals of therapy because:

1. Many abusers see a therapist as the result of a court mandate and may already be on the defensive.

2. Since such a large percentage of batterers were abused or observed their parents abuse, a moralistic attitude may tend to move an abuser to justify not only his own acts, but also those of his parents.

3. Some batterers are extremely egocentric in how they view moral issues, viewing their abusive behavior as not only appropriate and goal satisfying, but also being not "totally aware of the results of their action upon the abused individual" (Koval et al., 1982, p. 149).

Because of this egocentric personality trait which seems to be quite common in abusive men, Koval et al. (1982) structured their group counseling interventions centered initially upon the personal concerns of the abuser and later worked on the "interpersonal dynamics of marital interaction" (p. 149).
**Sequence of Intervention Strategies.** Koval et al. (1982) found it advisable to consider issues surrounding stress and stress management early in the program. Men are taught to identify sources of stress as well as the negative impacts that stress can have on the body. The clients are familiarized with biofeedback training which instructs the client in recognizing physical cues which signal rising stress or tension. Relaxation techniques were suggested to be practiced before the start of each session to provide a more relaxed atmosphere and to enhance learning techniques.

The influence that "cultural norms and personal values regarding sex role stereotypes have in learning and maintaining aggressive behavior" (Koval et al., 1982, p. 150) must be examined and changed as a component of this program. Abusive behavior may be influenced by a man's values concerning what is appropriate or inappropriate in two ways:

1. Aggression may be seen as "a legitimate and ego-enhancing masculine behavior" (Koval et al., 1982, p. 150).

2. Since the constrictive nature of the traditional male role is being questioned by many men today, a male may resort to violence when unable to assume non-stereotypic behaviors.

In dealing with a client's cultural self-image, Koval et al. (1982) suggested the following interventions:

1. Clarify for the client the benefit for him in broadening his sex role stereotypes.

2. Explore the advantages and disadvantages of being a male in our society.
3. Emphasize expanding the constricted masculine role rather than "adopting stereotypic feminine behaviors."

4. Present material aimed at revealing changes in the masculine role historically in our society as well as differences in other cultures.

It was observed that abusive males "overgeneralize" their utilization of anger as an appropriate label for a whole range of other feelings. After discussing sex role stereotypes which inhibit the expression of every other emotion but anger, Koval et al. (1982) suggested encouraging clients "to be more attuned to varying emotional states and (to) express them accurately" (p. 151). The use of a male therapist as a role model for the expression of feelings was found to be desirable. Guided fantasy exercises can be utilized "which are designed to promote or inhibit the participants' ability to express their emotional reactions" (Koval et al, 1982, p. 151).

Once group members seem to be more in touch with a wider variety of feelings, the remainder of the counseling sessions attend to the clients' interpersonal skills. These later sessions teach abusive males to interact with their partners in less physically and psychologically destructive ways. To accomplish this goal, emphasis on a client's potential for communication skills development is stressed rather than reviewing a man's current deficiencies (Koval et al., 1982, p. 157).

An abusive man can be made more aware of his potential for developing a wider range of communication skills by framing his physically abusive behavior as a type of non-verbal communication.
Koval et al. (1982) found by reframing violent behavior in this manner, one avoids value labels by placing a violent act "along a continuum of possible communication behaviors" (p. 152). Thus, the therapist can concentrate attention on "the messages individuals are attempting to express and the goals they wish to achieve, rather than focusing solely upon violent interaction" (Koval et al., 1982, p. 152).

A beneficial feature of the Koval et al. (1982) group counseling program is a method instructing batterers in developing empathy, self-disclosure, and feedback skills. This task is accomplished in the following manner:

1. A rationale is presented for possessing each skill, and then a model of each skill is modeled.
2. Group members are broken up into dyads to model skills, each member of a dyad taking turns modeling a batterers wife.
3. Easily resolved modeled problems are utilized to assure a successful outcome.

A final and important element of this program is the training of abusive males in assertiveness skills. As has been previously noted, the batterer is frequently characterized by his lack of assertiveness skills (Ponzetti et al., 1982; Rosenbaum, 1981; Sonkin and Durphy, 1982). Koval et al. (1982) recommended using modeling to clarify for clients the difference between passivity, aggressiveness, and assertiveness. Focusing upon the spousal relationship when examining interpersonal relations, Koval et al. (1982) advised assertiveness training is to be presented "not only from the perspective of the participants, but also from the point of view of how assertive and
assertive and non-assertive behavior affects their partner" (p. 152).

**Domestic Abuse Intervention Program**

Pence (n.d.) compiled a report describing the system used by the Domestic Abuse Intervention Project (DAIP) in Duluth, Minnesota. The author noted that for years therapists utilized various family system models when working with the victim and the assailant to end battering, focusing upon "fixing" the relationship. The Duluth program moved away from this mode of therapy, focusing the initial goal of therapy as ending the violent behavior by counseling the abuser, followed by couples counseling when appropriate. Further, DAIP recognized battering as a societal problem for which societal institutions should take the responsibility to find a solution. Pence (n.d.) noted such a societal movement conveys the message that "battering is not acceptable 'even' within the confines of the family" (p. 9). Thus, law enforcement, criminal justice, and human service agencies all cooperate in this interagency effort to end domestic violence under the umbrella of the DAIP.

Judges sentencing convicted batterers under DAIP have the following options:

1. Jail sentences with no probation.

2. Stayed jail sentence which includes as part of probation conditions:
   a. Chemical dependency treatment if necessary; and
   b. Full participation in the DAIP counseling and educational program.

3. Jail sentence, partially stayed with probation and participation in DAIP as a condition of probation. (Pence, n.d., p. 18)
If counseling is an option for an offender, the DAIP assigns him to a program of twelve weekly group counseling sessions provided by one of four participating counseling agencies. Following his completion of group counseling, the client is assigned to attend twelve weekly meetings of a local Batterers Anonymous chapter. If there are three unexcused absences from counseling or BA meetings, Pence (n.d.) noted a revocation of probation hearing is mandatory for the participant in the program.

Interventions. An educational approach is utilized in the DAIP group counseling experience. Therapy objectives include:

1. Increase client responsibility for his/her behavior.
2. Develop alternatives to battering (time-outs, empathizing, problem solving, tension-reducing exercising, etc.)
3. Increase anger control.
4. Decrease isolation and develop personal support systems.
5. Decrease dependence on the relationship.
6. Increase his/her understanding of the family and social facilitators of battering.
7. Increase identification and expression of all feelings. (Pence, n.d., p. 21)

Participants are charged a fee based on a sliding scale, but noted no court mandated client is refused counseling due to an inability to pay the fees.

Evaluation of the Group Format. Although many of the agency counselors initially resisted the change of format from couples counseling for battering relationships to educational groups designed to treat the batterer only, within six months Pence noted “therapists
were convinced that focusing on the violence as the first treatment goal was extremely beneficial to assailants" (p. 22). The following reasons were given by agency therapists for adopting the changed format:

1. The reports of continued assaults were reduced.
2. The use of court sanctions dramatically increased the number of men in counseling and their length of stay in counseling. This client population is seen as typically externally motivated and therefore often successful in mandated treatment.
3. The men, when in groups only with other men, were able to be more open and honest about their feelings and use of violence.
4. The men were quicker to take responsibility for their violence than counselors had observed with those in couples counseling.
5. The men were better able to reduce their dependency on their partners by using a support system separate from her.
6. The men were better able to separate the issue of their use of violence in the relationship from the marital or relationship problems they were experiencing. (Pence, n.d., p. 22)

Program Evaluation. Galaway and Novak (n.d.) prepared an evaluation of the Domestic Abuse Intervention Program by utilizing follow-up interviews with 36 assailants and their victims at three, six, and twelve month intervals following the first police response to a violent occurrence between the couple (pp. 2-3). A comparison group of assailants and victims who did not use the services of DAIP (N=17) were also interviewed at corresponding intervals as a control group. The authors found during the six month follow-up period, 59 percent of the comparison group victims experienced violence, while 49 percent of DAIP victims were assaulted by their mate. When the DAIP group was
differentiated between mandated (N=15) and non-mandated assailants (N=21), Galaway and Novak (n.d.) found only 40 percent of the abusive males committed further assaults against their spouse (p. 3). Also see Table VIII, page 122.

**Sonkin and Durphy Workbook**

Sonkin and Durphy (1982) created a workbook designed as an adjunct to counseling the batterer. The authors describe the philosophy of their program as being "based on education, anger management, communication, and self-esteem building" (Sonkin and Durphy, 1982, p. 102). In the first session the client is familiarized with the sociological perspective concerning domestic violence such as statistical data demonstrating the widespread nature of the problem in our society. Characteristics of batterers are examined as well as those aspects of our society which produce abusive males. The client is familiarized with Walker's (1979) cycle of violence both as a social phenomenon and as a perspective for viewing his own behavior.

Sonkin and Durphy (1982) define four types of violence:

1. Physical violence.
2. Sexual violence.
3. Destruction of property or pets.
4. Psychological violence (p. 10).

The importance of distinguishing between anger (an emotion) and violence (a behavior) is stressed early in the course of therapy. Anger is described as a "healthy emotion", and violence is presented as "just one expression of anger" with "a long list of negative consequences" (Sonkin and Durphy, 1982, p. 12).
The client is next introduced to the technique of the "Time-Out". In an anger situation the client is instructed to:

1. Utter an "I" statement: "I'm beginning to feel angry."
2. Then say, "I need to take a Time-Out."
3. Leave the situation for an hour.
4. Don't drink or drive during the hour, but do something physical to relieve the tension.
5. Come back in an hour, no sooner or later.

The batterer is directed to begin using this exercise in his life when angry in addition to taking three practice one-half hour Time-Outs each week in an effort to change his behavior when angry.

By the second or third session, the client begins to compile an anger journal in which he records the body and behavioral signs of each anger event, the situation which made him angry, the level of his anger, and what measures he took to control or vent this anger. The client's anger script is deciphered by reviewing his early behavior when angry and the anger behavior of role models when he was growing up.

Three different methods of handling anger are identified as answers to the question "how can I control my anger?": stuffing, escalating, and directing. Stuffing was characterized as a form of anger denial accompanied by thoughts of low self-esteem, self-doubt, and intellectualizing of the anger-provoking situation (Sonkin and Durphy, 1982, p. 25). Only so much anger can be internalized until an explosion of emotion occurs. "Escalating" one's anger was characterized by sentences which start with "you" and escalate into a blow-up.
Directing anger is accomplished by using "I" statements which clearly and concisely assert one's feelings (Sonkin and Durphy, 1982, p. 26). "Stuffing" and "escalation" generally leads ultimately to violent displays of temper, while "directing" anger helps the individual "feel more intimate, communicate better, and generally feel as though they have made contact in a personal way" (Sonkin and Durphy, 1982, p. 27). Awareness of these three types of behaviors is found to be the first step in gaining control over what a client does with his anger.

The concepts of positive self-talk and negative self-talk are introduced at this point in the program. Sonkin and Durphy (1982) found "(n)egative self-talk escalates your anger and prolongs it. Positive self-talk de-escalates or reduces your anger" (p. 29). Recognizing and acknowledging when one is using negative self-talk and replacing it with positive self-talk is one step in learning to defuse and control anger.

The program attempts not only to promote an awareness in the batterer of his own anger "cues" and various intensities in levels of anger, but also by the sixth session moves to get the client in touch with hearing anger of others and recognizing his feelings when doing so. Clients are encouraged to sit facing a friend or their wife and take turns directing their anger at their partner. After roles are switched, the partners discuss what it was like for them to express the anger and also how they felt hearing anger.

Four reasons are given by Sonkin and Durphy (1982, pp. 34-36) why men react defensively or in an angry manner when someone else tells them they're angry:

1. The listener may perceive the angry person as saying something
about himself (the listener).

2. The listener may respond angrily or defensively because the speaker's anger reminds him of how his parents expressed anger.

3. An angry or defensive attitude in the listener can result because he views an argument as a win or lose activity.

4. The anger of criticism may concern aspects of the listener's own character which he does not like in himself.

Program participants are cautioned that as their violent behavior decreases, their spouses may begin to feel less threatened and could very well exhibit their true feelings in expressions of anger and resentment. In turn, program participants might react in a defensive manner to this type of behavior surfacing in their mates. The female needs to express herself or anger will show in indirect ways. "This type of anger about past violence will be the most difficult anger for you to hear. Yet she needs to express it, and you need to hear it" (Sonkin and Durphy, 1982, p. 38).

Clients are taught to get in touch with their level of stress, situations which cause stress in their lives, and methods of dealing with this stress. Sonkin and Durphy (1982) defined stress as "a physical and emotional response within us to something we see as a threat" (p. 42). Chronic stress and situational stress (stress caused by specific events) are distinguished. Program participants are invited to identify with a list of stress events and add to this list any stresses unique to their lives.

Methods of handling stress were presented by the authors.
Visual imagery and a relaxation exercise were offered as two methods of "quieting" with the warning that "these exercises will decrease your response to stress,...they will not make stresses go away" (Sonkin and Durphy, 1982, p. 48). Stress was presented as a pattern in life which was learned and thus can be unlearned. Sonkin and Durphy (1982) suggested "...assessing realistically what we can and cannot do about the stressful situation: and changing our expectations or guidelines for ourselves...." (p. 49) as methods of unlearning stress patterns in our lives.

By the eighth week of the program clients are introduced to techniques for getting more in touch with their feelings and developing better ways of communicating these feelings. For the batterer, this can be a difficult and under-explored area of his personality (Davidson, 1978; Gelles, 1977; Hofeller, 1982; Koval et al., 1982). Sonkin and Durphy (1982) noted that when we "have an emotional response to something, we are evaluating its meaning to us. Most men are trained from an early age to make these evaluations by using only rational means, by thinking" (p. 55). The authors found it was common for males to express feelings in terms of thinking or observation. Clients are taught to replace "I feel-thinking" statements with "I feel-emotion" statements as an aid to not only being more aware of their feelings, but also communicating emotions to others (Sonkin and Durphy, 1982). Awareness of feelings can not only reduce stress, but also can be a form of self-protection. The authors elaborated:

Men often tell us that they feel manipulated by their wives or partners. In our society women generally tend to be more aware
of their feelings and express them more readily than men. In a fight a man may be using his "language" of logic and reason, and a woman may use a different "language" of feeling and emotion. The woman's feeling statements can have a direct effect on the man's feelings even though he is not aware of it. He feels his emotions "jerked around", doesn't know what's happening, and decides he's being manipulated. The frustration in this way may contribute to a violent outburst. If a man can be aware of his feelings, he will be more likely to see what is going on; he can express his own feelings in return, and he'll feel less frustrated and manipulated. (Sonkin and Durphy, 1982, p. 58)

Clients are asked to identify three situations during the past thirty days when they felt happy, sad, or afraid. They are then asked to keep a feeling journal for one week, using "I feel-emotion" statements as the form of the language entered in the journal.

One of the last exercises to which batterers are exposed in the program is a short course in assertiveness training. Lack of assertiveness by abusive males has also been noted in Rosenbaum and O'Leary (1981). Learning how to say "no", in addition to getting in touch with one's own feelings when someone says "no" are a part of the Sonkin and Durphy behavioral program. The authors presented several pages of written exercises concerning (1) assessing a comfortable space between oneself and the person to whom you are saying "no" is directed, (2) identifying to whom you can say "no" and your relative level in comfort in doing so, and (3) learning how to ask for what you really want.

Sonkin and Durphy (1982) also noted they "believe that aggressive and non-assertive behavior are two reasons men become violent in relationships" (p. 79). The authors equated unassertive behavior with stuffing, aggressiveness with escalating, and assertive behavior with directing.
The last session of the Sonkin and Durphy program contains a look at the effects of alcohol and drugs on a man's behavior. Included in the workbook are two self-tests, one for detecting alcoholism and the other for detecting co-alcoholism.

Washington State Shelter Network

The counseling program for batterers at the Washington State Shelter Network as outlined by Purdy and Nickle (1981) displayed a behavioral focus in a group setting. As mentioned previously in Chapter II, Purdy and Nickle found a male and female co-therapy team to be the most effective therapist combination when counseling the abusive male. The phases of the program consisted of six steps:

1. Safety checks with the family of the batterer. Keep in contact with the batterer's family to make certain they are safe from possible abuse.

2. Denial Breakthrough. The authors found the process of denial tends to relieve the abusive male from responsibility for this behavior, thus excusing himself from a responsibility to change. Denial can be exhibited by blaming the victim, distorting, justifying, or minimizing violence, omitting and lying, or externalizing (e.g. I was drunk). To break through this initial denial, Purdy and Nickle recommended asking direct questions to force the man to admit responsibility for his acts. As in reality therapy, the focus of this intervention is to impress upon the abuser that he is "responsible for himself and, therefore, can change his behavior" (Purdy and Nickle, 1981, p. 114).

The key to teaching men to be in control of themselves is
providing information concerning abuse. The abuser "needs to know what violence is, how he learned to be violent, and why he continues to use violence to try to control others" (Purdy and Nickle, 1981, p. 115).

The client is familiarized with the concept that violence can be categorized into four types, each type capable of being displayed on a continuum of lethality from minor to major. When introducing the clients to this continuum, Purdy and Nickle (1981) found it is important to identify differences "between destructive behaviors that control others, behaviors that are generally accepted by society as 'not too harmful', and behaviors that victimize or endanger others" (p. 115).

Four types or categories of violence are found to be (1) physical abuse, (2) sexual abuse, (3) emotional/environmental abuse (environmental abuse defined as the abuser isolating his spouse from others), and (4) social abuse (attitudes in the family that approve controlling others, stress action in conflicts rather than problem solving, and that "model anger rather than a full range of feelings") (Purdy and Nickle, 1981, pp. 115-116).

Group members are familiarized with the four types of violence and the format through which the range of each type can be conceptualized. Statistics as to the number of persons displaying these behaviors are aired by the co-leaders. Each man is then asked to pinpoint his own behavior on the continuum to show the amount of abusive behavior he has displayed. Purdy and Nickle (1981) found this technique avoids a situation where a client must relate specific incidents he may wish to avoid sharing with the group and also "...avoids his need to deny he has been abusive. It also helps to focus him on the man who
batters and the real outcomes of his violence" (Purdy and Nickle, 1981, p. 117).

Not only does an awareness of the concept of violence assist in breaking through the denial of a batterer, but the mere explanation of the function of anger is found to be a helpful intervention. Useful as well as negative functions of anger are explained to the group members. Anger situations are presented as those in which an individual usually reverts to using behavior learned on similar occasions in the past. Anger is explained as functioning as a "secondary feeling", one which is used as a substitute for feelings men are not ready to express, such as guilt, fear, and inadequacy. For men who have been programmed not to express certain types of feelings, "...anger appears to be the first and only thing they feel. Anger also appears to turn automatically into aggression" (Purdy and Nickle, 1981, p. 117).

3. Anger control. Purdy and Nickle (1981) found the key to controlling anger is to use "the tension felt in the muscles and the desire to be aggressive, as a cue that the situation is under control" (p. 117). The following steps for developing an anger control system for use in a group setting with abusive males was outlined:

a. Cueing. This technique suggested a client develop a verbal cue or sign with his family which expresses he is angry and may use violence. The abuser should then remove himself from the situation and remain away until he not only regains control of himself but also does not wish to control someone else.

b. Self-talk. Clients are taught to become aware of the silent monologue or self-talk they use to convert various feelings
into anger and then into violence. Men are then shown how self-talk could be used in a positive fashion to reduce anger and redirect "energy to a broader range of feelings." Positive self-talk statements on 3" by 5" cards are kept in the client's pocket and taken out and read silently instead of or after using the "cue".

c. Techniques of relaxation. Such techniques as autogenetics, self-hypnosis, and Transcendental Meditation are taught to reduce tension by encouraging clients to twice each day spend several minutes imagining themselves in a peaceful and private place, thus allowing the "emotional pairing of pleasure and physical relaxation".

d. Self-care. Men in the group are encouraged to adhere to a nutritious diet and get plenty of sleep and exercise. Drug or alcohol abuse is discouraged.

4. Stop abusive communication. Purdy and Nickle (1981) found the most "crucial step" in their program is for each man to promise to stop his violent behavior. Men are taught to recognize low levels of tension or "irritations". They are made aware of the fact that many of their feelings go unexpressed, thus becoming bottled up inside. Clients are instructed to be assertive, thus avoiding blocked emotions which could explode in violent behavior.

5. Discount destructive myths. In group sessions and between sessions men are directed to examine the social myths taken for granted which are very much a part of negative self-talk. Purdy and Nickle (1981, p. 120) found it was very helpful to keep a journal or anger log
as follows:

ANGER LOG

| Description of the situation when I become angry | Negative self-talk | Recalling the situation I am aware of these feelings | Myths that support my converting feelings | Positive self-talk (This becomes material for the 3x5 cards) |

One important myth to overthrow in order to achieve non-violence is asserted to be "I need her because I love her". Abusive men are often found to be addicted to "their woman" as an alcoholic is to alcohol. Such men feel they need this woman to survive, that only she can make him feel good. Purdy and Nickle (1981) observed once this type of man "can understand that love does not equal need and no one else can make him feel good other than himself, he can stop using violence" (p. 121).

6. Maintenance of non-violence. Violence is pervasive in this American society. For this reason, a man who has been violent must develop his own support group or non-violent miniculture. Usually this will take twelve to eighteen months to transpire (Purdy and Nickle, 1981, p. 121).

Program Evaluation. The Washington State Shelter program has been examined in detail because this group counseling method proved relatively effective in ending abusive behavior. Data from a sample of clients seen during the first two years of the program's development were presented, as follows:
1. Early in the program, a drop-out rate of 25 percent was experienced during the first two sessions of a group experience, but at the end of two years drop-out by session two was only 4.8 percent.

2. Over the entire sample of 170 subjects, sessions attended averaged 7.8.

3. Six months after termination, both men and their spouses were contacted, and the following data (Purdy and Nickle, 1981, p. 122) was assembled:
   a. Couples still living together: 75 percent of sample.
   b. Of those couples still together, 59 percent had experienced no more physical/sexual violence.
   c. Fourteen percent of those couples still together reported an absence of emotional violence.

This collection and evaluation of data is also important because of the relatively large size of the post-therapy sample Purdy and Nickle had at their disposal, a luxury not all similar studies of abusive males can boast.

**Rage Behavior Program**

A behavioral-therapy approach, the Rage Behavior Program, set up by the Clark County, Ohio Mental Health Program was examined by Fleming (1979). Setting goals and reinforcing positive behavior characterized the philosophy operating this approach. Fleming (1979) observed:

Insight-oriented, depth therapy, which looks at causative factors, does not seem to be a useful model for people who need instant gratification, who have little patience and short fuses. Behavioral therapy focuses on the here and now—how you
got to be the way you are is not considered relevant or helpful; but rather, identifying the behaviors that are unsatisfactory and finding ways to change them are the goals. This seems a particularly appropriate model for the abuser". (p. 304)

Several aspects of behavioral therapy are combined into the Rage Behavioral Program treatment. Along with goal-setting and reinforcement for meeting the goals, the teaching of some social skills and relaxation techniques are also incorporated into the program. Fleming (1979) described the twelve week program, initially beginning with six men in 1977:

1. Goals are set by each client at first interview centered around four life areas:
   a. symptomatology  
   b. family  
   c. social  
   d. life plans  

2. Clients review homework at each meeting, consisting of lists of behavioral steps to utilize toward meeting goals.  

3. Relaxation techniques are part of each session and involve:
   a. muscle desensitization  
   b. creating fantasies  

4. Clients are taught to become more aware of certain muscle groups that became tense when they are angry, to pay attention to this phenomenon and "take appropriate action at the time before they blow" (pp. 305-306).  

Unfortunately, Fleming does not offer any evaluation of the Rage Behavioral Program.
Domestic Violence Project of the Volunteers Counseling Service of Rockland County

Frank and Houghton (1982) described counseling services provided for batterers by the Domestic Violence Project of the Volunteers Counseling Service of Rockland County. The program included two men's groups, Spouse Abuse Educational Workshop (SAEW) and Men's Ongoing Voluntary Exchange (MOVE) in addition to individual family and marital counseling.

Spouse Abuse Educational Workshop. The goals of this educational workshop are two fold:

1. To halt domestic violence by presenting the following messages to the batterer:
   (a) violence is illegal
   (b) violence is damaging
   (c) violence is a learned behavior and can be unlearned
   (d) there are alternatives to violence which can be learned
   (e) an individual is responsible for his acts
   (f) an abusive male deserves help and support in changing behavior
   (g) help is available

2. To assist the batterer to "see the advantages of entering an appropriate ongoing service at the end of the workshop so that he will have help and support in making positive change" (p. 16).

Each workshop is attended both by court-mandated men and referrals from other agencies, with also an occasional self-referral.
The facilitators are a male-female volunteer team who are professionally supervised. Frank and Houghton (1982) found the male-female co-facilitator team "provides the opportunity to model assertive, non-abusive male-female relationships" (p.21) for the group participants. Leaders work at a cognitive level presenting material concerning domestic violence, while at the same time they model behaviorally effective and appropriate communication techniques. The process in the workshop is pictured as an "interplay between the leader's attempts to teach and the participants' resistance to learning" (Frank and Houghton, 1982, p. 27). Leaders address this resistance directly during the course of the workshop in order to facilitate the venting of anger and work through the denial and resistance of the participants.

Procedures of the six sessions of the SAEW are outlined below:

Session 1: Introductory session in which the purpose of the workshop is examined and the participants get acquainted. Since anger and hostility are characteristic behaviors experienced during the initial session, group leaders try to establish a safe environment for venting to occur.

Session 2: In this session group leaders continue to encourage ventilation and support the men. Group members know they are being listened to empathically and understood. The most important lessons in the initial two sessions are covert, being taught by modeling. What is being said is "the leaders are there, that they are not intimidated by the anger and hostility, and that they keep to limits that have been set" (p. 29).
Session 3: A media presentation of a film or slide depicting some of the basic data concerning domestic violence being taught in the workshop begins the session. In the following discussion, workshop participants often disassociate themselves from the events or behaviors presented on the screen, but at the same time may be dealing with self-recognition and identification with scenes that have been presented. Discomfort is often felt by many of the men after the media presentation. Leaders in their session introduce the concept of taking responsibility for one's own acts and empower the men to accept this responsibility.

Session 4: Frank and Houghton note a major change in the atmosphere of the workshop during this session. Men seem to be sharing their experiences rather than defending their actions. Men begin to genuinely see alternatives to violent acts. Participants are taught to identify physical and other signs that precede violence and are then introduced to deep breathing and positive self-talk and "time-out" techniques to utilize when these signs are in evidence.

Session 5: Men report in this session successes and failures in their attempts at new behaviors. Group leaders must reiterate that rewards for changes in a man's behaviors must be his own personal gains, not his mate's response.

Session 6: Termination anxiety, which began in the previous sessions, is more pronounced at this time. Batterers are dependent men and the resistance to detaching from a group where they have had the chance to share experiences with other men is a fearful prospect. The emphasis of this session is to focus upon gains made in the group and to
motivate the men to receive more counseling.

**Evaluation of the Spouse Abuse Educational Workshop.** To judge the effectiveness of the SAEW, two main criteria were utilized: (1) did the violence end, and (2) did the SAEW graduate begin and adhere to a further helping relationship after completion of the workshop. Frank and Houghton (1982) noted that 44 men participated in the program during its first year of operation. Contact was maintained with 28 of these original participants for the first year following their "graduation" by telephone at six week intervals. Using the two criteria cited for measuring success of the program cited above, Frank and Houghton (1982, pp. 51-52) found:

1. Stopping violence: Only 8 of the 28 subjects continued to exhibit violent behavior, a success rate of 71 percent.
2. Entering other services: Of the original 43 participants (one died), 24 men entered ongoing services. Of those who began counseling, 18 did so at VCS. (See Table IX, p. 129)

**Men's Ongoing Voluntary Exchange (MOVE).** A men's support group, MOVE is an open-ended structure which meets for an hour and one-half each week and is co-facilitated by male group leaders. The object of the group is to teach men to take the responsibility for communicating more effectively with one another. At each meeting new members to the group are introduced, then a topic for discussion, either brought by a leader or group member, will be examined. Frank and Houghton (1982) noted many of the topics for discussion concern man's roles, living with sex-role stereotypes or dealing with anger. The group functions both as a support group for graduates from the SAEW Program and also serves to
reduce isolation of males who attend the sessions.

VCS Individual, Couple and Family Counseling. Individual counseling is provided for the abusive male, an experience which expands upon the goals of the SAEW workshop. While it is preferable that a client attend SAEW before individual counseling, this is not a mandatory requirement. Once the denial process has been worked through, the client is taught anger control techniques as well as ways of asserting his needs and hearing the needs of others.

Couples counseling is offered only if the following conditions are met:

1. Both partners wish marital counseling.
2. The batterer has attended either the SAEW or six sessions of either the MOVE group or individual counseling at VCS.
3. Both partners must make a contract to halt all physical violence.
CHAPTER IV

FOUNDATION FOR THE MODEL PROGRAM

Drawing from the research studies, current programs, and the counseling experience of this author, a model for behaviorally-oriented group counseling experience is proposed. As was recognized in Adams and McCormick (1981), Koval et al. (1982), and Pence (n.d.), not only will a group experience provide a wide-based support system for each group member, but also a group counseling format will lessen the batterer's feeling of being "singled out", promote interpersonal skills, and work against isolation and overdependency on his spouse. The author realizes, as does Janet Geller of Victims's Information Bureau (Fleming, 1979), that marital systems oftentimes must be changed to promote compatibility. The author believes, however, as does Walker (1979), that the individual who has a problem controlling anger must eliminate this problem first, then begin the process of strengthening his relationship with his mate.

The behavioral approach for the model program was selected for two reasons: First, behavioral therapy quite naturally lends itself to opening the way for teaching new methods of gaining control of an aspect of one's behavior, which, in this case is violence (Fleming, 1979; Frank and Houghton, 1982; Pence, n.d.; Purdy and Nickle, 1981; Sonkin and Durphy, 1982; Walker, 1979). A second reason for choosing a social learning model approach was because behaviorally-based programs
have shown encouraging and measurable positive results as noted by Frank and Houghton (1982), Pence (n.d.), and Purdy and Nickle (1981) as well as in the author's experience in counseling abusive males.

Major components of the model program are to help the group members get in touch with their feelings, and to assist men in learning how to communicate their emotions to others. Programs described by Adams and McCormick (1982), Fleming (1979), Koval et al. (1982), Pence (n.d.), Purdy and Nickle (1981), and Sonkin and Durphy (1982) all devote varying proportions of counseling sessions to teaching batterers to be more aware of their feelings and to be more adept at the art of asserting themselves. Along this same line, the model program explores the nature of stress (Sonkin and Durphy, 1982) and presents techniques the group member can utilize to reduce or eliminate stress in his life (Fleming, 1979; Koval et al., 1982; Pence, n.d.; Purdy and Nickle, 1981; Sonkin and Durphy, 1982).

Before a prospective client is even admitted into the model program, it is imperative that an assessment be made to determine whether the behavioral mode of counseling is likely to be an appropriate therapeutic tool conducive to change in his life. It has been a general consensus in the literature that alcohol and drug abusers who also are batterers are more likely to benefit from behavioral therapy to end their abusive behavior if they are initially treated for their substance abuse problem (Koval et al., 1982; Pence, n.d.; Walker, 1979). Individuals with primary psychiatric conditions or episodic discontrol syndrome for which behavioral therapy is an inappropriate tool should also be referred to more appropriate treatment programs (Fleming, 1979;
Roy, 1982; Schlesinger et al., 1982; Sonkin and Durphy, 1982), as should those clients with nutritional and related biochemical imbalances (Roy, 1982; Schauss, 1982).

The model program does not ignore the sociological perspective concerning the male need to control both his family and members of the opposite sex. Society's support of the patriarchy and the male's use of violence to maintain control has been recorded in the literature (Adams and McCormick, 1981; Sonkin and Durphy, 1982; Straus, 1977a, 1977-1978b; Walker, 1979). The model program utilizes a didactic format to emphasize man's patriarchal basis as a rationalization for his use of violence, especially in the family setting. This method of orienting the client to the sociological view concerning battering behavior and sex-role stereotypes has also been utilized in other programs for counseling abusive males by Adams and McCormick (1981), Frank and Houghton (1982), Koval et al. (1982), Pence (n.d.), and Sonkin and Durphy (1982).

Written homework assignments from Sonkin and Durphy's (1982) workbook, Learning to Live Without Violence, provide both a didactic structure and tool for the program while also enabling group members to experience a continuing learning process between sessions through performance of the exercises. Homework both entailing written and physical exercises as components of programs for the abusive male have also been noted by Fleming (1979), Purdy and Nickle (1981), and Walker (1979).

Certain interventions central to the model program have been drawn from other programs noted in the pertinent literature. These are:

2. Compiling anger journals. (Purdy and Nickle, 1981; Sonkin and Durphy, 1982)

3. Learning positive and negative self-talk. (Purdy and Nickle, 1981; Sonkin and Durphy, 1982)

4. Recognition and confrontation of denial. (Frank and Houghton, 1982; Purdy and Nickle, 1981; Sonkin and Durphy, 1982)

5. Educating group members to recognize all types of violence. (Purdy and Nickle, 1981; Sonkin and Durphy, 1982)


7. Recognizing group members' "social isolation". (Adams and McCormick, 1982; Purdy and Nickle, 1981; Sonkin and Durphy, 1982)


9. Developing goal-oriented contracts. (Briggs et al., n.d.; Garner and Moss, 1982)

10. Broadening the group members' sex-role image. (Briggs et al., n.d.; Koval et al., 1982; Sonkin and Durphy, 1982)

11. Role modeling of various communications techniques. (Koval et al., 1982; Sonkin and Durphy, 1982; Walker, 1979)

12. Performing awareness exercises focusing upon physical signs of anger. (Fleming, 1979; Sonkin and Durphy, 1982)

Most significantly, the model program is based on the philosophy that the batterer will be motivated to take appropriate steps toward
living a non-violent lifestyle given the opportunity to become aware of the social scripting which has served as a guide to his behavior. Coupled with this knowledge and the tools and skills with which to fashion new modes of behavior, the batterer's conduct will change.
CHAPTER V

THE MODEL PROGRAM

A program for group counseling must have well-defined structure and goals. The primary objective of the program outlined below is to assist the batterer to become more aware of his feelings and be able to communicate his emotions in an assertive but non-violent manner. The program consists of group meetings and homework assignments to assist the client in attaining this goal. Homework assignments are almost totally drawn from the contents of the workbook, Learning to Live Without Violence by Sonkin & Durphy (1982). The model program supplements the workbook exercises with periodic discussions concerning male's role in society as well as one session devoted to the showing and discussion of a film series concerning batterers. Interspersed throughout the sessions are several interventions and techniques drawn from the author's experience counseling abusive men.

Selection of Group Members

All individuals having an interest in participating in the program should attend at least one individual pre-group interview conducted by a counselor or mental health professional. Expectations and needs of the prospective group member will be assessed at that time to determine if these needs and expectations can be satisfied by the program's design and stated goals. It is strongly suggested that
prospective members who have alcohol and/or drug problems be referred to an appropriate program to remedy this condition before being admitted to the group. Also, as Roy (1982) and Schlesinger et al. (1982) have found, it is important during the pre-group interview to determine the category of violence the prospective member exhibits. If violent behavior can be determined, prior to entrance into the program, to be caused by a primary psychiatric condition or episodic dyscontrol symptom by diagnosis, the client should be referred to the appropriate treatment modality.

The optimal size group is five to eight members. A larger group would limit the amount of time available for homework review, exercises, and personal problems and could multiply beyond the bounds of the time parameters of session. Previous experience with a group of four allowed adequate time for expression of views and opinions, as well as leaving time to attain the goals of the program.

Ideally, the group should be facilitated by two counselors or mental health professionals, at least one of these being a male (to promote male bonding). It is possible, if the group contained five or less members, that a single facilitator could adequately guide the operation.

Frequency, Duration and Length of Sessions

Fourteen sessions, held once a week for two hours, with a short break in between hours, should be sufficient to complete the model program. Members may ask for individual appointments with a facilitator to discuss personal concerns.
Pre-Workshop Questionnaire

The pre-workshop questionnaire is administered to each participant prior to the first group session, preferably during the pre-workshop interview. Data from this questionnaire can be used as baseline data to determine the degree of attitude changes when being compared with data from a post-program questionnaire administered at termination of the group experience. Questions can range from determination of socio-economic status and level of substance abuse to items assessing the client's controlling attitudes toward females.

Contract

A bilateral contract between group leaders and each group member is executed in writing, one copy being retained by each signer (See Client Counselor Contract from the Model Program, p. 131). In addition, clients cohabitating with a woman, either a wife or girl-friend, are asked to allow the group leader to contact his cohabitant once a week. This contact allows the group leader to monitor the client's progress in the program.

Session I

Goals.

1. To introduce group members.

2. To begin to build confidence in the group leaders and the program.

3. To provide a brief synopsis of the program and determine group policies.

4. To bring to awareness and discuss any homophobic concerns of group members.
5. To introduce psycho-social concepts concerning domestic violence.

Agenda Format.

1. Introduce members and provide brief overview of the program, including formulation of group policies (whether this will be an open or closed group, etc.)
2. Present domestic violence statistics.
3. Describe characteristics of batterers.
4. Present Walker's (1979) cycle of violence theory and discuss this dynamic in group members' lives.
5. Encourage airing of group members' homophobic concerns and discuss them openly during this initial session.
6. Group leaders encourage the discussion of the socialization of males in our society.

Homework Assignments. Read Chapters One through Three of Sonkin and Durphy's Learning to Live Without Violence (1982).

Session II

Goals.

1. To begin to reduce the level of denial.

Agenda Format.

1. Show the "Time Out" series of three short films to the group.
2. Relate the content of the movies to the structure and goals of the group program.
3. Focus a discussion period relating illustrations from the film series to incidents or characteristics relevant to clients' lives and behavior patterns.

4. Utilize behavior patterns accompanying guidebook as an aid to discussion.

Homework Assignments. Reread Chapters One through Three of the workbook.

Session III

Goals.

1. To discuss the homework assignments.
2. To introduce the concept of "time-out".
3. To familiarize group members with the anger journal exercise.
4. To recognize individual violent behaviors in a non-threatening manner.

Agenda Format.

1. Check-in with each member. (This involves each member and group leader revealing "where he is" emotionally at the beginning of each meeting.)

2. Discuss the material in Chapters One through Three in the workbook, placing particular emphasis on the distinction between anger (an emotion) and violence (a learned behavior which can be "unlearned"). A review of the workbook instructions for procedures for time-outs is now appropriate. Group members should be familiar with the strict limits of a time-out.

3. Introduce the concept of keeping an anger journal. Each time-out event will be recorded, as well as three practice
time-outs each week. Journals will be brought to each group meeting and discussed.

4. After discussion of Sonkin and Durphy's (1982) description of four types of violence, draw a continuum of violent acts ranging from mild to severe on a blackboard or flip-chart. Each group member then identifies where his violent behavior could fall along the continuum. This eliminates the need for an individual to "admit" to certain specific acts, while graphically presenting to each member a new way of perceiving or "owning" their violent behavior.

5. If time permits, initiate a discussion of the psycho-social roots to male sex-role stereotypes is desirable, centering around a male's need to maintain control and his choice of violence as the most effective tool to ensure continued dominance.

Homework Assignments. Read Chapter Four, Recognizing Anger in the workbook. Commence an anger control journal and take time-outs when necessary.

Session IV

Goals.

1. To discuss homework and anger journal.

2. To distinguish body signals of anger and behavioral signs of anger.

3. To identify violent provoking influences in our society and discuss early role-models in our families of origin.
Agenda Format.

1. Check-in with each member.

2. Review each group members' anger journal entries with feedback from both counselors and group members.

3. Discuss the body signals of anger and behavioral signs of anger ensues. Group leaders distinguish between the physical phenomena that accompany anger and the behavioral actions which occur as the results of the emotional occurrence. Each anger incident recorded in the anger journals will be analyzed as to the body signals and behavioral signs. Each group member shares typical behavioral and body signals of which he is aware in his own personality.

4. Discuss violence in our society and our family of origin environment. Material from Straus (1977a, 1977-78b) or Walker (1979) can be utilized as sources for discussion. The purpose of the discussion is to promote an awareness of all four types of violence which pervade our social environment.

Homework Assignments. Accentuation of practice time-outs and anger time-outs is recommended, along with recording these in the anger journal. Also, Chapter Five in the workbook, Controlling Anger, is assigned.

Session V

Goals.

1. To discuss homework and anger journal entries.
2. To discuss material in assigned chapter, especially the "self-talk" concept and control mechanisms for anger.

3. To review conventional male sex-role expectations.

Agenda Format.

1. Check-in with each member.

2. Share individual anger journal entries.

3. Discuss the three methods of controlling anger: stuffing, escalating and directing. Group leaders should spend a great deal of time introducing these concepts, as they are extremely important to promote in group members an awareness of their anger and provide tools for venting tension. Also, the material concerning positive self-talk and negative self-talk is introduced during this session within the workbook format. After the entire contents of Chapter Five have been reviewed, it is recommended group leaders review the concepts introduced in the session in the following manner:

   a. Stuffing, escalating and directing should be analyzed, stressing the types of words which are used for the statements describing each type of behavior.

   b. Group members should be informed that being aware of one's own self-talk means not only an awareness of the content of self-talk but also the grammatical form in which the content is framed.

4. Examine male sex-role stereotypes, generalizing concepts and eliciting individual responses from the group members in order to construct a composite graphic portrayal of male's
role in society. (Use a blackboard or flip-chart.) Controlling or constricting characteristics in this composite picture can be identified. This can then facilitate group discussion of a broadened male-role in society. Jealousy and trust in relationships can also be examined during this session.

**Homework Assignments.** Group members are encouraged to continue taking time-outs, both practice and real. Group leaders reassign material from Chapter Four and Chapter Five, stressing that because this material is so important, another session will be devoted to mastering the concepts.

**Session VI**

**Goals.**

1. To present and discuss anger journal entries.
2. To review the homework assignment concerning a re-exploration of Chapters Four and Five.
3. To provide at least one-half hour for group members to air any personal or relationship concerns.

**Agenda Format.**

1. Check-in with each member and review anger journal entries. Explain that for the remaining sessions each member will incorporate his anger journal sharing with his check-in comments. At this juncture of the program, it is advisable for group leaders to reiterate the importance of completing assignments to those members who are not on task with homework or not following through with anger journal
entries. The leaders can attempt to motivate members by reminding them behavioral therapy requires active participation by the client in action as well as words.

2. Make certain all group members understand and are able to utilize concepts introduced in Session IV and Session V.

3. Allow at least one-half hour to check-in with all group members concerning personal or relationship concerns they wish to air before the group. Support by way of group feedback can develop during this activity. Group leaders should volunteer individual sessions for any member who feels this may be necessary.

Homework Assignments. Continued time-outs when necessary and maintenance of the anger journal are required. Also, Chapter Six, concerning hearing anger, is assigned from the workbook.

Session VII

Goals.
1. To continue to present and discuss anger journal entries.
2. To review the homework in the workbook from the chapter on hearing anger.
3. To preview the differences with which men and women dealing with their feelings.

Agenda Format.
1. Check-in with each member and share entries in anger journals. At this point in the program, group leaders should be on the alert for any member who does not seem to report low intensity anger episodes (e.g., irritations). The fact
that these minor anger events, if not vented, can build to a major explosion should be impressed upon the group.

2. Review homework entries from Chapter Six, Hearing Anger.
   a. Group members discuss different reasons why they would react defensively if someone expressed anger at them.
   b. In a role-play, members pair off and practice hearing each other's anger.
   c. Group members are cautioned that as they improve, their wives may feel less threatened and express anger.
   d. On a blackboard or flip-chart, elicit responses from group members to the following question: "When someone expresses anger directed at you, what happens to you?" Record both the behaviors and feelings elicited.

3. Introduce to members the fact that women are much more adept at expressing their feelings; while men are taught to ignore or hide their emotions, at times expecting their wives to somehow be in touch with her husband's feelings intuitively. Relationship expectations and the communication of those expectations to one's spouse can also be a topic of discussion.

Homework Assignments. Continuation of time-out activities and completion of the anger journal. Also, Chapter Eight of the workbook, Feelings and Communication, is assigned.

Session VIII

Goals

1. To review and share each group member's anger journal
entries.

2. To discuss Chapter Eight in the workbook, *Feelings and Communication*

3. To help group members to distinguish between thinking statements and feeling statements.

4. To discuss the process of denial and the many forms it can exhibit.

**Agenda Format.**

1. Check-in and share anger journal entries, with a special attention paid to the inclusion of low-level anger recordings. Group leaders must also be always on the alert for any member who may be "gearing down" his time-out activities.

2. Discuss Chapter Eight, *Feelings and Communication* in the workbook.
   a. Distinction must be made between "I feel-thinking" statements and "I feel-emotion" statements. The semantic and grammatic difference may take some time to be understandable for some group members.
   b. Each member should add to the list of feelings in the workbook with those which he can personally identify.
   c. Members should review the discussion of the week before concerning the differences between the sexes in expressing emotions. Group leaders should stress the idea that an ability to be aware of feelings is a first step to expressing oneself directly in a relationship.
d. Discuss the fact that men use anger as a secondary or substitute feeling in place of their feelings.

e. At this point, group leaders review a list of character traits which seem to be found in abusive males, stressing those traits which are directly connected with an inability to be aware of or expressing feelings.

f. As opposed to step (e) above, continually stroke group members as they exhibit an ability to be in touch with and communicate emotions.

3. At this point in the program discuss the many forms of denial a batterer may use to mask or ignore his desire to control and/or utilize violence to that end. Stuffing as a form of denial (Sonkin and Durphy, 1982, pp. 25-26) is an excellent concept to use in raising an awareness of this type of behavior.

Homework Assignments. Group members are not only assigned time-outs and entries in the anger journal, but are also asked to keep a feeling journal (Sonkin and Durphy, 1982, p. 64) for one week. Chapter Eight is re-assigned for review.

Session IX

Goals.

1. To share anger journal and feeling journal entries.

2. To review Chapter Eight material on communication and feelings.

3. To enact a guided tour fantasy to help group members express their feelings.
4. To discuss openly the desirability for men to be aware of and express feelings.

**Agenda Format.**

1. Check-in and share the anger journal as well as the feeling journal. This may take more time than usual, possibly more than one hour. Group leaders should be on the alert for "I feel-thinking" statements appearing in feeling journal entries. Group members with such entries should be encouraged to change those statements to "I feel-emotion" statements.

2. Discuss the men's feelings and communication of these feelings. Group leaders can create an atmosphere where men view an expression of feelings as not only being beneficial, but a socially acceptable alternative to the conventional male stereotype.

3. Provide a guided fantasy to assist group members' expression of feelings.

**Homework Assignments.** Continuation of taking real time-outs when necessary and three practice time-outs each week and completing anger journal entries. Chapter Nine, on assertiveness, is assigned.

**Session X**

**Goals.**

1. To review anger journal entries.

2. To discuss the difference between passitivity, aggressiveness, and assertiveness.

3. To discuss Chapter Nine on assertiveness and review written
exercises therein.

4. To role-play in dyads assertiveness skills using "I" statements in a directing format.

5. To introduce group members to stress reduction exercises in Chapter Seven of the workbook.

Agenda Format.

1. Check-in and review anger journal materials. At this time it may be advisable to caution group members that under-rating the intensity of a particular anger event is in itself an act of denial which will result in stuffing.

2. Explore the continuum stretching between passivity (stuffing) and aggression (escalating), with an examination of the place of assertiveness (directing) on the scale.

3. Review Chapter Nine in the workbook concerning assertiveness.
   a. Men are divided into pairs and practice saying "no" to their partners with direct statements.
   b. Each man reviews his workbook entries with the group concerning to whom he can say "no" to end in which situations he feels he can be comfortable being directive.

4. Preview the stress reduction exercises to enable group members to practice them in the proper manner during the next week.

Homework Assignments. Continue taking real and practice time-outs and recording in the anger journal. Chapter Seven, Stress Reduction, is assigned from the workbook.
Session XI

Goals

1. To review anger journal entries of participants.
2. To discuss the distinction between chronic and situational stress.
3. To use group members' new awareness of feelings and assertiveness skills to help them recognize and deal with stress.
4. To practice in-session stress reduction techniques.
5. To provide a time for men to air personal and/or relationship problems.

Agenda Format.

1. Check-in and review the anger journals, keeping in mind minor irritations should not be ignored.
2. Ask each group members to individually identify with the list of life stressors listed in Sonkin and Durphy (1982, pp. 42-43) and add to this list if possible. The difference between chronic stress and situational stress is explored, with group leaders asking for examples of any chronic stresses in individual group member's lives. Stress events are identified and group members then share solutions for specific instances. Group leaders attempt to motivate the incorporation of awareness of feelings and assertiveness skills in getting in touch with and expressing stressful situations.
3. Stress reduction techniques are practiced in-session by
leaders and group members.

a. Visual imagery

b. Relaxation exercise (Sonkin and Durphy, 1982, pp. 46-48)

4. Stress to group members that stress is a learned response and as such can be unlearned.

5. Stress to group members that isolation, stuffing, and other forms of avoidance are ways of building the stress to dangerous levels. Directive anger and assertiveness are modeled by group leaders as ways of relieving stress.

6. Allow time for group members to discuss relationship and personal concerns. Leaders could take this opportunity to ask how the theme of stress reduction in this session could apply to their concerns. Group leaders again offer individual sessions if needed.

Homework Assignments. Continue time-outs when necessary, with a reduction in practice time-outs to two each week. Continue appropriate entries in the anger journal. Read Chapter Ten, Alcohol and Other Drugs, in the workbook.

Session XII

Goals.

1. To share anger journal entries.

2. To discuss material in Chapter Ten of the workbook concerning

3. To review patriarchal ideas and male sex-role stereotypes discussed earlier in the program.

4. To review the concept of directing anger through the use of assertiveness training.
Agenda Format.

1. Check-in and share anger journal entries.

2. Examine the use of alcohol and drugs and their effect on behavior in light of the material presented in Chapter Ten of Sonkin and Durphy (1982). Alcohol as an agent which lowers inhibitions to violent behavior is stressed by group leaders. Men are asked to re-examine their pattern of alcohol and drug usage to determine if this could be a threat to their newly acquired skills in anger control. Statistics are presented by group leaders showing the strong correlation between alcohol abuse and battering.

3. Review conventional sex-role stereotypes and patriarchial standards of control in our society. Men are asked to discuss and possibly reassess social stereotypes in light of their new awareness of feelings and newly acquired skills in asserting these feelings. How these newly conceived male roles relate to each individual's self-esteem can be explored as a part of this discussion.

4. Reveal the skill of learning to be assertive with feelings and using the tool of directing anger as the key to being able to defuse anger events. Men are asked to pair off, then to use "I" statements for a ten or fifteen minute period, directing anger at their partners. Group members are then encouraged (if they live with a female) to utilize these tactics in their relationship.

Homework Assignments. Continue taking time-outs when appropriate
but discontinue practice time-outs. Continue to record these events in anger journal. Review anger journal and determine whether stuffing and escalating are decreasing and directing is increasing. If possible, draw a graph picturing this.

Session XIII

Goals.

1. To review anger journals and critique of entire journals.
2. To discuss any problems group members may be having handling anger or in asserting their feelings.
3. To discuss termination and future support arrangements.

Agenda Format.

1. Check-in and review anger journals.
2. Encourage each group member to discuss his changing behavior as reflected in the anger journal and how he perceives these changes in his own opinion. Group members are encouraged to offer support and helpful suggestions.
3. Discuss problems in controlling anger, as well as any difficulties in asserting feelings and/or needs. Group leaders continue to stress the necessity of directing anger with "I" statements and being assertive in conveying emotions.
4. Present choices for future support arrangements:
   a. An informal support group, meeting every week or two.
   b. An exchange of phone numbers.
   c. Periodic (every two or three weeks) phone calls from a group leader for several months.
The men are acquainted with the opinion of Purdy and Nickle (1981) that a man who has been violent must develop his own support group or non-violent mini-culture over at least a one year period. Final decision of this issue is delayed until the final session.

**Homework Assignments.** Continue time-outs whenever necessary and record these events in the anger journal. Review all chapters to determine if any material in the book is unclear or needs review.

**Session XIV**

**Goals.**
1. To discuss anger journal entries.
2. To administer post-session questionnaire.
3. To review program agenda and clarify any issues.
4. To discuss post-program support procedures.
5. To offer appreciation.

**Agenda Format.**
1. Share anger journal entries for the week. Group leaders encourage men to use time-outs when they feel directing anger could lead to escalating or violence. Men are encouraged to continue to use a journal if they feel a need for this exercise.
2. Administer post-session questionnaires in-session (15 minutes).
3. Place several large sheets of paper, upon which the entire problem agenda is outlined, around the room. Group leaders
propose the group discuss any aspect of the program agenda they are having problems with or any critiques of the program they feel would be helpful for improving the program.

4. Allow the group members to agree upon a support system.

5. Offer appreciations for group members and leaders. Ask members if they will respond to a survey six months and in one year of both they and their wives to evaluate the long-term effects of the program.

Follow-up and Program Evaluation

Evaluation of the program could be accomplished by periodic post-therapy telephone questionnaires administered to both the client and, if applicable, his spouse. Interviews would determine whether physical violence had ended and ascertain the various forms of behavior the male respondents exhibited when they were angry. It is hoped an analysis of the responses from these questionnaires could determine a rate of success and focus upon which anger control behaviors had been assimilated by the clients and which had not.
CHAPTER VI

SUMMARY AND RECOMMENDATIONS FOR FURTHER RESEARCH

The purposes of this thesis were to review the pertinent literature and several programs concerning counseling the batterer and to propose a model group program for counseling the abusive male. The review of pertinent literature included an extensive examination of the personality characteristics of the batterer and implications for counseling that are inferred from these various constellations of traits. The sociological perspective which creates an environment in which males are taught and expected to be in control was found to be a factor in the etiology of battering behavior. Various approaches to counseling the batterer were also explored.

Included in the review of programs were examinations of couples, individual, and group therapy formats. While behavioral therapy was the preferred mode of counseling, some programs used an eclectic approach.

The model group counseling program was derived from a behavioral approach to change, drawing heavily from the literature, the author's own experience as a counselor of abusive males, and structured in part around homework exercises contained in Sonkin and Durphy's *Learning to Live Without Violence* (1982). The program was designed not only to teach batterers to become aware of the physical and behavioral signs of anger, but also to learn several new behavioral techniques to release
this anger in non-violent ways. Helping men to become aware of other emotions besides anger and being able to assert these feelings was also a goal of the model program. An overall framework of examining conventional masculine sex-role stereotype and patriarchial roots of male dominance and control was an integral component of the program format.

Limitations of the Model Program

Even though the model program addresses the issues of man's self image, male sex-role stereotypes, and man's need to control women, no examination of a participant's self-esteem is attempted. It is the author's opinion that a fourteen week program conducted in a group format could not begin to explore issues of self-esteem. This issue should be explored in individual counseling, since a condition of low self-esteem could be conceived as contributing to a man's need to control.

Whether or not the homework assignments and exercises presented in the model program are performed by program participants is left totally to the client's discretion. Failure by a client to practice new behavior significantly lowers the possibility for behavioral change. The client may become quite familiar intellectually with the tools for behavioral change but may not be motivated to use these tools.

For clients who exhibit learning disabilities or have difficulty with the written word, intensive individual sessions with extensive verbalization of material by the counselor is recommended.
Recommendations for Further Research

The body of literature concerning counseling the abusive male is still in its infancy. This is nowhere more apparent than in the area of program evaluation and guidelines for diagnosis of potential clients for appropriate program placement. The following issues are suggested for investigation:

1. Nutritional and environmental factors related to the etiology of violent behavior should be further explored.

2. More investigative studies into possible connections between various neurological disorders and battering behavior is advised.

3. Further examinations of the strong correlation between alcohol abuse and violent behavior, plus an educational program concerning this phenomenon, appears to be needed.

4. Longitudinal evaluations over a several year period are needed to determine both the magnitude and duration of behavioral change resulting from various counseling interventions.

5. Programs utilizing different interventions and based upon varying philosophies are needed to compare longitudinal evaluations for a better understanding and identification of the optimum tools for behavioral change.

6. Success rates from group programs consisting of clients from differing socio-economic levels should be compared with outcome data from programs with participants from similar socio-economic backgrounds.
7. Relative to Table III, future studies measuring educational level and status inequality in experimental and control groups should ensure that both sample populations are drawn from the same social classes. It is possible that higher status and educational levels of females in blue collar families, the type of family most likely to participate as the experimental group in an agency study, may be a function of class rather than domestic violence characteristics within that class.
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Pence, E. (n. d.). The law enforcement and criminal justice system; An intervention model for domestic assault cases. (Available from the Domestic Abuse Intervention Project, 2 East Fifth Street, Duluth, Minnesota, 55805.)


### TABLE I

**SOURCES OF CONFLICT LEADING TO VIOLENT EPISODES**

<table>
<thead>
<tr>
<th>SOURCES OF CONFLICT</th>
<th>First</th>
<th>Worst</th>
<th>Last</th>
<th>Typical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Sexual jealousy</td>
<td>31</td>
<td>31</td>
<td>28</td>
<td>30</td>
</tr>
<tr>
<td>Expectations about domestic work</td>
<td>37</td>
<td>37</td>
<td>32</td>
<td>34</td>
</tr>
<tr>
<td>Money</td>
<td>7</td>
<td>7</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Status problems</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Sexual refusal</td>
<td>6</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's attempts to leave</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Relatives &amp; friends</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's drinking behavior</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Children</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total** 100 100 95 100 98 100 106 100

*(Dobash and Dobash, 1979, p. 247)*
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jealous</td>
<td>72</td>
</tr>
<tr>
<td>Dominating</td>
<td>60</td>
</tr>
<tr>
<td>Insecure</td>
<td>54</td>
</tr>
<tr>
<td>Macho</td>
<td>52</td>
</tr>
<tr>
<td>Charming &amp; friendly with others</td>
<td>48</td>
</tr>
<tr>
<td>Sick, disturbed, crazy</td>
<td>42</td>
</tr>
<tr>
<td>Selfish and demanding</td>
<td>42</td>
</tr>
<tr>
<td>Moody</td>
<td>38</td>
</tr>
<tr>
<td>Cold</td>
<td>34</td>
</tr>
<tr>
<td>Dr. Jekyll and Mr. Hyde</td>
<td>28</td>
</tr>
<tr>
<td>Tender</td>
<td>28</td>
</tr>
<tr>
<td>Withdrawn and aloof</td>
<td>26</td>
</tr>
<tr>
<td>Intelligent</td>
<td>24</td>
</tr>
<tr>
<td>Sadistic</td>
<td>22</td>
</tr>
<tr>
<td>Sweet</td>
<td>20</td>
</tr>
<tr>
<td>Wild</td>
<td>18</td>
</tr>
<tr>
<td>A ladies' man</td>
<td>18</td>
</tr>
<tr>
<td>Depressive</td>
<td>16</td>
</tr>
<tr>
<td>A woman hater</td>
<td>16</td>
</tr>
<tr>
<td>Manic-depressive</td>
<td>12</td>
</tr>
<tr>
<td>Quiet</td>
<td>12</td>
</tr>
<tr>
<td>Compulsive</td>
<td>10</td>
</tr>
<tr>
<td>Behavior change due to drugs</td>
<td>8</td>
</tr>
</tbody>
</table>

(Hofeller, 1982, p. 90)
TABLE III

EDUCATION LEVEL AND STATUS INEQUALITY IN EXPERIMENTAL AND CONTROL GROUPS

<table>
<thead>
<tr>
<th>Level Completed</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Did not complete high school</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>High school graduate</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>1 to 3 years of college</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>BA degree</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Post Graduate degree</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

Percent of Cases

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman less educated than man</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>Woman and man equally educated</td>
<td>22</td>
<td>48</td>
</tr>
<tr>
<td>Woman more educated than man</td>
<td>54</td>
<td>12</td>
</tr>
</tbody>
</table>

a. Battered and non-battered women were matched on education level.
(Hofeller, 1982, p. 81)
TABLE IV

ALCOHOL USE AMONG MEN AND WOMEN IN EXPERIMENTAL AND CONTROL GROUPS

<table>
<thead>
<tr>
<th>Level of Use</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>None</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Social</td>
<td>62</td>
<td>20</td>
</tr>
<tr>
<td>Moderate</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>Heavy</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Alcoholic</td>
<td>2</td>
<td>38</td>
</tr>
</tbody>
</table>

(Hofeller, 1982, p. 82)
### TABLE V

**MEASURES OF ASSERTIVE BEHAVIOR**

<table>
<thead>
<tr>
<th>Group</th>
<th>Overall Assertion</th>
<th>Spouse-Specific Assertion</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Standard Deviation</td>
<td>Mean</td>
</tr>
<tr>
<td><strong>WIFE'S RESPONSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusive Individual</td>
<td>1.61</td>
<td>.51</td>
<td>1.55</td>
</tr>
<tr>
<td>Abusive Couple</td>
<td>1.72</td>
<td>.49</td>
<td>2.05</td>
</tr>
<tr>
<td>Non-violent Couple</td>
<td>1.74</td>
<td>.49</td>
<td>2.11</td>
</tr>
<tr>
<td>Satisfactory Couple</td>
<td>2.10</td>
<td>.32</td>
<td>2.12</td>
</tr>
<tr>
<td><strong>HUSBAND'S RESPONSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusive</td>
<td>1.61</td>
<td>.42</td>
<td>1.77</td>
</tr>
<tr>
<td>Non-violent Family</td>
<td>1.88</td>
<td>.35</td>
<td>2.20</td>
</tr>
<tr>
<td>Satisfactory Family</td>
<td>1.95</td>
<td>.40</td>
<td>2.33</td>
</tr>
</tbody>
</table>

(Rosenbaum and O'Leary, 1981, p. 67)

Data above are from a study of 52 abused wives, 20 abusive males, 20 satisfactorily married couples and 20 married couples in non-violent dysfunctional relationships (N=152). The statistics concerning abused wives and abusive males was collected by Victim's Information Bureau of Suffolk County, New York. To distinguish whether differences between abusive couples and satisfactorily married couples were a function of marital discord or wife abuse, the subject group of couples experienceing non-violent marital discord was utilized in addition to the normative comparison group.
### TABLE VI

**ALCOHOL PROBLEMS, INDEBTEDNESS, INCOMPATIBILITY AND THE PROBABILITY OF VIOLENCE (N=193)**

<table>
<thead>
<tr>
<th>Al. Prob.</th>
<th>Indebt.</th>
<th>Incompat.</th>
<th>Present</th>
<th>Absent</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>21</td>
<td>6</td>
<td>.78</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td></td>
<td>7</td>
<td>5</td>
<td>.58</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>10</td>
<td>3</td>
<td>.77</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>12</td>
<td>4</td>
<td>.75</td>
</tr>
</tbody>
</table>

Subtotals: 50 18 .74
Subtotals: 9 14 .39
Subtotals: 1 8 .11
Subtotals: 6 16 .27
Subtotals: 6 11 .35
Subtotals: 22 49 .31
Totals: 72 67 .52

* X Indicates presence of a particular problem

* Violence = dependent variable
(Byles, 1978, pp. 551-553)
(see page 121 for an analysis of the chart)
"Note that in every set of problems including alcohol problems the probability of violence was greater than in any set of problems excluding alcohol problems. For all problem sets including alcohol problems, the probability of violence was .74, whereas the probability of violence for the problem sets excluding alcohol problems was only .31" (Byles, 1978, p. 553).

"While violence can occur in the absence of alcohol problems, it is more than twice as likely to occur in marital situations in which alcohol use is a problem, but the cause-effect question remains unanswered" (Byles, 1978, p. 553).

"This study examines the relationship between alcohol and violence in the domestic problems of 139 persons (130 women) appearing in a family court during May, June and July in Hamilton, Ontario." (Ages 18 to 54, average 30.5 years) Only 21% were in intact marriages. 59.5% had been deserted by their spouses and another 5.5% had been separated (Byles, 1978, p. 551).
<table>
<thead>
<tr>
<th>Categories</th>
<th>Battering Incident #1</th>
<th>Battering Incident #2</th>
<th>Battering Incident #3</th>
<th>Battering Incident #4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>0=No response, don't know</td>
<td>16</td>
<td>4.1</td>
<td>35</td>
<td>9.0</td>
</tr>
<tr>
<td>1=No alcohol used at all</td>
<td>174</td>
<td>44.6</td>
<td>162</td>
<td>41.5</td>
</tr>
<tr>
<td>2=Not sure, but think so</td>
<td>14</td>
<td>3.6</td>
<td>9</td>
<td>2.4</td>
</tr>
<tr>
<td>3=Yes, some alcohol used</td>
<td>48</td>
<td>12.3</td>
<td>48</td>
<td>12.3</td>
</tr>
<tr>
<td>4=Yes, a lot of alcohol used</td>
<td>138</td>
<td>35.4</td>
<td>136</td>
<td>34.9</td>
</tr>
<tr>
<td>Totals</td>
<td>390</td>
<td>100.0</td>
<td>390</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(Eberle, 1982, p. 268)
TABLE VIII

PERCENTAGE OF VICTIMS ASSAULTED DURING EACH TIME PERIOD

--- Not Mandated (N=21)
--- Mandated (N=15)
...... Comparison (N=17)

--- 3 month period after incident
--- 4 to 6 months after incident
--- 7 to 12 months after incident
--- Anytime During Follow-up Year

(Galoway and Novak, n.d., p. 11)
### TABLE IX

**NUMBER OF SESSIONS ATTENDED IN RELATION TO FURTHER VIOLENCE**

<table>
<thead>
<tr>
<th>Number of Sessions Attended</th>
<th>1 - 2</th>
<th>3 - 4</th>
<th>5 - 6</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Known Violence</strong></td>
<td>2*</td>
<td>6</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>60%</td>
<td>76%</td>
<td>72%</td>
<td></td>
</tr>
<tr>
<td><strong>Known Violence</strong></td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>24%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total:</strong></td>
<td>2*</td>
<td>10</td>
<td>17</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>No Further Contact</strong></td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td>7</td>
<td>14</td>
<td>23</td>
<td>44</td>
</tr>
</tbody>
</table>

*Numbers too small for meaningful column percentages.*

*(Frank and Houghton, 1982, Appendix, Table IV)*
APPENDIX B
Casefinding: by assailant program coordinator

Contact criminal justice and human service agency personnel
Contact medical, business and religious communities
Encourage intra-agency referrals
Maintain a "pending referral" file

Referral: by agency contact person

Complete 3-copy referral/record release forms
Explain referring agency participation and attendance expectations
Explain fee arrangements
Contact program coordinator or instruct client to schedule appointment
Transfer white copy or referral form and client information

Intake: by therapist

Complete confidentiality form
Explain Assailant Program services
Reaffirm referring agency expectations
Complete intake forms
Complete Assailant Program Assessment Package (pre-testing)
Design "no violence" contract, set treatment goals
Explain and finalize fee payment arrangements
Schedule for individual therapy
Individual Therapy: by therapist

Schedule individual sessions as needed
Assess client for admission into one of the groups
Make necessary referrals
Complete feedback forms for referring agency as requested
Give feedback and forms to assailant program coordinator
Schedule for group, family or couples therapy

Group Therapy: by group facilitator/therapist(s)
Complete feedback forms for referring agency as requested
Give feedback and forms to assailant program coordinator

Post-Group or Exist Interview: by therapist
Complete Assailant Program Assessment Package (post-testing)
Complete feedback forms for referring agency as requested
Give feedback and forms to assailant program coordinator
Make arrangements for further therapy if desired or recommended
Explain follow-up process
Review and reassess progress

(Briggs et al., n.d., p. 29)
YWCA DOMESTIC CRISIS CENTER ASSAILANT PROGRAM
STRUCTURED GROUP AGENDA

Session 1
Getting Acquainted
Content of Sessions
Group Policy

Session 2
Self-Awareness
Trust-Jealousy
Communication Skills
Barriers to Communication

Session 3
Thinking and Feeling
Anger
Self-Control
Using Communication Skills
Battering Cycle
Badgering
Alcohol

Session 5
Feelings-Define and Identify
Expression of Joy, Sadness, Fear, Anger, Excitement and Pain
Non-Verbal and verbal ways of communicating

Session 6
Dependency vs. Independency
Identifying and Meeting Your Own Needs Directly and Indirectly

Session 7
Male and Female Roles, How They Relate to Feelings of Self-Esteem
Sex-roles in our Society
Marriage, Relationships and Expectations

Session 8
Wrap-up
Evaluation
Where Do We Go From Here?

(Briggs et al., n.d., pp. 49-50)
Adams and McCormick, of the Emerge Collective, present a sample group counseling experience of 24 weeks with eight clients, breaking the sessions down as follows:

I. Sessions 1-3: Early Group Dynamics and Treatment Interventions

A. Working Through Anxieties

1. Centered around discussing personal problems with strangers, particularly men.

2. Dealing with homophobic concerns, which are often relieved by reference to wives, often in a deprecating manner.

B. Primary Group Counseling Tasks.

1. Counselors must avoid premature interpretations of client behavior and also avoid becoming defensive if client anger should be directed at them.

2. Encourage group members to verbalize their feels and nervousness at being in a group experience.

3. The suggestion and solicitation of ideas for behavior other than violence in dealing with anger. (Adams and McCormick, 1982, pp. 186-187)

II. Sessions 4-18: Middle Group Issues

A. Dynamics

1. Group members become increasingly more active with other members and self helping.

2. A new group consensus develops which allows men to express their feelings with other men

3. Members become more accepting of responsibility for their violence.

B. Counseling Tasks

1. Group counselors perform less intervention and are less directive.
2. Counselors take on the role of "supportive resource providers." (May facilitate, for example, role play exercises.)

During the eighth session, feedback on a man's progress is encouraged as each member evaluates his progress or lack of progress and then hears feedback from counselors and fellow group members. (Feedback from telephone to wife) --- "As group members take more risks, their vulnerability contributes to a more cohesive and dynamic group." (Adams and McCormick, 1982, p. 191)

III. Sessions 18-24: Later and Ending Group Dynamics

A. Dynamics

1. Extra group contacts in evidence and even encouraged by the counselors.

2. By developing new relationships with other men (and women) the group member becomes less dependent on his wife, finding that their previous expectations of their wife were unrealistic.

3. Men feel better about themselves, this newly discovered self-esteem gradually promotes assertiveness. With this new assertiveness, men learn to vent their anger at work rather than bring it home at 5:00 p.m. (By raising their self-esteem, the men lose feelings of passivity and inconsequentiality, which they previously compensated for by battering their spouses.)

B. Counseling Interventions

1. Ease the process of termination by teaching members to acknowledge the difficulty of separation in a close relationship.

2. Final evaluation in order to examine each member's progress and assist in the formulation of individual goals for the enhancement of growth. (Adams and McCormick, 1982, pp. 192-194)
CLIENT-COUNSELOR CONTRACT FROM THE MODEL PROGRAM

I, _______________________, agree to live a nonviolent lifestyle during my 14 week course of therapy. I will, during this period, seek less destructive behaviors to use during times I might normally be violent. I also pledge to read and faithfully complete all exercises assigned in my workbook Learning to Live Without Violence, and to attend all counseling sessions.

I, _______________________, promise to work with _____________ for the 14 week course of therapy. I shall try to be available for consultation should an emergency situation arise. I shall provide support for my client in his effort to build his own resources for impulse control and problem solving.

________________________
Client

________________________
Dated: ____________   Counselor