Domestic violence: a comparative study of group counseling for men and group couple counseling for partners involved in abusive/violent relationships

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DOMESTIC VIOLENCE: A COMPARATIVE STUDY OF GROUP COUNSELING FOR MEN AND GROUP COUPLE COUNSELING FOR PARTNERS INVOLVED IN ABUSIVE / VIOLENT RELATIONSHIPS

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
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SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1989
ABSTRACT

SOCIAL WORK

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DOMESTIC VIOLENCE: A COMPARATIVE STUDY OF THE MOST EFFECTIVE PREVENTIONS AND/OR INTERVENTIONS FOR ABUSIVE/VIOLENT RELATIONSHIPS

Advisor:        Dr. Amos Ajo
Thesis dated:  May, 1989

The overall objective of this study was to compare two modalities of treatment, group counseling for men and couple counseling for both partners; that are utilized to intervene and defer further violence in abusive / violent relationships, and evaluate their effectiveness. To attain this objective, various aspects of the prescribed treatment programs used to stop further violent behavior in relationships were addressed by the researcher: (a) the specific goals and objectives of the programs, and how they were achieved, and (b) whether the chosen treatment program was effective. A comparative design was used in the study. A self administered questionnaire was given to men in treatment, and battered women who either sought action against, or had an abusive partner in treatment. Both groups used in this research were members at the Odseys’ Men Project and Battered Women’s Group.
The study was an attempt to find out which prescribed modality of treatment was most effective at reaching the individual goals of its treatment program, and hence the most effective intervention at preventing further abusive / violent behavior in relationships.

The results indicated that: group counseling for men had a significant effect on achieving the objectives of stress reduction, sex role and cognitive restructuring; whereas conjoint and group couple counseling had a significant effect on achieving the objective of problem-solving.
ACKNOWLEDGEMENTS

The writer wishes to thank Dr. Amos Ajo and Professor Naomi T. Ward for the immeasurable help they have extended her during this study. The writer further expresses her appreciation to the participants of this research and the staff of the Odyssey, especially Chris Carkhum, Mary Ann Cobb, Polly Singletary, and, Mark Van Tuyl for their help, suggestions, cooperation and support. Gratitude and love is extended to Rasheeda Chapman, Elizabeth M. Felton, and, Sharon G. Thompson for offering help and support when it was most needed. A special note of thanks is also extended to Patricia Stevenson and Giselle and Tyrus Allen for the strength and spirit they gave to the writer, even when she thought she could not continue. Lastly, the writer expresses her sincere thanks to her friends and family, especially her mother and father, Mr. and Mrs. Joseph A. Walker, whose constant faith, encouragement, understanding, and, love have been a great inspiration through this endeavor. In recognition and appreciation, this thesis is dedicated to these persons, without whom this study would not have been possible.

E. E. W.
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CHAPTER ONE

INTRODUCTION

Abuse of women by their husbands and boyfriends is not a new phenomenon. Evidence indicates that throughout most of recorded history abuse of women in one form or another has been a common and accepted practice in even some of the most advanced civilizations (Couch, 1983).

Our society is no exception. For years men have beaten their wives and girlfriends with impunity. Christianity and other patriarchal religions (Dobash & Dobash, 1979) affirmed the male-dominating family structure. For example, Ephesian Chapter 5 verses 21-23 from the King James Bible states

"Submitting yourselves on to another in the fear of God. Wives, submit yourselves unto your husbands, as unto the Lord. For the husband is the head of the wife, even as Christ is the head of the Church, and He is the savior of the body."

Another example cited by Dobash & Dobash (1979, p.9), reads "The man was held responsible for the woman's behavior and was admonished to beat her when she committed a serious wrong or mortal sin, not in rage but out of charity and concern for her soul."
In addition, there were laws that also sanctioned the man's right to beat a woman. Terry Davidson (1977, p.4) states that "it is a shock to read laws for the 1800s which regulate wifebeating; not criminalized it, but permitted it." In 1824, the Mississippi Supreme Court ruled that the man could administer "moderate chastisement in cases of emergency (Calvert, 1975, p.7)." Most states adopted laws that limited the husband's right to whip his wife to the use of a switch no bigger around that of his thumb --"rule of thumb."

However, in 1874 North Carolina Supreme Court disavowed the man's right to chastise a woman "under any circumstances." Yet the law went on to say, "If no permanent injury has been inflicted, nor malice, cruelty nor dangerous violence shown by the man, it is better to draw the curtain, shut out the public gaze, and leave the parties to forget and forgive (Calvert, 1975, p.8)."

To this day, cultural norms extolling the sanctity of the family and legitimizing the man's right, in particular a married man, as head of household, act to encourage abuse of women and to shield this violent behavior from the attention of outsiders (Couch, 1983).

Only in recent years, has society recognized domestic violence as a societal problem, that has to be addressed. In 1984, the Congress of the United States
passed a public law for family violence prevention and services (Public Law 98-457-Oct. 9, 1984)

The Prevalence of Abusive / Violent Relationships
Nationally and Locally

In 1988, Georgia’s Council on Domestic Violence reported the following fact sheet:

* Nationally, a woman is physically abused every 15 seconds in this country.
* Nationally, 95% of the victims of domestic violence are women and 30% of women murdered in this country are killed by their husbands, ex-boyfriends or boyfriends.
* In Georgia this year, over 200,000 women can expect to be beaten.

The occurrence of violence in intimate and family relationships is a major problem. It is something that no longer can be addressed or handled by the family unit alone. Nationally and locally, measures have been taken to help families and partners involved in abusive / violent relationships.

Types of Interventions for Domestic Violence

In the state of Georgia, there are several methods used by women and men to help stop or prevent domestic violence. Under the Family Violence Prevention and Services Act of 1984 and Georgia Public Laws 17-4-20;
19-13-3; 19-13-4; 19-13-5; and 19-13-3, several services were established to combat domestic violence. One such service is a civil action, called a Temporary Protective Order (TPO). It is an emergency order which may be issued within a few hours or a few days of the time requested (Costa, 1983). This order legally removes the man from the home environment, and restrains him from making contact with the woman at her home or place of employment. Provisions for child support can be made, if children resulted from the union).

Another service is court-mandated counseling for the abuser (Sonkin, 1983). Instead of sending the batterer to jail after the victim files criminal charges against him, the court orders him to attend a community based program, to educate him about his abusive behavior. After a few months, the abuser must come back before the court. If no abusive behavior has occurred, the charges are dropped.

Since domestic violence is a crime, another option the woman can use against the batterer is arrest or police intervention. In many States, police must obtain a warrant before making an arrest unless they have probable cause to believe a felony offense has been committed, or unless they see a misdemeanor offense committed. In almost half the States, Georgia included,
new laws allow police to make arrest without warrants in domestic violence cases, even if no weapons are used and there are no serious injuries. However, some of these laws allow warrantless arrest only if a protection order has been violated (Costa, 1983). After an arrest is made a criminal charge is filed. In some places charges are filed by the police; in other places the police send a report to the prosecutor's office, and the prosecutor files charges (Costa, 1983).

Conjoint and group couple counseling are two other interventions available to both partners in a violent / abusive relationship. Partners might be provided one or both types of interventions. Information obtained by spouse abuse centers and the mental health system suggest that many couples wish to remain together without the violence. The idea emerged to offer couple therapy to these partners as a method for eliminating the abuse and helping couples to improve their relationship. Conjoint and / or group couple counseling are two types of therapy for couples (Geller & Wasserstrom, 1984).

Conjoint counseling / therapy is a treatment that includes two or more family members (Janzen & Harris, 1986), in this case the abusee and abuser. More than the traditional knowledge base of conjoint therapy is
offered in this treatment. Working with violent couples calls for the application of some specific techniques that go beyond the knowledge base of conjoint / family treatment. This can be a toilsome and long process, that may or may not bring immediate interventions for violent relationships (Geller & Wasserstrom, 1984).

Group couple counseling with an emphasis on a skill-building training format, is another type of treatment for abusive couples. The primary goal of the program is an immediate and complete cessation of violence in abusive relationships. The training format adopted, draws heavily on social-learning and cognitive-restructuring principles. The program does not focus on the past or on pathology, nor is a high level of confrontation or personal disclosure encouraged in areas unrelated to the expression of violence (Neidig & Friedman, 1984).

Meeting the primary goal requires clients to accept personal responsibility for their behavior and to make a sincere commitment to change. The program helps clients do this by making them aware of the factors that contribute to their involvement in violence, and improving their self-control and problem-solving abilities (Neidig & Friedman, 1984).

At times, the researcher believes that only one of
the identified interventions will be effective at stopping or preventing domestic violence. This will especially be true in cases where extreme and brutal abuse has occurred, or if the abuse or violence is a constant and repeating offense. In cases like these, only one of the discussed services will be a viable option to stop or prevent abusive / violent behavior.

Statement of the Problem

This study seeks to explore which method of intervention is most effective at preventing further abusive / violent behaviors in intimate and family relationships. The researcher will investigate whether group counseling for men is more effective against abusive / violent behavior than conjoint and / or group couple counseling for both partners. More specifically, the study seeks to answer the following questions:

(1) a. can a group that brings together men of different races, socioeconomic backgrounds, and cultural orientations, meet a primary goal of preventing further abusive / violent behavior?
b. will the man learn new techniques that will allow him to have a violent-free relationship?
c. is this treatment alone enough to sustain a violent-free relationship?
(2) a. can conjoint and/or group counseling for both partners of an abusive relationship teach new techniques that can stop or prevent domestic violence?

b. will the new techniques learned by the partners be sufficient enough to sustain a violent-free relationship?

c. Is this treatment more effective than the other prescribed interventions, if the couple wishes to remain together?

The Significance of the Study

The significance of studying various modalities of treatment that prevent further abusive / violent behavior is two-fold. First, most of the treatments and interventions that have been discussed in the past were addressing the female of an abusive relationship. Shelters, and agencies designed to meet the women's needs, advise that she terminate the abusive relationship, and counsel her on positive self-worth and individual strength.

This model of treatment is fine, if this is the path the woman wishes to take. However, sometimes women come to agencies seeking methods to eliminate violence in their relationships, and do not necessarily wish to
leave their partners.

As professionals in the field of social work, we are taught that the client has the right to self-determine how she or he wishes treatment to proceed. Our role is to advise, guide, and add insight. Secondly, social workers should be able to give the client options, along with the most reliable information they can provide about the alternatives available.

Hence, one objective of this study is to provide an overview of the options available to individuals and families involved in abusive / violent relationships. The second objective, is to compare and evaluate certain programs and see if one is more effective at meeting the individual goals of its treatment program, than the other.
CHAPTER TWO

Review of Literature

Studies regarding domestic violence (causes, prevention, and intervention) are still relatively new. The idea of doing research on the family, and especially a dark aspect of it (violence) is an invasion of privacy that many researchers do not want to deal with. Louis Dexter (1958) called this (wife / girlfriend abuse) selective inattention in the academic world. While marriage and the family have been subjects of intense interest among social scientists for many years, wife / girlfriend abuse was virtually ignored as an area of research until recently. The home, and what individuals do in it has always been thought to be that person's own private affair or business. However, the high incidences of violence that occur in a majority of American homes, has made this a public affair (Gelles, Steinmetz, & Straus, 1980).

The review of literature will offer an overview of interventions available to individuals and families that can prevent further abusive / violent behavior in relationships. Special attention will be given to group counseling for men, conjoint therapy, and group couple counseling for both partners.
Police Intervention Against Domestic Violence

Research shows that the involvement of the legal and law enforcement system in domestic violence as a means of effective intervention has brought about mixed results. First, Roberts (1981), Caputo (1988), Quirk (1982), and Loving (1982), have all done research or studies about officers resenting the trend of the criminal justice system intervening in domestic violence cases to protect the victims and arrest the assailants. The officers believe these cases are private matters and not a part of "real" police work. Moreover, frustration often turns into either hostility or indifference when officers repeatedly encounter victims who are routinely beaten and fail to press charges or return to the battering relationship. If those victims refuse to help themselves, the officers believe that many of the victims provoke the attack and get only what they deserve.

However, Caputo (1988) Jaffe, Wolfe, Telford and Austin (1985), concluded from their studies that police officers who were trained in domestic violence intervention, and / or affiliated with a family agency, saw a significant reduction in the incidents of domestic violence, especially when changes were laided (an arrest was made).
Arrest is not the only option available when police are called in to mediate a domestic dispute. A trained officer can defuse and offer referrals to abusive/violent couples. One such study and program was implemented by the Metropolitan Police Department of Washington, D.C. (MPDC) with assistance from the Psychodrama Unit of Saint Elizabeth's Hospital (SEH) and local community agencies such as the Woman's Legal Defense Fund's Task Force on Abused Women and Family Stress Services FACT hotline. This alliance led to the development of a 40-hour crisis intervention training course that was provided to the MPDC at no cost (Buchanan & Hankins, 1983).

According to Buchanan and Hankins (1983), the MPDC training program is designed to meet a hierarchical training approach to crisis intervention. The skills of safety, defusion, communication, resolution, and referral are taught in ascending order during the 5-day period. The program includes lectures, films, panel discussions, small group seminars, self-defense techniques, psychodrama, and role-playing simulations.

Buchanan and Hankins (1983) indicate that this training differed from most others across the country for the following reasons: (a) foremost, is the program relies more heavily on action methods of training (role-
playing, psychodrama, and simulations); and (b) one of the co-leaders of the training program is highly skilled in psychodramatic and action methods and is certified as a psychodramatist by a national certifying agency.

Buchanan and Hankins (1983) further relate that the basis for the training was derived from J. L. Moreno, M.D., the founder of psychodrama and a pioneer in role playing, who devised a set of theoretical, philosophical, and technical concepts and constructs to use in conducting role-playing exercises (Jacob Levi Moreno, 1948). In this program, only the second role-play situation is the one where various psychodrama trainees portray the roles of families in crises and the officers interact with them. All other role plays are developed spontaneously by police officers, who play the roles of both the family members and the police. This results in increasing empathy among the police officers for families in trouble and directly addresses each officer's specific concerns in family disputes (D. Buchanan and J. Hankins, 1983).

An empirical investigation conducted to verify the program's effectiveness over a 4 year period, has demonstrated that trained officers receive higher ratings for handling and defusing simulated domestic disturbance calls than do untrained officers.
(Brandy, Buchanan, & Pinto, 1983). Most significantly, trained officers are less likely to be assaulted in responding to disturbance calls than untrained officers (Buchanan & Hankins, 1983). These results are encouraging and could initiate similar programs throughout the country. The police officer would be using some social worker "techniques" to defuse an explosive situation, until the couple can come to a social service agency for treatment or counseling.

**Voluntary and Court-Mandated Counseling for Abusive Men**

Ten years ago, treatment programs for male batterers were essentially nonexistent (Sonkin & Walker, 1985). The reason for this scarcity of help is understandable, since a good deal of anger was directed at the man for what he had done. He was thought to be an intractable brute, incapable of change and devoid of any redeeming value (Brisson, 1982). However, Davis (1987) noted in her article "Battered Women: The Transformation of a Social Problem," a noticeable trend occurred during 1983-84. The social worker's perspective of wife / girlfriend abuse decreased in its attention towards women, and increased focus on men. A review of literature done by Davis, saw social workers concentrate on treatment programs for men. Various modalities and theoretical foundations were studied in
an attempt to find an effective mode of treatment, that could educate a man about violent/abuse behaviors, as well as teach him new techniques to control it (Davis, 1987).

A primary prerequisite to providing effective counseling to male batterers is to have clear goals in mind as well as a way to measure the attainment of those goals. The primary goal is to stop violent behavior, that is, physical, sexual, property, and psychological violence. One of the primary methods of reaching this goal is to help clients develop anger-management skills.

Research and experience has shown that there is a lowered risk for serious injury or death and consequently other individual and/or family therapy goals are more easily attainable (Sonkin, Martin, & Walker, 1985). These writers further indicate that along with the anger-management process, other secondary goals must be achieved when developing a program to effectively counsel abusive men.

According to Sonkin, Martin and Walker (1985), there are an array of secondary goals when considering such a program. Fourteen (14) of these are presented.

Decrease isolation and develop interpersonal support systems. Both men and women in domestic violence situations are socially isolated. This
isolation creates more dependency on the relationship and ultimately more stress on each individual. The treatment, whether group and/or individual counseling, or an educational class, can provide an environment in which the man can learn to depend on other people at times of increased stress, as well as learn simply to talk about the problems he is encountering. While the man is in treatment it can serve as a release valve for the anxiety and tension he is experiencing in his life and relationship.

*Increase feelings of personal control and power.* Through controlling and communicating their anger in direct, non-intimidating ways, abusive / violent men can feel a sense of personal power which feels good and does not infringe on the rights of others. As an individual begins to know himself, he also begins to feel more personal power.

*Increase feelings of self-esteem.* Many men who batter have low self-esteem from abusive childhoods and perhaps the shame and guilt of being violent themselves. Treatment should help the men feel more accepting of themselves, including the fact that they have been violent. An individual first must accept in himself that which he must change or wants to change.

*Increase his responsibility for behavior.* This
responsibility includes his violent behavior as well as other behaviors. The focus of treatment is to help men take responsibility for what happens in their lives and see how they may set themselves up for negative, as well as positive events.

Increase awareness of the dangerousness of violent behavior. This awareness is increased dramatically through the use of groups, when men talk to other men in the group who were either arrested for violence or seriously injured their partners. This serves as a reminder of the lethality of violence. This is a necessary component to a counseling program.

Increase acceptance of consequences of violent behavior. Many of the men who are court referred to counseling need to accept the fact that the court acted because they broke the law, not because their partners are trying to get even with them. They need to come to accept the consequences of their unlawful behavior.

Increased awareness of violence in society in general. This is not a necessary ingredient to promote change, however, it has been found helpful for men to become aware of all kinds of violence, not just that against women.

Develop communication skills. Although many men may have means to express themselves articulately in
other areas of their lives, they have difficulty doing so in their personal relationships. Communication of anger and other feelings is a necessary goal of treatment. It is the development of these communication skills which gives the men an alternative reaction to the type of stress and conflict which led to violence in the past.

Develop assertiveness skills. These skills are easily taught by the counselor; however, they are the most difficult for the men to incorporate into their repertoire of behaviors. The men have difficulty in their relationships learning to ask for what they want directly and to say "no" without intimidation. Treatment can become a setting in which the men can experiment with developing these skills.

Develop stress-reduction skills. Through the use of visual imagery, self-hypnosis, progressive relaxation, and other stress-reduction techniques, men learn to control anger, anxiety, stress.

Develop the ability to empathize with their partners. This is most critical for them with regard to increasing awareness of when they may be intimidating their partners. This empathy can create the frame of mind which may focus their attention on the issue of managing their anger, rather than feeling victimized or
attacked by their partners.

Increase understanding of the relationship between violence and sex-role behavior. The men must become aware of how the socialization process they go through as children has set the stage for violence in their lives. This learning process provides the intellectual framework for the behavioral changes that must occur for the violence to end.

Develop control over alcohol and/or drug use. The man can be referred to a program to address and treat alcohol/drug use, with close coordination between programs. This can foster a system of mutual support for violence control and substance abstinence.

Achieve/support other individual, couples, or family therapy goals. It is the function of this treatment to support the therapy goals of other professionals involved with an individual or couple (Sonkin, Martin, & Walker, 1985).

The counseling approach used by these authors and in some local treatment programs for men is psychoeducational. It is a combination of lecture/discussion and group processes. The focus of the educational material is the development of anger-management skills. The men are taught to increase their sensitivity to their anger. Both physical and
behavioral anger cues are identified, and a time-out technique is utilized to provide a cooling-off period for the man to avoid escalation and possible violence. Assertiveness skills, stress-reduction skills, and other communication skills are emphasized as alternatives to a violent response to anger (Sonkin, Martin, & Walker, 1985).

Jeffrey Edleson's article (1984) suggest that the choice format to deliver treatment to men for abusive / violent behavior, is the small group structure. The type of format through which an intervention is delivered is extremely important, given the population being served. One reason for this is that, although many men who batter express regret about their behavior, they are given mixed messages at the same time by those around them. Edleson cites the following example from his article:

The father-in-law of one man responded to hearing that his daughter was being beaten with the following comment: "Well, you got to keep them in line sometimes." This same man's brother-in-law was beating his (the brother-in-law's) wife. He came to the first meeting and said, "While I feel terrible about it, I look around and see everyone saying, "It's O.K.'"
For this man and many others, the importance of having other men in the same situation saying, "I don't like what I am doing and I want to stop," is both a powerful model and counter-conditioning to what he is commonly reinforced to think (Edleson, 1984).

The group format is also beneficial for the following reasons: (a) it offers a variety of models and sources of feedback for men learning to self-observe, change cognitions, and interact differently; and (b) it offers the possibility of member-to-member interaction, greater activity, and more varied activity patterns on the part of the men involved. All of these aspects of group participation are thought to increase the likelihood of the improvement of individual members of the group (Upper & Ross, eds., 1979).

All treatment programs developed for abusive men will exhibit some, if not all of the components listed above. Before a man can enter the program, he must clearly understand what is expected of him as a client. In this way he clearly agrees to the conditions of counseling and acknowledges that he is expected to act and take responsibility for his actions. Clients may be asked to sign a confidentiality policy, in addition to the other stipulates stated (Sonkin, 1985).

In order for the described programs and treatments
to be effective, there must be a working relationship between the legal and law enforcement system and local agencies. There must be resources within the community to address this problem / concern. The judiciary and social service agencies can work together to develop and sustain a successful rehabilitative program for domestic violence. Hence, violence in the home is no longer a private problem, but a public one in which the community takes an active part in treating (Sonkin, 1987).

Court-mandated treatment for batterers has developed over the past five years as one of the interventions designed to end domestic violence and protect victims from further abuse (Sonkin, 1983). This type of program usually places the defendant under the authority of an agency in the criminal justice system, under which violation of the diversion agreement can result in some criminal action. This form of diversion can be imposed before or after trial (U.S. Commission on Civil Rights, 1982).

Whenever there is a re-offense by any member of the program, the therapist encourages the victim to either contact the probation officer, if the offender is on diversion or probation, or to call the police and pursue the case through the criminal justice system, if her batterer is self-referred (Sonkin, Martin & Walker,
The initial reports of men who have completed programs such as Men's Coalition Against Battering (M-CAB) located in New York's Capital District and Abusive Men Exploring New Directions (AMEND) located in Denver, are favorable. They indicate a dramatic drop in violent incidents and psychological battering as well as an increase in the expression of feelings, negotiation of conflict, and other prosocial behavior. In general, the men have greatly increased the degree to which they are identifying problems and dealing with them early in a chain of events, thereby short-circuiting situations that in the past may have resulted in battering. However, future studies with greater experimental controls are needed in order to draw strong conclusions from early successes of M-CAB, AMEND and similar groups around the country (Edleson, 1984).

Civil Actions for Domestic Violence

In 1981, a Georgia law was passed entitled the Family Violence Act (official Code of Georgia Section 19- 13-1). This was designed to permit persons who are abused or subjected to other acts of violence by family members or other relatives to obtain court orders, which restrain the abusive family member from further abuse or harassment (Council on Battered Women, 1988).
A Temporary Protective Order is a civil action which offers protection to victims of family violence. If the batterer is a live-in lover / boyfriend, the father of your child, common-law husband or ceremonial husband, you should be able to obtain is order (Council on Battered Women, 1988). This civil injunction provides the wife / girlfriend who does not wish to have her husband / boyfriend prosecuted on criminal charges or to seek a divorce, with an alternative remedy that may give her protection. A court order directing the offender not to strike, menace, harass, or recklessly endanger his wife/girlfriend will in most cases be sufficient to stop the attacks (U.S. Commission on Civil Rights, 1982).

The Temporary Protective Order also provides temporary custody of the children in some cases, child support, and exclusive use of the home and possessions. A Temporary Protective Order can be obtained through an attorney or the can represent herself (pro se).

However, this order is only good for a specified period of time (Martin, 1981). Studies show that most of the effectiveness of such orders will depend upon the general public's knowledge that they are enforced by sentences for contempt (U.S. Commission on Civil Rights,
Different states have different procedures and policies for carrying out civil actions for domestic violence. Hence, there is no one uniform process that is followed from state to state.

**Conjoint and Group Couple Counseling**

As stated earlier, many members in abusive/violent relationships wish to try to remain together and eliminate the abuse (Taylor, 1984; Geller & Wasserstrom, 1984). Taylor (1984) relates that social services agencies and professionals accept this concept and the idea that such couples can be effectively treated, then conjoint therapy can become a logical and effective scheme.

The researcher must note that the conjoint and/or group couple counseling approach will not be appropriate or the choice of treatment in all cases of domestic violence and spouse abuse (Bagarozzi & Giddings, 1983). Conversely, there are a number of instances where seeing the husband / boyfriend and wife / girlfriend together may be contraindicated (for example, in life threatening situations, when the abusing partner refuses help or will not agree to discontinue using physical force, when the abused the partner cannot or will not refrain from exhibiting behaviors which serve as cues
for violent responses by the abusing partner, or when one or both partners has decided to terminate the relationship).

It also should be understood that treating couples together does not mean that other, nonmarital approaches cannot be used concurrently (for example, support groups for abused women, skills training were men receive reinforcement from other males for learning how to manage their anger and resolve conflicts nonviolently, participation in Alcoholics Anonymous and Narcotics Anonymous for partners who become violent while under the influence of substances) (Bagarozzi & Giddings, 1983).

In conjoint and group couples counseling, various theoretical frameworks are used when treating couples in abusive / violent relationships. Among these are three that appeared more frequently.

**General Systems theory.** The use of this theory in domestic violence treatment has received substantial resistance. Some therapists and members of the Feminist Movement that initiated programs for abused women, feel that this orientation tends to place the cause of a man's violent behavior everywhere, except on him (for example, the violence in the American culture accounts for his abusive behavior, or the fact he was raised in
an abusive family). Hence, the man does not have to feel responsibility for his abusive actions.

**Psychoanalytic and Family Systems theory.** This approach is less global than the one reviewed earlier. However, the psychoanalytic component that the therapist utilizes to try to help an individual understand why he exhibits violent/abusive behavior, is not very effective at stopping the violence behavior initially and throughout treatment. The couple is very dependent on the therapist through most of the treatment, and the intra-psyche of why an individual is violent is addressed more than the violent/abusive behavior.

**Social-learning theory and cognitive-restructuring principles.** Bandura’s social-learning theory is utilized to explain that violent/abusive behavior is learned, and that new non-violent behaviors can be learned and displayed with the help of new and restructured thinking (Bagarozzi & Giddings, 1983; Madonna, 1986; Taylor, 1984; Neidig & Friedman, 1984).

**A Review of the Various Types of Conjoint and Group Couple Counseling**

It has been found that different intervention approaches can be utilized in working with those involved in abusive/violent relationships. These are: (a) Family therapy, (b) social learning, and (c)
cognitive restructuring coupled with social learning techniques.

In 1976, the Victim's Information Bureau of Suffolk (VIBS) - a specialized program for victims of spouse abuse, experimented in offering comprehensive long-term psychotherapy to battered women. This included long-term women's groups, groups for batterers, and individual long-term therapy to battered women. The results of this program revealed that most couples wished to stay together in a violent-free relationship (Geller & Wasserstrom, 1984).

The idea emerged to offer couple therapy to these partners as a method for eliminating the abuse and helping them improve their relationship. The belief in family therapy and its principle that one part will affect the whole, it seemed appropriate and more efficient to counsel both partners. This was later amended to become conjoint therapy because when partners were seen separately often one partner was viewed with suspicion (Geller & Wasserstrom, 1984).

Works of Satir and Bowen are found very useful when working with couples in abusive / violent relationships. While they do not directly address abusive behavior, important concepts they have developed about couples, serve as a foundation from which other goals of therapy
are build on.

Family therapist Murray Bowen has noted that one of the main areas of stress that will cause a family to seek help is marital conflict. Bowen describes the marital relationship as "an emotional system with a delicately balanced equilibrium in which each devotes a certain amount of others." However, Bowen explains "when one of the individuals moves toward a higher level of differentiation of self, it disturbs the equilibrium and the forces oppose with vigor" (Bowen, 1978 pp. 377-378).

Satir states that the couple "...is the axis around which all other family relationships are formed" (Satir, 1967, p.123). Thus, when a couple is seen in conjoint treatment, they are not seen as two separate individuals, but rather as a dynamic unit whose patterns of reactions are interdependent. In order to help the couple deal with painful or destructive situations the practitioner seeks to help the couple integrate the desired changes. In conjoint therapy the partners "...are revealed, allowing the couple to eventually redefine their relationship" (Satir, 1967,p.124). In doing so the couple becomes more tolerant of individual needs for self-differentiation which can progress without being a major threat to the family equilibrium.
Using these concepts as a theoretical framework, the VIBS program successfully treated over 250 couples from 1976 through 1980 in conjoint therapy. A majority of these couples remained together, while a small percentage chose to dissolve the marriage. For the couples that remained the entire course of treatment - roughly 2 years, the physical abuse stopped in every case (Geller & Wasserstrom, 1984).

Liane Davis (1987) high-lighted John Taylor’s conjoint treatment program. Davis felt Taylor’s article on couple treatment was striking because of the gender-neutral language (as if women and men were equally likely to be abuser and the abused) it was written in. Also, Taylor almost completely omits to either sexism or social structural factors that can contribute to violent / abusive behavior (Davis, 1987).

John W. Taylor a clinical social worker at Family Service Association of Orange County utilizes the learned aggression model of relationship violence as the theoretical foundation from which he developed his conjoint treatment. The learning theory of domestic violence proposes that the raw expressions of anger and frustration is often the foundation for later violent relationship / marital interaction. Research by Albert
Bandura and others show strong correlation between witnessed aggression and the escalation of aggressive and violent behavior (Bandura, 1973). Learning theory further proposes the existence of reciprocal learning within the relationship / marital unit whereby the continued use of coercive and abusive interactions by one partner stimulates the parallel growth of victim behavior and occasionally equally coercive and abusive responses on the part of the other partner (Margolin, 1979).

This treatment demonstrates methods to interrupt the anger escalation sequence through identification of primary stresses, modification of aggressive communication patterns, and establishment of realistic role behavior expectations. Particular attention is given to the development of effective stress management, control through positive self-dialogue, and assertive positive expression of anger. The conjoint treatment scheme is meant for use with couples who wish to explore nonviolent interaction as an alternative to separation, but it does not advocate or require couples to remain together (Taylor, 1984).

All couples are screened prior to admittance into conjoint treatment for alcoholism, drug use and / or abuse, child abusiveness, severe mental disorder, and
severity of abuse. An exception is that the therapist does not exclude these individuals from treatment but rather treats these cases individually or in groups for a period of at least six months before considering conjoint treatment, regardless of the possible wishes for early conjoint treatment by the victim or the abuser. Only couples with mild to moderate level abuse by physical degree and frequency were considered appropriate and safe for conjoint treatment. The couples are followed up at the three-month and six-month post-treatment marks (Taylor, 1984).

The conjoint treatment discussed here advocates the replacement of abusive expression of anger within the relationship with positive expression of anger in the form of assertion and problem-solving. Taylor (1984) believes negative learned expressions of anger—rather than the presence of the anger itself—are detrimental to the relationship.

The model of conjoint treatment of abuse is based on a core of five fundamental concepts. Based on the review of several writers, Taylor suggest that the successful treatment of abusive / violent behavior rests upon the understanding and acceptance of the following concepts by the couple:

* Abusive anger expressions are learned behavior
rather than personal or moral defects.
* Abusive behavior stems solely from the abuser but over time develops into an abusive system (learned role of abuser and victim).
* Abusive anger release is intensified by stress and by internal abusive self-dialogue.
* Abusive behavior is related to and precipitates feelings of low self-esteem and powerlessness (exhibited by both partners).

Taylor reported that 65% of couples treated on a three-month core program reported no new violent incidents at the six-month mark, and 50 percent of those reporting incidents voluntarily reentered treatment. The dropout percent of couples was 15% (Taylor, 1984).

Another service for couples in an abusive/violent relationship is group treatment. The treatment discussed here was developed through the authors' work with the U.S. Marine Corps investigating the causes and correlates of spouse abuse. Psychological tests administered to the military men involved in episodes of
domestic violence, produced results that led the therapists to conclude that the episodes of spouse abuse could be linked to specific, measurable skill deficits in the areas of anger control, stress management, and communication. The violence typically occurred in the context of a dysfunctional relationship during periods of high stress. (*NOTE* The therapists of this program found no evidence of high levels of individual psychopathology among the men. The men seemed more interested in trying to understand the causes of the violence and working to eliminate it (Neidig & Friedman, 1984).

The treatment program for couples uses an interpersonal perspective as its theoretical foundation for therapy. Hence, the assumption is that when violence occurs within the context of an ongoing relationship, the behavior of each individual within the relationship is contingent on the behavior of the other, and that the behavior of each can be thought of as both a cause and an effect depending on how the interactional sequence is punctuated. It has been the therapists experience that the interpersonal perspective fosters a sense of personal responsibility and suggests the possibility of positive intervention strategies (Neidig & Friedman, 1984).
The therapists select potential participants for the treatment program by utilizing what they refer to as the "violence continuum." This approach seems to have a good deal of utility in formulating intervention strategies and in making prognostic evaluations. Violence between couples is thought of as being on a continuum, with the poles of the continuum labeled "expressive" and "instrumental." Theoretically, an individual can be located at any point between at any point between these two extremes. People who engage in expressive violence are good candidates for the program, while people engaging in instrumental violence are not (Neidig & Friedman, 1984).

Expressive violence is considered to be primarily an expression or function of a high level of emotional arousal. It typically occurs in the context of gradually escalating conflict between the partners. (*NOTE* It is usually possible in cases of expressive violence to identify a precipitating event such as the violation of an implicit relationship rule and, in retrospect, to identify the sequential steps in the process of conflict escalation.

Expressive violence involves the participation of each partner, although not necessarily equally, in the process of escalation. In such case, there is not s
clear distinction between the victim and perpetrator. Both parties see themselves as victims, responding more or less appropriately to the provocative behavior of the partner. The violent episode is typically followed by a period of genuine remorse and sorrow; for in these situations, violent behavior is inconsistent with the couple's value system. Motivation for change and acceptance of personal responsibility is relatively high, once defenses such as denial and projection have been dealt with. (*NOTE* Expressive violence, however, tends to become instrumental as it is repeated. It is important, therefore, to treat it) (Neidig & Friedman, 1984).

In cases of expressive violence where the couple intends to stay together and adequate attention is devoted to security measures, treatment containing the skill-building components of anger control, stress management, communication skills, and conflict containment has a favorable prognosis for eliminating violence (Neidig & Friedman, 1984).

Instrumental violence is the deliberate use of violence as an instrument or tool for social influence. It is almost always violence inflicted by men on women and can be accurately referred to as "wife / girlfriend battering." It is employed to punish or to control the
behavior of the partner. People who have witnessed or directly experienced a high level of violence in childhood are predisposed to move quickly from expressive to instrumental violence. The level of immediate provocation is low in incidents of instrumental violence and the process of escalation is rapid rather than gradual and sequential.

Instrumental violence does not fit the mutual combat model. Here there are relatively fixed perpetrator and victim roles. The violent episode may later be followed by expressions of remorse, but they are shallow, manipulative, and motivated more out of selfish concerns than a genuine appreciation for the welfare of the partner. The reinforcement that the abuser gets from his partner’s compliance when he uses violence is not offset by a high level of personal discomfort. The use of violence is incorporated into the individual’s value system and there is little motivation for change. Here the appropriate intervention involves separation, shelter for the partner, and the possibility of legal sanctions as there is a high probability that the pattern of violence will continue (Neidig & Friedman, 1984).

Until treatment is under way, it is difficult to tell if clients engage in expressive or instrumental
violence and if they will benefit from the program. Most couples are admitted into the program by the therapists, but their progress is closely monitored to see if they can indeed benefit from the treatment. The therapists have found that if clients have significant alcohol and/or alcohol problems, or sociopathic conditions as manifest in gross distortion, denial, absence of remorse, and a history of rebellious or antisocial behavior, the likelihood of the program is reduced (Neidig & Friedman, 1984).

In cases where clients do not respond to treatment, the therapist has a responsibility to recommend further treatment, separation, and security measures for the abused partner. The emphasis then changes from training clients to eliminate violence to protecting the abused partner (Neidig & Friedman, 1984).

Friedman’s studies indicate that about 8 out of 10 program participants remained violence free for the postprogram period of time (6 months) they were followed. One indicator of how much benefit a client will get from treatment has proven to be the client’s level of participation in the later stages of the program. To date, all those who have engaged in serious postprogram violence maintained an uncooperative, resistive attitude throughout the treatment, and their level of involvement
was in marked contrast to that of most participants (Friedman, 1983).

The therapists treatment model of choice is to work with couples in relatively small homogeneous groups where the emphasis is specifically focused on understanding and eliminating episodes of violence. Men whose partners do not attend the sessions either because they have temporarily returned to their families of origin or because of scheduling conflicts can be included in the group. They are able to participate in the discussion and in some of the exercises, and they profit from being exposed to the partners of others in the group (Neidig & Friedman, 1984).

As long as about half of the partners can attend on a regular basis, the women don't seem to be inhibited by the fact that they are outnumbered. The advantages of having both male and female points of view represented seem to far outweigh any disadvantages. However, the most benefit is derived from the program when both partners regularly attend sessions (Neidig & Friedman, 1984).

One of the advantages of the group approach for couples, is that group members tend to confront each other more directly and perhaps more effectively than the therapist can. The rehabilitation process seems to
be accelerated through the small-group format. Another advantage is that couples are able to see that their situation is not unique because others in the group are struggling with many of the same issues that they struggle with. Group members can serve as both positive and negative examples for each other.

A group setting also has the advantage of helping abusers, who are often rather socially isolated and lack the ability to relate comfortably with others, to enhance their social skills. Group members will often spontaneously reach out to other members during times of crisis. They may find it easier to approach each other for help than approach the therapist. Frequently, group members continue to meet informally after treatment ends and, thus, maintain the social support function. A final advantage of group treatment is its efficient use of the therapist's time (Neidig & Friedman, 1984).

This program uses a specific core curriculum to eliminate violence. The core curriculum is designed to enable clients to:

* Accept personal responsibility for violent behavior.
* Contract for a commitment to change.
* Develop and utilize time-out and other security mechanisms.
* Understand the unique factors involved in the violence sequence.
* Master anger-control skills;
* Develop the ability to contain interpersonal conflict through the problem-solving process.

The following supplemental areas are also important in the treatment of abuse/violence, depending upon the needs of the particular client or group.

* Additional anger-control techniques such as
  * Assertion training
  * Stress-inoculation training
  * Empathy
  * Dealing with criticism
  * Focusing on the positive
  * Stress-management training
  * Communication skills
  * Jealousy
  * Sex role stereotyping
  * Marital dependency
  * Isolation and social support (Neidig & Friedman, 1984).
Theoretical Orientations

At one time, almost all major institutions of our society had the right to use violence. Corporal punishment was the rule of the day in the courts and prisons, and masters could use physical punishment on apprentices. Today, only the police and parents have a clear legal mandate to use violence as a means of social control. For example, parents use spanking (considered a form of violence), to discipline their children, whereas police use whatever force necessary (physical and the use of firearms) to subdue a criminal. In fact, it would be hard to find a group or institution in American society in which violence is more of an everyday occurrence than it is within the family (Steinmetz & Strauss, 1974).

Society's view and hopes for the family define it as an arena for love and gentleness rather than as a place for violence. As a result, it is extremely difficult to see what is actually going on in the family. For example, a form of intra-family violence is the use of physical punishment by parents. It can be argued that physical punishment is not really the same as other violence. However, it is the use of force by a stronger individual to control or "discipline" someone of a weaker and society defined lower status (the role
assigned to women and children in American society) (Steinmetz & Strauss, 1974).

A theory or perspective that is utilized by some researchers to explain, or understand the use and prevalence of violence exhibited in interpersonal / intimate relationships and familial life in society, is the conflict theory. A conflict theory perspective on the family is both a radical view and an old view. It is radical in that it does not take the usual comfortable, more pleasant conflict free view of society. It is radical in that it challenges a viewpoint which labels violence, abrupt change, tension, and struggles between subordinate and superordinate individuals as a deviant or abnormal situation (Steinmetz & Strauss, 1974).

The conflict perspective is also radical because it views as normal the struggles between individuals and groups, and considers tension or violence between people (for example, family members) as natural. It sees conflict and change as necessary parts of the individual growth and societal development process (Steinmetz & Strauss, 1974). Hence, when a man beats a woman, he sees nothing wrong with his actions; if the above model of rationale is used. Since he feels his behavior (battering) is appropriate, he does not try to change or
stop it. Therefore, the society / public must intervene with effective intervention, in order to stop or change the abusive behavior (Steinmetz & Murray Strauss, 1974).

Bandura's social-learning theory of aggression, is another orientation that can be utilized to explain why an individual is abusive / violent, and what steps / measures must be taken in order to produce a change in behavior and / or actions (interventions / preventions). In the development of the social-learning theory of aggression, Bandura provides a definition of what constitutes an aggressive response (Bandura & Walters, 1963). Dollard and Miller, the authors of Frustration and Aggression (1941) define aggression as a sequence of behavior "the goal-response to which is the injury of the person toward whom it is directed (Bandura & Walters, 1963)." With this definition in hand, Bandura gives an analysis of how aggressive / violent behavior might be learned, utilizing a social learning perspective.

He states that in the social learning view, man is neither driven by inner forces nor buffeted helplessly by environmental influences. Rather, psychological functioning is best understood in terms of continuous reciprocal interaction between behavior and its controlling conditions. Early attempts to incorporate
both individual and environmental determinants in a personality theory simply depicted behavior as caused by these two sets of influences. The problem with this type of formulation is that it treated response dispositions and the environment as independent entities. Contrary to this assumption, the environment is only a potentiality, not a fixed property that inevitably impinges upon individuals and to which their behavior eventually adapts. Behavior partly creates the environment and the resultant environment, in turn, influences the behavior. In this two-way causal process the environment is influenceable, just as the behavior it controls is (Bandura, 1973).

Human aggression is a learned conduct that, like other forms of social behavior, is under stimulus, reinforcement, and cognitive control (Bandura, 1973).

Stimulus Control

Stimulus control is information about probable consequences conveyed by environmental stimuli, such as traffic signals, verbal communications, pictorial messages, distinctive places, persons, or things, or the actions of others. Without a capacity for anticipatory or foresightful behavior, man would be forced to act blindly in ways that might eventually prove to be highly unproductive, if not perilous (Bandura, 1925).
Reinforcement control

Behavior is extensively controlled by its consequences. Responses that cause unrewarding or punishing effects tend to be discarded, whereas those that produce rewarding outcomes are retained and strengthened. Human behavior therefore cannot be fully understood without examining the powerful influence of reinforcement control. Social learning theory, while acknowledging the important responsive guiding role played by extrinsic feedback, posits a wide range of reinforcement influences. People are not only affected by the experiences created by their actions; they also regulate their behavior to some extent on the basis of observed consequences, as well as those they create for themselves. These three different forms of reinforcement control are as follows:

(1) direct - the individual regulates her/his behavior on the basis of response consequences that she/he has experienced firsthand.;

(2) vicarious - (social context) people repeatedly observe those behaviors / actions of others and the occasions on which they are rewarded, ignored, or punished.;

(3) self-monitored - behavior is by self-regulated by self-produced consequences for one’s own actions
(Bandura, 1925).

Cognitive Control

If human behavior could be fully explained in terms of external stimulus conditions and response consequences, there would be no need to postulate any additional regulatory mechanisms. Actions/behaviors are not always predictable from these external sources of influence, however, because cognitive factors partly determine what one observes, feels, and does at any given moment. Cognitive events refer to imagery, to representations of activities in verbal and other symbols, and to thought processes (Bandura, 1925).

As mentioned earlier, the social learning theory can provide a foundation on which preventions and interventions can be developed. The underlying idea of this perspective is behaviors develop through learning them, and therefore, can be unlearned. This allows for positive behavior changes. Instead of individuals being perceived as victims of their personal histories and personality defects, they are conceptualized as dynamic living beings capable of change (Zastrow & Ashman-Kirst, 1987).

Hence, a man who has been abusive/violent in the past, and wishes to change his behavior has the potential to do so. Aggressive/violent
behaviors / actions are not engraved in his personality, nor is it a moral defect according to the social learning theory. Therefore, treatment programs that set forth to help educate men about aggressive/violent behavior (cognitive restructuring), and teach them new behaviors (through observation and modelling), should have the potential to succeed.

Definition of Terms

Family / Domestic Violence means any act or threatened act of violence, including any forceful detention of an individual, which:

(a) results or threatens to result in physical injury and;

(b) is committed by a person against another individual to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing (Public Law 98-457 Family Violence Prevention and Services Act, 1984).


19-13-3. A Georgia Public Law that allows an individual to file a petition seeking relief from family violence.
19-13-4. A Georgia Public Law that grants approval and content of Temporary Protective Order.

19-13-5. Supplemental nature of remedies provided by the Georgia Public Law.

19-13-6. Penalties. A Georgia Public Law that gives permission for action to be taken when an order has been violated.

17-4-20. A Georgia Public Law that authorizes arrest with and without warrants.

Legal/law enforcement system represents the criminal justice and court system.

Mandated counseling is when the individual is ordered and monitored by the court system to seek counseling, for abusive and violent behavior.

Voluntary counseling is when the individual seeks counseling on her/his own accord.

A civil action is a legal, non-criminal action, taken out by an individual seeking a legal injunction against an abusive/violent person.

Conjoint and/or group counseling is treatment available to couples who wish to remain together in a violent-free relationship.

A Temporary Protective Order (TPO) is a civil action that legally removes an abusive/violent man from the home environment.
Statement of the Hypothesis

The present study focuses on which modality of treatment is most effective at preventing further abusive / violent behavior in relationships. To in order to accomplish this task, this study will address the identified elements that when treated, can help facilitate the change of violent behavior to non-violent behavior.

Hypothesis #1: There will be no significant difference between group counseling for men and couple counseling in the establishment of anger management skills.

Hypothesis #2: There will be no significant difference between group counseling for men and couple counseling in the establishment of stress-reduction skills.

Hypothesis #3: There will be no significant difference between group counseling for men and couple counseling in the establishment of communication skills.

Hypothesis #4: There will be no significant difference between group counseling for men and couple counseling in the establishment of problem-solving skills.

Hypothesis #5: There is no significant difference
between group counseling for men and couple counseling in the establishment of realistic sex role behavior expectations and cognitive restructuring.

Hypothesis #6: There will be no significant difference between group counseling for men and couple counseling in the establishment of self-esteem.

Hypothesis #7: There will be no significant difference between group counseling for men and couple counseling in the commitment to change.
CHAPTER THREE

Research Design

The researcher utilized a quasi-experimental design. It differs from a "true" experimental design because the researcher lacks the full control over the scheduling of the experimental stimuli (the when and to whom of exposure and the ability to randomize exposure) (Campbell & Stanley, 1963).

This design compared the effectiveness of two prescribed modalities; group counseling for men and group couple counseling for partners, that serve to prevent further abuse / violence in family and intimate relationships. At the same time, the design tried to identify if any of the objectives of the individual treatment programs had a effect on violent behavior (Campbell & Stanley, 1963).

The design was operationalized by administering questionnaires to women (who usually has the role of abusee in domestic violence) and men (who usually has the role of abuser), and have them assess (the women by observation and the men by self-assessment) whether a change in violent / abusive behavior has occurred after the intervention of a modality of treatment. The results obtained from this information will allow the
researcher to determine which method (group counseling for men or group couple counseling sought by both partners) was most effective at preventing further domestic violence.

Sampling

The researcher used a non-probability sample of individuals to participate in the study. This type of sampling was chosen for a variety of reasons, they are as follows:
(1) the researcher will have a readily available and convenient population from which information can be obtained;
(2) the cost of conducting a study can be expensive, and usage of this type of sampling will cut down on cost, making it more economical.

The researcher must point out that since the type of sampling utilized in the study is an available and convenient grouping, the results obtained will not be representative of the entire population.

All the participants were identified as abusees or abusers in an abusive/violent relationship. Race and age were not a factor for assigning a cut-off of participants. The only requirement was that all participants were over 18 years old.
Research Setting

The researcher relied on the assistance of a family counseling center in Atlanta, GA from which participants were enlisted for the study. The Odyssey Family Counseling Center is a non-profit organization funded by the United Way, Georgia Department of Human Resources, private organizations and citizens. Since the early 1970’s the Odyssey has been a leader in the development of a comprehensive family counseling center. Each year the Odyssey treats over 1,700 individuals, couples and families in their community based counseling center. The families served present a great diversity of socioeconomic circumstances, problems and symptoms. The Odyssey is recognized for its expertise in the areas of drug abuse, sexual abuse, school behavior problems, delinquency, child abuse abuse, domestic violence and re-marriage.

Data Collection Procedure

A questionnaire was administered to the participants with specific questions about:

(1) modality of treatment selected?;

(2) did the abusive / violent behavior stop after the
intervention of treatment?;

(3) has an episode of violence occurred since the intervention?

(4) did a change in abusive / violent behavior occur after the intervention of treatment?

Pre-existing questionnaires and scales were used by the researcher to model the instrument that specifically addressed whether abusive / violent behavior changed.

The researcher reviewed various treatment plans for men to determine what steps or conditions had to occur before a man could change violent behavior to non-violent behavior. These concepts / objectives were utilized when forming the individual questions for the instrument.

Once this was determined, the researcher developed a questionnaire utilizing self-anchored and rating scales (Bloom & Fischer, 1982). These scales can often have high face validity. In order words, they may be measuring things that only the respondent can report on, and so they represent her or his most accurate portrayal of the circumstances, thoughts, or feelings. In most instances reliability data are not or cannot be available for such instruments, since they are constructed to be used only by one respondent. Furthermore, there is a possibility for high reactivity
(changes that come about in the client / system or in the problem due to the act of measurement itself) using these scales, especially for those with which the respondent is rating her or himself. Given the subjective nature of these ratings there is a high potential for a respondent to distort or change her or his ratings and / or behavior. This is especially so for self-anchored (self-rating) scales and less so for rating scales focused on another's behaviors, since these may be used unobtrusively (Bloom & Fischer, 1982).

The questionnaire was administered by the facilitators at the Odyssey's Men's Project and Battered Women's Group. The respondent had the option of filling out the instrument after the group meeting, or mailing the completed form to the agency.

Data Analysis

The parametric statistical test was used to compare the means of the two groups in this study. The T-Test was used to compare the mean of the modality of treatment women and men assessed to be most effective.

The purpose was to determine whether there is a statistical significant difference between the two groups on the effectiveness of a prescribed treatment. In addition to the T-Test, descriptive statistics such
as mean and standard deviation will be used for analysis of data.

The SPSSX batch System on Atlanta University Vax computer system was used as a tool for the analysis of the data.
CHAPTER FOUR

PRESENTATION OF RESULTS

This chapter presents the statistical analysis and discussion of the study. It is divided into seven sections which consist of the objectives of group counseling for men and couple counseling that need to be influenced, in order to change violent behavior to non-violent behavior: 1) anger management, 2) stress reduction, 3) communication, 4) problem-solving, 5) realistic sex role behavior and cognitive restructuring, 6) self-esteem and 7) commitment to change. Explanation of the data will be presented for each finding.

Section 1 - Anger Management skills

Hypothesis #1: There will be no significant difference between group counseling for men and couple counseling in the establishment of anger management skills.
Table 1: T-Table analysis of Anger Management

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Counseling</td>
<td>11.2</td>
<td>1.68</td>
<td>.07</td>
</tr>
<tr>
<td>Counseling Counseling</td>
<td>17.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the t-table analysis as seen on Table 1 (t=1.68, df=16, prob. 0.07) we accept the null hypothesis and reject the researcher hypothesis that there is no significant difference between group counseling for men and couple counseling in the establishment of anger management skills.

Section 2 - Stress-reduction skills

Hypothesis #2: There will be no significant difference between group counseling for men and couple counseling in the establishment of stress-reduction skills.

Table 2: T-Table Analysis of Stress-Reduction Skills

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>11.2</td>
<td>2.43</td>
<td>.05</td>
</tr>
<tr>
<td>Couple counseling</td>
<td>17.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p < .05
Based on the results of the t-test analysis as seen on Table 2 (t=2.43, df=16, prob. .05) we reject the null hypothesis and accept the research hypothesis that there is a significant difference between group counseling for men and couple counseling for stress-reduction skills.

Section 3 - Communication Skills

Hypothesis #3: There will be no significant difference between group counseling for men and couple counseling in the establishment of communication skills.

Table 3: T-Table Analysis of Communication Skills

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>11.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couple counseling</td>
<td>11.4</td>
<td>0.09</td>
<td>.1</td>
</tr>
</tbody>
</table>

p < .1

Based on the results of the t-test analysis as seen on Table 3 (t=0.09, df=16, prob. .1) we accept the null hypothesis and reject the research hypothesis that there is no significant difference between group counseling for men and couple counseling in the establishment of communication skills.
Section 4 - Problem-solving Skills

Hypothesis #4: There will be no significant difference between group counseling for men and couple counseling in the establishment of problem-solving skills.

Table 4: T-Table Analysis of Problem-solving

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>10.3</td>
<td>1.97</td>
<td>.05</td>
</tr>
<tr>
<td>Couple counseling</td>
<td>7.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the t-test analysis as seen on Table 3 (t=1.97, df=16, prob. .05) we reject the null hypothesis and accept the research hypothesis that there is a significant difference between group counseling for men and couple counseling in the establishment of problem-solving skills.

Section 5 - Realistic Sex Role Behavior Expectations and Cognitive Restructuring

Hypothesis #5: There will be no significant difference between group counseling for men and couple counseling in the establishment of realistic sex role behavior expectations.
and cognitive restructuring.

Table 5: T-Table Analysis of Realistic Sex Role
        Behavior Expectations and Cognitive Restructuring

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>7.4</td>
<td>2.0</td>
<td>.05</td>
</tr>
<tr>
<td>Couple counseling</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the t-test analysis as seen on Table 5 (t=2.0, df=16, prob. .05) we reject the null hypothesis and accept the research hypothesis that there is a significant difference between group counseling for men and couple counseling in the establishment of realistic sex role behavior expectations and cognitive restructuring.

Section 6 - Self-Esteem

Hypothesis #6: There will be no significant difference between group counseling for men and couple counseling in the establishment of self-esteem.
Table 6: T-Table Analysis of Self-Esteem

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>11.7</td>
<td>1.05</td>
<td>.1</td>
</tr>
<tr>
<td>Couple counseling</td>
<td>14.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of the t-test analysis as seen on table 6 (t=1.05, df=16, prob. .1) we accept the null hypothesis and reject the researcher hypothesis that there is no significant difference in group counseling for men and couple counseling in the establishment of self-esteem.

Section 7 - Commitment to Change

Hypothesis #7: There will be no significant difference between group counseling for men and couple counseling in the commitment to change.

Table 7: T-Table Analysis of Commitment to Change

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>T-value</th>
<th>Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group counseling</td>
<td>9.6</td>
<td>.99</td>
<td>.10</td>
</tr>
<tr>
<td>Couple counseling</td>
<td>10.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p < .10
Based on the results of the t-test analysis as seen on Table 7 (\( t=.99, \text{df}=16, \text{prob.} .10 \) ) we accept the null hypothesis and reject the research hypothesis that there is no significant difference between group counseling for men and couple counseling in the commitment to change.
CHAPTER FIVE

SUMMARY AND CONCLUSIONS

The purpose of this study was to compare different modalities of treatment and see which one was most effective at preventing further abusive/violent behavior in family and intimate relationships. The results indicated that group counseling for men seemed a helpful mode of treatment as they struggled to obtain the objectives of realistic sex role expectations, and stress reduction skills.

These results were similar with the findings in Edleson's article (1984), in which he suggested that the choice format to deliver treatment to men for abusive/violent behavior, is a small group structure. The importance of having other men in the same situation saying, "I don't like what I am doing and I want to stop," is both a powerful model and counter-conditioning to what he is commonly reinforced to think.

The results of this study also indicate that group couple counseling seemed helpful of as a treatment to partners as they strive to achieve the objective of learning problem-solving skills.

Taylor (1984); Neidig and Friedman (1984) both utilized social-learning and cognitive restructuring
techniques and place great emphasis on the objective that partners learn to problem solve together. Hence, the couple is learning new techniques and retaining new modes of cognitive restructuring, that will compliment their interactions together. As Davis (1987) highlighted in her article, the language of these programs are gender-neutral, hence elements like blame or fault are not major impediments as couples seek treatment for abusive / violent behavior in relationships.

The results from the study seems to indicate that group counseling for men might be the choice therapy sought first, since there seemed to be a significant difference between this group and group couple counseling, in achieving more objectives in treatment. This is also an opinion supported by Sonkin, Martin, and Walker (1985), in their description of developing an effective program to counsel abusive men. Once the men have gone through this treatment, it might better facilitate participation in conjoint and group couple counseling.

Limitations of the Study

A major limitation of this study was the small sample size. Only eighteen participants were surveyed
and this greatly decreased the representation of the population of family and intimate members involved in abusive/violent relationships. As a result, the researcher cannot make or draw broad conclusions obtained from this data.

Another limitation was the stage of treatment at which the questionnaire was administered. Some participants were either currently in treatment or had just recently completed the program. Hence, the researcher cannot be sure whether the cognitive restructuring and new techniques learned, were effective objectives of treatment to prevent further abuse/violence in family and intimate relationships, in the months following the completion of the program.

Lastly, the validity and reliability of the research instruments used for this study is lowered considerably, since they are self-anchored and rating scales. These types of scales allow a high face validity, and in most instances reliability data are not or cannot be available for such instruments, since they are constructed to be used only by one client.

Suggested Research Direction

As stated earlier, this study was an attempt to go against the standard, and research and discuss two
modalities of treatment that are not popular among many professionals, domestic violence agencies, and some feminist groups. Most of the treatments and interventions that have been utilized in the past, were addressing the female of an abusive / violent relationship, and counseling her on positive self-worth, and individual strength.

However, since more women and men are expressing a wish to enroll in treatment together, we as social workers must further research and evaluate treatment programs for couples, so that reliable and current information can be given to clients.

Also, more research on the follow-up of couples once treatment is completed, is needed. Studies that can design periodic post-treatment follow-ups at selected intervals, would more accurately assess whether cognitive restructuring and new techniques learned were effective at preventing further abuse / violence in family and intimate relationships.

Again this study is only a start, and many more questions about effective treatment for abusive / violent behavior in intimate and family relationships need to be asked and researched.
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

This research has brought increased attention to the modalities of treatment available to partners involved in abusive/violent relationships. It is important that social workers keep abreast and knowledgeable about the various programs available to individuals involved in domestic violence.

However, treatment is only one aspect of a larger problem. The phenomena of domestic violence is a large system that affects society, social structure, and developing policies. It is not enough to address one aspect of domestic violence, without remembering, and understanding the social and sexist origins of this problem.

As professional clinical social workers, we must be solid in our understanding of systems theory. This conceptual framework provides a method for observing, and viewing the different levels of relatedness, and dependencies that all systems have on each other.

Also, system theory provides a framework for gaining an appreciation of the entire range of elements that bear on social problems, including the social units involved, their interrelationships, and the implications
of change in one as it affects all.

Hence, while social workers have increased their attention on the treatments available to stop further abuse / violence in relationships, increased attention should also be given to improving the service delivery system and the developing policies and programs.

Therefore, as social workers continue to develop services and policies, they should remember that, although woman abuse occurs in the interpersonal arena, it is a social problem that requires social solutions (Davis, 1987).
REFERENCES


Women: Bad or Not So Bad? *Criminal Justice and Behavior*, 9, 476-494.


(Appendix A)

QUESTIONNAIRE - MALE

This is a questionnaire which will be used for statistical purposes only for Research. As you shall notice, there is no designated space for you to include your name (this is for your privacy). Your cooperation in completing this questionnaire will be greatly appreciated.

Demographics

Personal Background (Please circle the answer that best describes you.)

1. Age
   a. 18-22 years old
   b. 23-27 years old
   c. 28-32 years old
   d. 33-37 years old
   e. 38-42 years old
   f. 43 or older

2. Race
   a. Black
   b. White
   c. Puerto Rican
   d. Other Spanish (Cuban, Dominican, etc.)
   e. American Indian
   f. Oriental
   g. Other (specify) __________

3. Marital Status
   a. Single
   b. Married
   c. Common-law marriage
   d. Separated
   e. Divorced
   f. Widower

4. Number of children
   a. not applicable
   b. one
   c. two
   d. three
   e. four
f. five or more

5. Are you and your partner currently living together? yes / no

6. Religion a. Catholic
   b. Protestant
   c. Methodist
   d. Jewish
   e. No Religion
   f. Other (Specify) __________

7. Highest level of education completed a. Some high school
   b. High School grad
   c. Some college
   d. College grad
   e. Post-grad degree

8. You are currently employed a. full-time
   b. part-time
   c. retired
   d. unemployed

9. Yearly income (if not sure please estimate) a. below 5,000
   b. 5,000-9,999
   c. 10,000-14,999
   d. 15,000-24,999
   e. 25,000-34,999
   f. More than 35,000

10. Have you and/or your partner ever sought treatment before (excluding the treatment you are currently involved in)? yes / no

11. If so, which type a. Individual counseling
    b. Group counseling
    c. Couple counseling
    d. Other (Specify)

12. Did the violent/abusive behavior stop after treatment? yes / no

13. If no, did you enroll in treatment again? yes / no
Please circle the number which most closely identifies your response to each statement.

**Anger Management Skills**

14. Severity of feelings of anger towards your partner.

1  2  3  4  5  6  7  8  9
Not at all angry  Moderately  Furious angry

15. Ability to control anger

1  2  3  4  5  6  7  8  9
Able to control anger  Moderately able to control anger  Unable to control anger

16. Extent of feelings of anger towards partner.

1  2  3  4  5  6  7  8  9
Never angry at her  Angry half of the time  Feel angry at her all the time

**Stress Management**

17. Intensity of stress and anxiety.

1  2  3  4  5  6  7  8  9
Very low stress/anxiety  Moderately anxiety/stress  Extremely high anxiety/stress

18. Ability to handle stress.

1  2  3  4  5  6  7  8  9
Able to handle stress  Moderately able to handle stress  Unable to handle stress

19. Extent of feelings of stress perceived to be caused by partner.
No stress caused by partner  | Stress caused by partner half of the time  | My partner is the cause of all my stress

Self-Esteem

20. I like to stay very much the same, there is very little I would change  | There are many things I like to change, but not completely  | I don’t like myself the way I am, I like to change completely

21. I feel good about myself  | I don’t like myself half of the time  | I never feel good about myself

22. I usually expect to succeed in the things I do.  | I sometimes expect to succeed in the things I do.  | I never expect to succeed in things I do

Communication

23. Extent to which you feel you can express your feelings to your partner.

| Can easily express feelings | Sometimes I can easily express my feelings | Can’t express feelings at all |

24. How often can you express yourself.

| rarely, very infrequently neutral frequently very infrequently frequently |

25. How comfortable are you with expressing your feelings.

| not comfortable | somewhat comfortable | moderately comfortable | very comfortable | extremely comfortable |

Dependency

26. I am very dependent on my partner for most of my emotional needs.

1 2 3 4 5
strongly disagree not sure agree strongly disagree

27. Intensity of dependency on partner.

1 2 3 4 5 6 7 8 9
very low moderate Extremely high dependency dependency dependency

Cognitive Restructuring

28. Extent to which you can learn new things.

1 2 3 4 5 6 7 8 9
I can Sometimes I can Can’t learn easily learn learn things new things new things readily readily

29. Ability to change thinking patterns and attitudes (identified sex role stereotyping and irrational beliefs about partner).

1 2 3 4 5 6 7 8 9
I can develop I can sometimes I can’t develop new thinking thinking patterns and attitudes patterns and attitudes

Isolation and Social Support

30. Extent of feelings of isolation and lacking social support.

1 2 3 4 5 6 7 8 9
I never feel isolated and I sometimes feel isolated and I always feel isolated and alone alone alone

31. Amount of isolation you feel.

1 2 3 4 5
32. How often do you seek support from others (excluding your partner).

rarely, very infrequently neutral frequently frequently frequently frequently frequently very all if ever

33. Feelings of personal control and power over emotions.

no slight control moderate strong control and power control and power

34. My life is:

out of my hands sometimes out of my hands in my hands and I am in control of it external forces

35. Extent to which client is willing to change behavior.

never change moderate change change of behavior

36. Amount of change in behavior that you feel.

little some change moderate strong extreme to none change change change change

37. Amount of responsibility you feel for your behavior.

little some moderate strong intense to no isolation isolation isolation isolation
Problem-solving

38. Ability to contain interpersonal conflict or dispute through problem-solving.

1 2 3 4 5 6 7 8 9
unable to use problem-solving process
able to use problem-solving process

39. How often will you utilize a problem-solving process to contain interpersonal conflict/disputes.

1 2 3 4 5 6 7
rarely, very infre-quently
very infre-quently
very all
ever infre-quently
very all
every the
time

Thank you for your cooperation
(Appendix A)

QUESTIONNAIRE - FEMALE

This is a questionnaire which will be used for statistical purposes only for Research. As you shall notice, there is no designated space for you to include your name (this is for your privacy). Your cooperation in completing this questionnaire will be greatly appreciated.

Demographics

Personal Background (Please circle the answer that best describes you.)

1. Age
   a. 18-22 years old
   b. 23-27 years old
   c. 28-32 years old
   d. 33-37 years old
   e. 38-42 years old
   f. 43 or older

2. Race
   a. Black
   b. White
   c. Puerto Rican
   d. Other Spanish (Cuban, Dominican, etc.)
   e. American Indian
   f. Oriental
   g. Other (specify) __________

3. Marital Status
   a. Single
   b. Married
   c. Common-law marriage
   d. Separated
   e. Divorced
   f. Widower

4. Number of children
   a. not applicable
   b. one
   c. two
   d. three
   e. four
5. Are you and your partner currently living together? yes / no

6. Religion
   a. Catholic
   b. Protestant
   c. Methodist
   d. Jewish
   e. No Religion
   f. Other (Specify) __________

7. Highest level of education completed
   a. Some high school
   b. High School grad
   c. Some college
   d. College grad
   e. Post-grad degree

8. You are currently employed
   a. full-time
   b. part-time
   c. retired
   d. unemployed

9. Yearly income (if not sure please estimate)
   a. below 5,000
   b. 5,000-9,999
   c. 10,000-14,999
   d. 15,000-24,999
   e. 25,000-34,999
   f. More than 35,000

10. Have you and/or your partner ever sought treatment before (excluding the treatment you are currently involved in)? yes / no

11. If so, which type
    a. Individual counseling
    b. Group counseling
    c. Couple counseling
    d. Other (Specify)

12. Did the violent/abusive behavior stop after treatment? yes / no
13. If no, did you enroll in treatment again? yes / no

You are being asked to rate how you perceive your partner's behavior, after his involvement in treatment or any prescribed intervention that seeks to stop abusive/violent behavior (for example - police involvement and Temporary Protective Orders [TPOs]). Please circle the number which most closely identifies your response to each statement.

**Anger Management Skills**

14. Severity of partner's feelings of anger towards you.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all angry</td>
<td>Moderately angry</td>
<td>Furious angry</td>
<td></td>
<td></td>
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</tbody>
</table>

15. Partner's ability to control anger

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<th>1</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to control anger</td>
<td>Moderately able to control anger</td>
<td>Unable to control anger</td>
<td></td>
<td></td>
<td></td>
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</table>

16. Extent of partner's feelings of anger towards you.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never angry at her</td>
<td>Angry half of the time</td>
<td>Feel angry at her all the time</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Stress Management**

17. Intensity of my partner's stress and anxiety.
18. Ability of my partner to handle stress.

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<tr>
<th>1</th>
<th>2</th>
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</tbody>
</table>

- Able to handle stress
- Moderately able to handle stress
- Unable to handle stress

19. Extent of your partner's feelings of stress perceived to be caused by you.

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<th>4</th>
<th>5</th>
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<tr>
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<td>5</td>
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<td>7</td>
<td>8</td>
<td>9</td>
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</tbody>
</table>

- No stress caused by partner
- Stress caused by partner half of the time
- My partner is the cause of all my stress

Self-Esteem

20. He would like to stay the same, there is very little he would change

<table>
<thead>
<tr>
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</tbody>
</table>

- There are many things he would like to change, but not completely
- He does not like himself the way he is. He would like to change completely

21. He feels good about himself

<table>
<thead>
<tr>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
<tr>
<td>1</td>
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<td>7</td>
<td>8</td>
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</tbody>
</table>

- He does not like himself half of the time
- He never feels good about himself

22. He usually expects to succeed in the things he things I do

<table>
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<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

- He sometimes expects to succeed in the things he does
- He never expects to succeed in the things he does
Communication

23. Extent to which your partner can express his feelings to you.
   
   1 2 3 4 5 6 7 8 9
   Can easily express feelings
   Sometimes I can easily express feelings
   Can't express my feelings at all

24. How often can your partner express himself.
   
   1 2 3 4 5 6
   rarely, very infrequently neutral frequently very
   if ever infrequently frequently

25. How comfortable is your partner with expressing his feelings.
   
   1 2 3 4 5
   not somewhat moderately very extremely
   comfortable comfortable comfortable comfortable

Dependency

26. My partner is very dependent on me for most of his emotional needs.
   
   1 2 3 4 5
   strongly disagree not sure agree strongly agree

27. Intensity of my partner’s dependency on me.
   
   1 2 3 4 5 6 7 8 9
   very low dependency moderate dependency Extremely high dependency

Cognitive Restructuring

28. Extent to which your partner can learn new things.
   
   1 2 3 4 5 6 7 8 9
   He can learn new things
   Sometimes he can learn new things
   He can't learn new things
   He can learn new things readily
   He can learn new things readily
29. Ability of your partner to change thinking patterns and attitudes (identified sex role stereotyping and irrational beliefs about partner).

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<tr>
<th>1</th>
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<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can develop new thinking patterns and attitudes</td>
<td>I can sometimes develop new thinking patterns and attitudes</td>
<td>I can’t develop new thinking patterns and attitudes</td>
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</table>

Isolation and Social Support

30. Extent of your partner’s feelings of isolation and lacking social support.

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<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>I never feel isolated and alone</td>
<td>I sometimes feel isolated and alone</td>
<td>I always feel isolated and alone</td>
<td></td>
<td></td>
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<td></td>
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</table>

31. Amount of isolation your partner feels.

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<th>5</th>
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</thead>
<tbody>
<tr>
<td>little</td>
<td>some</td>
<td>moderate</td>
<td>strong</td>
<td>intense</td>
</tr>
</tbody>
</table>

to no isolation |

32. How often does your partner seek support from others (excluding your own self).

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>rarely, very infrequently neutral frequently</td>
<td>very all the time</td>
<td></td>
<td></td>
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</table>

Personal Control and Power of Feelings

33. Your partner’s feelings of personal control and power over emotions.

<table>
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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>no control or power</td>
<td>slight control and power</td>
<td>moderate control and power</td>
<td>strong control</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
34. Your partner feels his life is:
1  2  3  4  5  6  7
out of his hands and controlled by external forces
and he is in control of it

Commitment to change

35. Extent to which your partner is willing to change behavior.
1  2  3  4  5  6  7  8  9
never change moderate change of behavior

36. Amount of change in behavior that you see in your partner.
1  2  3  4  5
little some moderate strong extreme change

37. Amount of responsibility that your partner feels for his behavior.
1  2  3  4  5
little some moderate strongly intense responsibility

Problem-solving

38. Ability of your partner to contain interpersonal conflict or dispute through problem-solving.
1  2  3  4  5  6  7  8  9
unable to use problem-solving process able to use problem-solving process

39. How often does your partner utilize a problem-solving process to contain interpersonal conflict? 
disputes.

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Thank you for your cooperation