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WORKING WITH ABUSERS:  
A RESOURCE HANDBOOK

PREPARED BY:  
VIRGINIA DEPARTMENT OF WELFARE  
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INTRODUCTION

This handbook is designed to serve as a guide for those interested in developing programs for batterers. The information is intended for social service practitioners, mental health counselors, court service workers, clergy, paraprofessionals, and volunteers who are interested in exploring new ways of addressing the problem of spouse abuse.

In the summer of 1981, a group of professionals and paraprofessionals currently facilitating male groups and/or providing direct counseling for spouse abusers came together to share their expertise. As a result, a handbook was envisioned to document the efforts being undertaken in Virginia as well as to provide an overview of nationwide programs serving male abusers.

You will find information on the following topics in this handbook:

- . Extent and Nature of the Problem of Spouse Abuse
- . Characteristics of Those Who Batter
- . Sampling of Nationwide Programs for Abusers
- . Model Programs in Virginia
- . Issues and Problems in Working with Abusers
- . Community Organization and Networking Strategies
- . Annotated Bibliography and Resource People

This handbook is the first attempt in Virginia to combine in written form some of the specialized programs that are presently operating to serve the batterer. It should be used as a GUIDE and NOT AS A "HOW-TO" DOCUMENT. Refer to the listing of resource people in the last section of this handbook. They are available for consultation and for discussion of treatment issues.

Special thanks are due to the following people for their help in preparing this document: Marion Agnew, John Deane, Richie Folly, Rita Katzman, Joe Lynch, Walter Mahoney, Linda Nablo, Virginia Ratliff, Les Schaffer, Robert Spaulding and Nancy Whitehurst.

It is our hope that this document will serve as a useful tool to you in planning and providing specialized services to abusers and their partners.

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EXTENT AND NATURE OF THE PROBLEM OF SPOUSE ABUSE

Spouse abuse is not a new problem, but one which has only just begun to receive the attention it requires. Spouse abuse is defined as both physical violence and emotional abuse between intimates. "Abuse" includes threats, punches, slaps, or shoves, and can result in murder or suicide in its most extreme form.

There are no statewide statistics on the extent of the problem in Virginia. Research studies estimate that spouse abuse occurs at least once in as many as 50% of all intimate relationships. Spousal assaults account for 30-50% of all homicides according to FBI statistics.

The dynamics of violence are complex. In Battered Women Lenore Walker theorizes that the violent act is the second stage in a three-stage cycle of violence. The violent outburst is preceded by a tension-building phase. When the violence occurs, tension is released. The violent act is a cathartic experience the result of which can be a calm, "loving" respite phase between the intimates. The parameters of rewards and consequences for violent behavior are complex especially if the aftermath is a "loving", "honeymoon" phase.

The effects of spousal assault on family members is profound. Research has shown that both the children who witness spousal assault and the spouses themselves suffer long-term emotional damage. Children are likely to learn violence as a way to solve conflicts and may use violence as a problem solving method outside of the home as well. In addition, both the abused and abusing spouses gradually lose their self-esteem. This loss effects their ability to function effectively within the home and in society.

Over the past decade a movement to provide protective shelter and support to abused women has been growing steadily. However, as important as emergency shelter is, it does not eliminate the problem. Unless the perpetrator of the violent act is helped to stop the violent behavior, the abuse continues either with the same spouse or in subsequent intimate relationships. As the problem of spouse abuse receives more attention, programs and services which address the needs of those who batter are being legitimized.

### CHARACTERISTICS OF THOSE WHO BATTER

Those who are concerned about family violence and particularly spouse abuse are asking the question - "what kind of person beats his wife?" Abusers come from all walks of life, all races, classes, ages, and occupations. Studies of abusers by sociologists, therapists, and interested others have indicated some characteristics which abusers may exhibit in varying degrees. The same characteristics are exhibited in varying degrees by the abused as well.

- . low self-esteem
- . high dependency needs
- . unrealistic expectations of selves and others (perfection = success, anything less than perfection = failure)
- . possessiveness and intense jealousy of spouse/partner
- . need to control and dominate others
- . impulsiveness
- . action-oriented (as opposed to process-oriented) problem solving behavior
- . rigid sex-role expectations
- . fear of losing control (self-control and control of others)

Other findings include a correlation with violence in childhood either as witnesses or victims of parental violence; and a high correlation between abusive behavior and substance abuse (chemical dependency and/or use of alcohol). In addition, findings indicate that a high percentage of abusers have no history of violent behavior toward people outside of the family (only 15-20% have arrest records involving incidents outside the home). They are often described as "nice guys" in situations which do not require intimacy.

### SAMPLING OF NATIONWIDE PROGRAMS FOR ABUSERS

There is a great difference in the methods and programs established for the treatment and assistance provided to those who batter. The primary methods for delivery of services are geared to men and are centered around group, couples, and individual programs.

Group programs are divided into open ended and structured models. Entry into these program can either be strictly voluntary or can include admittance only through a court mandate.

The open-ended concept allows for the abuser to enter or leave the group without disruption of the treatment program. Each session relies on the shared experiences of the members along with a central theme for the particular session (i.e. the male image, what is the female's "place", etc.)

The structured group relies on an established format with each session being directed toward a major theme to build individual awareness and end the battering. Individuals are required to attend each session throughout the course of the program. The length of these programs varies from 8 to 16 sessions.

Individual treatment is designed to meet the needs of the specific person and progresses at a pace suited to that person alone. This type of program seriously limits the number of batterers that can receive treatment and perhaps should be reserved for the most serious and hard to treat batterers.

For both the group and individual programs there are a few basic underlying assumptions that must be applied for success. These include:

1. The primary goal of any program is the cessation of violence. The program is not designed to repair or otherwise salvage the relationship but to end the violent behavior.
  - A. The abuser is responsible for his own violent and abusive behavior.
  - B. Domestic assault is a learned behavior.
  - C. Relationship problems do not excuse abusive behavior.

There are other assumptions that could be made and applied but those listed above appear consistent in all programs reviewed.

Charles R. Shapiro and Helen E. Swall in their paper entitled "A New Approach to Battering: A Proposal for the Extension of Services to the Abusive Male", discuss the need for a continuum of services. Their continuum calls for the following services:

1. Anger Control Hotline for Men
2. Anger Control Center
3. Men's Anger Control Group
4. Anger Controllers Anonymous
5. Conjoint Therapy

The above authors also discuss the need for a continuum of community intervention strategies including public awareness, community education, advocacy, and the creation of a consortium of domestic violence intervention services. This network or linking up with existing community services is essential. You are encouraged to work closely with your local shelters so that services can be provided to both the battered and batterer. Many professionals are also suggesting the need to offer concurrent groups for males and females and then plan services which would offer groups for men and women together.

SAMPLING OF NATION-WIDE PROGRAMS

ORGANIZATION NAME

PURPOSE

AMEND (ABUSIVE MEN EXPLORING NEW DIRECTIONS)

Room 307, Annex 1  
1445 Cleveland Place  
Denver, Colorado 80202  
(303) 575-3171

AMEND utilizes a self-help model in which abusive men learn to deal with daily stresses and anger, which often lead to abuse. Groups meet for two hours weekly using professional volunteer staff and AMEND ex-abuser graduates. Each participant is charged a \$5 weekly fee. AMEND is a volunteer program and only accepts referrals from other abusive men.

AWAIC (ABUSED WOMEN'S AID IN CRISIS, INC)  
The Male Awareness Project

513 West Seventh Avenue  
Apartment 4  
Anchorage, Alaska 99501  
(907) 277-2345

This program assists men in discovering the basic causes of their violence and in learning more productive ways to express anger, fear, and sadness in their relationships. A fee is charged based on the man's ability to pay.

BATTERERS ANONYMOUS

C/O The Coalition for  
The Prevention of Abuse  
P.O. Box 29  
Redlands, California 92373  
(704) 885-6843

Batterer's Anonymous is a self-help program designed to eliminate spouse abuse through increased awareness of the batterer's problem and his inability to cope. There is a focus on stress reduction and on enhancing effective interrelations with spouses. The group meets weekly, and members share difficulties and explore positive alternatives to abuse through increased awareness in a mutually supportive setting.

THE BEACON CLINIC OF THE FRANKLIN COUNTY PUBLIC HEALTH

57 Beacon Street  
Greenfield, Massachusetts 01301  
(413) 772-6388

This program serves assailants who are court-referred, as well as those who volunteer for treatment. The program is based on an educational model, and consists of twelve structured sessions, and an exit evaluation.

ORGANIZATION NAME

DOMESTIC ABUSE PROJECT, INC.

2445 Park Avenue South  
Minneapolis, Minnesota 54404  
(612) 874-7063

PURPOSE

Based on the premise that violence is learned, this program provides therapy and peer self-help groups for violent men, as well as services for the abused spouses and for the children involved. The program also operates a 24-hour crisis hotline for men, advocacy services for both men and women, and community education to encourage serious responses to domestic assaults. The Domestic Abuse Project also provides training workshops for others who provide, or who are developing programs to provide, services for men who batter.

DOMESTIC INTERVENTION PROGRAM

State Attorney  
Metropolitan Justice Bldg.  
Miami, Florida 33125  
(305) 547-5200

This is a voluntary program administered by the State Attorney's Office to provide aid to families dealing with domestic violence. The program provides group treatment for batterers based on the Ann Ganley treatment model.

EMERGE

A Men's Counseling Service on  
Domestic Violence

25 Huntington Avenue  
Room 206  
Boston, Massachusetts 02116  
(617) 267-7690

Emerge is an all male organization that provides counseling services to men who batter, community education to the public, and in-service training to agencies, institutions, and other organizations involved with the problem. Emerge has developed a training program, educational materials, and a consistent therapeutic approach for helping men to stop their violent behavior against their mates.

HOUSE OF RUTH

P.O. Box 7276  
Baltimore, Maryland 21218  
(301) 889-0840

This program provides couple, individual and group counseling. The batterer's group meets for 1½ hours on a weekly basis, and is open-ended with men entering the group at any time. The men may remain in the group for six months or longer.

ORGANIZATION NAME

LANSDOWN MENTAL HEALTH CENTER

P.O. Box 790  
Lansdown Drive  
Ashland, Kentucky 41101  
(606) 324-1141

PURPOSE

This program uses individual psychotherapy as the major treatment modality in helping both the victim and the perpetrator of domestic violence. Victims are helped to cope with what has happened and to begin reconstructing their lives, while the assailants are taught more acceptable behaviors.

MEN'S PLACE

P.O. Box 1582  
Madison, Wisconsin 53701

Men's Place conducts a program to end battering which includes an emphasis on training those who work with abusers. Their staff conducts local seminars for cost of air transportation and \$100 per day personal compensation. They also provide a shelter-based group counseling plan for \$20 and an information packet on counseling men who batter for \$10.

MRCCS (Men's Resource Center  
Counseling Service)

3534 S.E. Main  
Portland, Oregon 97214  
(503) 235-3433

MRCCS provides counseling to men using cooperative problem solving therapy based on Transactional Analysis. The structured group format includes contracting, sharing resentments and paranoias, and stroking. In addition, Reichian body work and hypnosis are used when appropriate. Each client is required to attend one individual or group session per week.

PARTNER'S ANONYMOUS, INC.

159-00 Riverside Drive  
New York, New York 10032  
(212) 927-7738

In this program, systemic in orientation, the entire family is seen for treatment whenever possible. The program does not have a group for batterers, but seeks to help each family member to understand the dynamics of their interaction, and to develop new options in communicating and relating to each other.

ORGANIZATION NAME

RAPE/SPOUSE ASSAULTS CRISIS CENTER  
of Every Women's Place, Inc.

23 Strong Avenue  
Muskegon, Michigan 49441  
(616) 726-4493

RAVEN (Rape and Violence End Now)

P.O. Box 24159  
St. Louis, Missouri 63130  
(314) 533-3372

REGION V AGAINST VIOLENCE  
Technical Assistance Project

600 Margaret Place  
Elgin, Illinois 60120  
(312) 697-2380

VIBS (Victims Information Bureau  
of Suffolk, Inc.)

22 Lawrence Avenue  
Smithtown, New York 11787  
(516) 360-3730

VOLUNTEER COUNSELING SERVICE

151 South Main Street  
New City, New York 10956  
(914) 634-5729

PURPOSE

This program accepts referrals only from the court and probation officer. The batterers must attend each of the 6 two-hour sessions. After the six group sessions, there is an individual interview with each batterer, and a written report is prepared for the court.

RAVEN is a communication network for men who are working to end violence against women. Publishes a quarterly newsletter to establish a forum for communications among men's groups across the country. Membership has been tentatively established at \$30 for organizations and \$20 for individuals (considered negotiable).

This project publishes a newsletter which provides information touching on all aspects of domestic abuse. The newsletter features articles and educational material pertinent to understanding and dealing with domestic violence.

VIBS operates on the concept that the short-term group is the treatment of choice for battering husbands. The focus of the 10-week group is on helping group members acknowledge their spouse-directed violence as a problem and in finding alternative methods for dealing with their anger.

The Volunteer Counseling Service provides a six-week course designed to confront participants with the consequences of violent acts, and to motivate batterers to accept ongoing services, which include a men's support group and individual or family counseling. Group participants are mandated by the court to attend the initial group.

ORGANIZATION NAME

YWCA DOMESTIC CRISIS CENTER

15 College, S.E.  
Grand Rapids, Michigan 49503

YWCA WOMEN'S SHELTER  
"Alternatives to Violence"

3636 Atlantic Avenue  
Long Beach, California 90807  
(203) 426-1734

PURPOSE

The YWCA conducts a structured 8-week program for assailants referred from judicial sources. It provides a community education and training program for law enforcement personnel, medical professionals, and the local community. Usually treatment is accomplished through individual sessions with couple, group or family therapy used in addition to or as an alternative to individual treatment.

This YWCA shelter provides a co-facilitated (male-female team) men's group that focuses on alternatives to violent behavior, accepting responsibility for the violence, relaxation, support within the group for members, identification of feelings, assertiveness, and use of a 24-hour hotline. This program also addresses social needs, in that the group serves as a safe place to "practice" social skills, as most of the men isolate themselves from intimate friendships.

### MODEL PROGRAMS IN VIRGINIA

This section contains a description of several programs for abusers in Virginia. The programs vary in their approach but the purpose for the programs is the same - to stop violence and abuse between intimates. All programs are based on the premise that the violence and abuse are behaviors that can be changed.

Virginia programs reflect the same variety in approach as do national programs. Some are closed, structured programs; others are open-ended. Some are groups for men who abuse, others offer couples counseling where both the abuser and abused are seen conjointly and one of the programs offers support to the individual abuser through an advocates model. Two of the programs described (Harrisonburg's and Richmond City's Men's group) were offered as pilot projects and are therefore described from start to finish.

All descriptions are overviews. Further information on each program can be obtained from the person primarily responsible for the synopsis in this handbook. The following programs are included in this section:

#### Men's Groups

1. Charlottesville - Family Services, Inc. [in conjunction with Shelter for Help in Emergency - (SHE) and the courts].
2. Richmond City Juvenile and Domestic Relations Court, Marriage Counseling Program.
3. Harrisonburg, Community Counseling Center, Inc.

#### Men's Group and a Couples Counseling Option

4. Arlington County Department of Human Resources, Mental Health Services Division - Program for Batterers.

#### Men's Group and an Individual Advocates Model

5. Prince William County - ACTS Turning Points.

#### Couples Counseling

6. Fairfax County Victim Assistance Network, Mt. Vernon Center for Community Mental Health.
7. Richmond City Juvenile and Domestic Relations Court, Marriage Counseling Program.

These descriptions are samplings of the help available for abusers and abusive couples in Virginia. Local mental health centers and family service agencies may also offer help for the individual abuser.

Charlottesville, Family Services, Inc. - Men's Group  
Richie Folly, Co-facilitator

Increasingly the literature is suggesting that group therapy is an effective approach in treating spouse abusers. A number of authors have also discussed the need for a collaborative effort between mental health agencies, social service agencies and the courts. Our efforts at treating spouse abusers in Charlottesville are based on these two ideas. The group for the control of domestic violence in Charlottesville is a joint effort by the Shelter for Help in Emergency (S.H.E.), Family Service Inc., a family counseling agency, and the 16 District Juvenile and Domestic Relations Court. The group is co-facilitated by a shelter staff person and a marriage and family counselor from the Family Service Agency.

#### Forming the Group

The process begins when a domestic violence case comes into court. If the abuser is found guilty, he is given a choice of having his sentence imposed or coming into the group. If the abuser chooses to come into the group the disposition of his sentence is suspended until he completes the group. The abusers' names and other information are passed on from the court counselor to the group facilitators who contact the abusers and conduct intake interviews with them prior to the beginning of the group.

Not only do the court counselor and the group facilitators work closely during the referral process, but throughout the course of the group as well. This is explained to the group members and at the end of the group a record of each abuser's attendance and an individual assessment of group members' progress with possible recommendations is sent back to the court.

The group presently meets for six (6) one and one-half hour sessions on consecutive Wednesday nights. Group membership is closed at no less than five (5) and no more than ten (10). A unique feature of the group is the male/female co-facilitating team. We feel strongly that this helps in terms of modeling desired behaviors as well as in providing the abusers with a relationship experience which most of them have never had.

#### Group Process

The primary goal of our group is to stop the battering. We feel that the abusive behavior is learned behavior (except in cases where there is some organic antecedent) and that each abuser must come to accept the responsibility for his behavior. This we believe is an all important first step. Only after the abuser accepts this responsibility can he begin to change his behavior. However, the focus of our intervention is not simply a behavioral one. Working from a systems perspective, we feel that a number of other factors

must be recognized. Therefore, our intervention strategies are not only focused behaviorally but on cognitive and emotional levels as well.

Most frequently we find that the male abuser is an insecure person with a very low sense of self-esteem, who is pathologically dependent on his spouse or girl friend. In order to protect their fragile and uncertain self concepts, these men often cling rigidly to stereotypically defined roles and interactional patterns. The abuser generally has trouble sorting out his emotions and even greater difficulty verbalizing emotions, feelings, and needs. Our model was developed with these issues in mind.

Since group therapy for spouse abusers is still in the experimental stages, there was very little literature available for us to draw upon in developing our actual treatment model. However, using the existing literature and our own experiences we developed a number of structured intervention modules designed to promote awareness and change on the behavioral, emotional and cognitive levels. We found that because 95% of the men in our groups are court referred and due to the nature of the problem, it was necessary to impose some degree of structure on the group. Having these predeveloped modules not only provides the group with the necessary structure, but is important in terms of the limited amount of time we have to work with. We do, however, allow ourselves a good deal of flexibility based on the needs of each set of abusers and individual group members.

Our first session is used for introducing the co-facilitators and group members. The co-facilitators outline rules and expectations and discuss issues of confidentiality with the group. Moreover, in this first session each group member must describe and discuss the violent incident leading to their being referred to the group. This serves a twofold purpose. First, it sets the precedent for the abusers accepting the responsibility for the abuse. Secondly, this aids in the rapid development of group cohesiveness and an atmosphere of openness.

Considering that group therapy for spouse abusers is still new and experimental, so too are our interventive strategies. For descriptions of the strategies we have found helpful, refer to Appendix A.

#### Evaluation

Due to limitations of funding, time and personnel there are no evaluation components built into our program. However, we do feel there is a need for evaluation and have tentative plans to begin evaluating the effectiveness of our work. At present our only index is whether or not the abuser is convicted again. We also feel strongly about the need for a follow-up phase which would be ongoing for a minimum of six months after the group ends. This follow-up would include supportive services, individual or couples counseling

and would not only help the abuser to maintain gains acquired in the group but to build on them. Hopefully, the follow-up component will begin in early 1982.

Richmond City Juvenile and Domestic Relations Court, Marriage Counseling Program - Men's Group  
Les Schaffer, Co-facilitator.

I. Introduction:

In 1980, Richmond's Juvenile and Domestic Relations Court, through its Marital Counseling Unit, developed an educational-therapeutic group treatment model for abusive men. The group's facilitators viewed violence as an inappropriate behavior and worked with the group members in learning alternative, non-violent problem-solving techniques. Group members were referred from the Court Counseling Unit and other community agencies involved with battered women and abusive men. The group was facilitated by two males, one a marriage and family counselor, the other a psychiatric nurse. Both had previous experiences in leading men's groups.

This pilot group met weekly for three months. The two hour sessions utilized group process techniques, experiential exercises, rap-sessions and brief educational presentations.

A top priority with the individual members was to develop ways of defusing anger without resorting to physical aggression. In couples counseling violence might be usefully viewed as a problem to which both partners contribute; in this group our focus was on the male's responsibility for his own behaviors. Our intent was to facilitate a group awareness that female-directed violence is a problem and to work on developing alternative ways of dealing with anger and frustration.

Theoretical Assumptions

Our assumption is that a group's learning process evolves through a series of stages that can then be related to individual member's family and relationship systems. The series of stages is:

Entry:	What am I bringing to this group?,
Inclusion:	Am I truly a member?,
Control:	What is my influence and how is it exerted?,
Affection:	Am I intimate with others and they with me?,
Productivity:	Am I working in this group?,
Exit:	With what am I leaving and what did I leave behind?

These stages can also be presented as self-evaluatory questions, enabling group members to judge the effects of their own participation.

Initial sessions were structured loosely enough to be comfortable and confrontive enough to initiate expressions of member's concerns and expectations. The facilitators strategies were to encourage individual, "first person" speech and not to directly confront (at this stage) member's denials, projections and rationalizations. "I" language was modeled to communicate expression of affirmative self worth. Feedback was directed at the observations level. Simple warm-up's were used to facilitate relaxation dyadic sharing and problem identification.

After the initial sessions, simple communication and feedback exercises were introduced. (Video-taping might effectively be used at this time both for supervision and to record data for later use). "Here and now" feelings expression was encouraged throughout and projections directly challenged.

When the group begins to deal with control and affective issues it is ready to get down to productive work. Concurrent with this, underlying feelings of anger, loss, regression and distance should begin to emerge. Demonstrations of anger can be encouraged and alternatives practiced.

Though the basic format of the Richmond group was determined by the co-facilitators, many of the problems and issues were expected to arise from the group itself. In line with the acceptance of personal responsibility, members are expected to participate in defining the group's ultimate goals and content. Group facilitators should expect that the men's concerns will include many issues thought to be intrinsic to the dynamics of abusing couples. (See Characteristics of Those Who Batter).

#### Group Techniques

In the Richmond group there was a tendency towards over-preparation and the facilitators found themselves needing to be attentive to the group's present concerns. We recommend the use of individual process notes, a group log and post-session processing and evaluation. Live or indirect supervision can be extremely helpful.

We have included, in Appendix B, a sampling of techniques; warm-ups, stress relaxation, experiments, guided fantasy, didactic exercise, and sum-ups. These selections were generally deemed "successful" by the group as a whole.

Group techniques take many forms and if used judiciously can be very effective. However, they may easily become "crutches" for facilitators or used by group members for their old tricks of competition and feelings avoidance. Techniques are never a substitute for sensitivity towards each member's needs. The bottom line is that there is no substitute for clear, simple, honest, and affirmative communication.

#### Evaluation

Since the pilot group began, the level of violence in the member's lives markedly decreased. In the sixty days preceding the group, each participant was involved in at least two battering or otherwise violent incidents. Dating from the first session, we are aware of only two physical attacks for the entire group and these by the same individual. Yet, we found that reduced violence did not equate with marital satisfaction. Marital relationships did not necessarily improve and at least half of the men are now separated.

As with alcoholism treatment, support mechanism must be available to the spouse and family. Future program planning could consider concurrent male/female groups (individual and family counseling options should also be available.)

We have little sense of having "cured" the men who participated in our pilot group. We are left with many questions for further study. There is a need for pre and post-group testing to more fully determine how and if the experience of: men sharing feelings with each other; exposure to relaxation and stress management; communication and conflict resolution training; education concerning abuse and male issues is truly sufficient, specific and effective in extinguishing the habits of violence.

At present, this writer is facilitating a group of adolescent residents of the Richmond Court's Group Home. These children all have past and present histories of aggression towards parents and peers. Preliminary results indicate that the educational/therapeutic model shows potential as a primary prevention tool.

Community Counseling Center, Harrisonburg, Virginia - Men's Group  
Joseph G. Lynch, L.C.S.W., Co-facilitator

#### Summary of the Program

The Men's Group was a time limited educational group for men involved with the court for assault and battery against their spouse. Six men ranging in age from 25 to 58 were court ordered into the group for 6 sessions. The sessions focused on introductory education in the areas of: (1) alcohol abuse, (2) physiological response to stress, (3) relaxation, (4) communication skills, and (5) alternative ways of expressing frustration and anger.

Data was collected on the men and the spouse including MMPI testing, family history questionnaire, self-evaluation questionnaire, anger hierarchy, anger diary and other demographic information. Some limited biofeedback data was also collected.

At the conclusion of the group, the men were given recommendations and a letter was sent to the court summarizing the participation level and recommendation for each man.

#### Background/History

The Men's Group grew out of a joint effort between the Community Counseling Center, Inc. and the Family Support Center. The Family Support Center was a one-year program funded by the Department of Welfare, Commonwealth of Virginia, focusing on programs aimed at reducing family violence/child abuse.

As part of the family therapy component of the Family Support Center grant, the Community Counseling Center, Inc. initiated the men's group. The Family Support Center financially supported the group and provided staff for data collection, interviewing, and technical support. Students and faculty from James Madison University Psychology Department also provided support. A psychologist from the Mental Health Continuing Education Program shared his expertise in stress management and relaxation in one of the mens group sessions.

Based on the knowledge that alcohol abuse is highly correlated with spouse abuse, we asked a female alcoholism counselor to co-lead the men's group. A meeting was then held with the Community Counseling Center social worker, Pear Street Center alcohol counselor, Family Support Center director and staff, Judge Beverly Bowers, 26th District Juvenile and Domestic Relations Court, and Judge John Paul, of the General District Court. After a presentation of our plan for the men's group, both judges agreed to support the group with referrals as this was a new alternative to traditional legal options.

Based on our clinical experience and in reviewing the literature on spouse abuse, management of anger and alcohol and family violence, we found three areas on which we wanted to focus our attention. They were: (1) physiological response to stress, (2) cognitions related to perception of the situation, and (3) alcohol abuse and its affects. Refer to Appendix C for a description of each.

Our first contact with the men was in individual and marital interviews. Most of the testing and data collection occurred at this time. The spouse was referred to an ongoing group at the Women's Shelter. If appropriate, information about Al-Anon was also provided to the spouse.

We then began the Men's Group, planning for the lessons for the 6 sessions as follows:

- Session 1: Introduction Overview
- 2: Alcohol Education
- 3: Alcohol Education
- 4: Stress Management/Relaxation
- 5: Communication Skills
- 6: Summary/Wrap-up/Recommendations

Attempts were made to use the biofeedback tools, anger diary, and the anger hierarchy. The self-reporting, self-control, self-instruction approach proved to have serious limitations with the group members. The atmosphere which we attempted to maintain in the group was a low key, fairly informal yet structured, educational approach with group members sharing their own feelings about various issues.

#### Evaluation Summary

First let me share that in my past experience working with this population of men, I have found that they usually come for one or two sessions then drop out of treatment. Also, most court-ordered counseling has definite limitations and produces hostility from clients. To my surprise the men came to most, if not all, of the sessions. We found that this group process minimized their hostility and anger upon entering the group.

It was interesting to note that individual or marital sessions were much less productive and more chaotic than the group sessions. It was very useful to have a group of men with a wide age range. We quickly established that if the men did not do something about their situations, they would have to live with this pattern the rest of their lives. We also identified a cyclical pattern of building up of anger, explosive episode, make-up with each other, a period of calm and good times, then a building up of anger...again, and again. This cycle has a positive, calm, good period that acts as an intermittent

reinforcement schedule, which may be part of the reason why this pattern is so hard to break.

One of the primary results that we realized very quickly was that within six (6) sessions we could only hope to introduce the three areas of alcohol abuse, physiological response, and cognition. We were able to give the men a look at the skills that one could learn, an exposure to what was possible with some long term work. The men did share fairly easily in the group. They gave their perception of the events. They had some difficulty learning about their own responsibility, but gained enough of an appreciation of this to keep learning. The alcohol education was very important, leading two of the men to get connected with alcoholism treatment.

At the present time, we are exploring the ideas of court-ordered payment along with court-ordered attendance to fund the next group. I am also looking at the idea of having six (6) mandatory sessions and then an optional ongoing group. Since the group has been publicized in the local paper, men have been contacting the center voluntarily to work on the problem.

Arlington County Mental Health Center, Consultation and Education Unit, Program for Batterers.  
Walt Mahoney, Group Leader

#### SUMMARY OF PROGRAM

Like most programs for special populations, the Program for Batterers in Arlington County evolved to fill a service gap. The Consultation and Education Unit of the Arlington County Mental Health Services Division already offered a supportive system to the victims of domestic violence, a group nearly exclusively female. The limitations of the system were two-fold. 1) If the woman decided to return home, her spouse was still violent. Expecting him to have stopped the violent behavior without help seemed and proved to be absurd; 2) If the woman left the abusive spouse, he had learned nothing and would most likely seek out another battering relationship.

Therefore, the Batterers Program was developed in the summer of 1981 and clients were first seen in August. In the five months of operation, twenty (20) clients have contacted the Program and twelve (12) have been screened. Of the twelve, six are court-referred and six are volunteers. Six of the twelve spouses/mates contacted the women's program first, and three are currently in counseling.

#### Theoretical Position

Our program is based on the premise that touching another human being is a privilege and involves consent. Beating, kicking, grabbing, striking with objects and other abusive touching is wrong, inexcusable and unacceptable in a civilized society. Physical violence should be confined to war, self-defense, and the athletic arenas.

This position assumes that battering is a learned behavior, acquired via family or societal sanction. It further assumes that battering is associated with poor self control, low self-esteem, and is accompanied by feelings of anger.

The goals of the program are to help the abuser:

- 1) Reduce and stop violent acts;
- 2) Understand his own anger, how, when, and why his anger occurs;
- 3) Be angry constructively and effectively;
- 4) Deal with changes occurring in the relationship and in the individual.

### Group Process

The program is a four part process.

The first step of the program is screening.

Screening is used to assess clients' willingness and appropriateness for counseling. This includes a modified social history with a detailed history of the family violence. At this point the client must be able to acknowledge and own his abusive behavior although he will rarely admit to its true severity and frequency.

The second stage of the program is education:

We use films and teaching devices focusing on the batterer; and discuss mastery of anger as a developmental task; generalized anger, phases of anger; and alternatives to violence or creative anger.

The third stage is the group therapy.

The group focuses on sharing of individual experiences and feelings, mutual support and caring around taking responsibility for self and actions, updating peers as to what is going on in the client's life, responses to various life stresses and clarification of direction client is headed.

The fourth stage is the optional couples counseling.

When a couple elects to stay together, and even if the abusive behaviors disappear, there are other difficult issues to be confronted and worked out. One of them is the feelings resulting from by the batterers' past behaviors; another is the woman's feelings about having put up with it. Help is available for the couple to work through these issues. In some instances it will be more appropriate to work with the couple from the outset.

### Evaluation

It is too early in the program's history for an evaluation. When we do an evaluation we would like to focus on the referral process, modification of treatment modalities and on the results.

Turning Points for Men, a program of ACTS, Prince William County, Virginia

John Deane, Men's Program Coordinator

### Summary of Program

Turning Points is a program of ACTS in Prince William County. The Men's Program of Turning Points is available to men who are either abusive within a family unit or the victims of abusive behavior by other persons within the family unit. The program is designed to help men identify feelings, cope with stress in their daily lives and understand that extreme attitudes toward traditional sex roles often lead to violence within the family. The Men's Program is based on the idea that the violent individual is not bad or criminal but his actions are and each person is always responsible for his own actions.

### Background and Environment of Program

Turning Points has evolved from a volunteer "kitchen table" program known as Prince William Aid to Women to a program that now deals with both men and women (both abusive and abused and the children caught in the middle). Prince William County currently encompasses a large rural sector while, at the same time, because of its close proximity to a metropolitan area, has a dense urbanized population. Thus Turning Points' clients cover the full range of the social scale.

A unique feature of this program is the utilization of former clients as group leaders and advocates. This program is built on a self-help approach.

The goal of Turning Points Men's Program is to decrease the incidents of domestic violence in Prince William County by offering the individual alternatives to violent behavior.

### Group and Individual Assistance

The Men's Program began in January 1981. This program is divided into two areas of assistance: The Men's Support Group and an Advocacy Program. Each individual client is assigned an advocate who will try to establish a trusting relationship with the client and help him to identify his feelings, values, and problems. The advocate will then offer alternative ways to the client of accepting or changing these feelings, values, and problems. The advocate is also available to the client to call on for help in time of crisis.

The Men's Support Group encourages each member to search out positive alternatives to the abusive behavior they have exhibited towards others. Like the Advocacy Program, the support group helps the client identify reasons for his stress and why he feels the way he

does. Emphasis is placed on developing skills to handle stress and to teach the clients to communicate more effectively with others. Relaxation techniques, cognitive restructuring, anger management and communication techniques are all emphasized during group meetings.

#### Content and Approach

The Men's Program teaches these basic ideas in both group sessions and through individual advocates.

1. "Violent" families are not very different from so-called "normal" families.
2. Physical abuse is caused by a person's inability to identify and cope with feelings and stress, coupled with extreme attitudes toward traditional sex roles.
3. "Control" is usually the main issue between spouses.
4. Separation as a possible immediate strategy to convince the other partner of the seriousness of the problem and to initiate real change.
5. Violence is never acceptable.
6. Individuals are responsible for their own actions.
7. Individuals are not "sick" or "criminal" but victims of roles society has traditionally imposed on them.

In addition men are introduced to active listening skills, empathy skills, assertion techniques, decision making techniques and communication skills.

Experience with clients is one of trial and error. Few solid guides are available which lead to the desired character changes. Several approaches are employed in an effort to end violence.

Cognitive restructuring involves changing the way a batterer talks to himself about what is happening. Often it is not the situation, but rather what a batterer tells himself about it that gets him angry. An example: Wife comes home 15 minutes late and husband concludes she is having an affair. Even in situations in which anger is justified the batterer must learn to talk to himself in ways which will not lead the anger to the point of violence.

Stress reduction techniques are used to reduce the tension level which leads to violent behavior.

One such technique is Time Out. This involves identifying the "ladder" of actions leading to violence. At a predetermined agreed point, i.e., flushed feeling, heart pounding, etc., client should take time out in neutral situation and cool off; then later resume activity. Deep breathing and progressive relaxation training are examples of stress and tension reduction techniques that can be taught as exercises. Routinely repeated, they can become habitual responses whenever tension is building. Relaxation then becomes an automatic response to stress rather than the response of violence. Physical exercises such as jogging are suggested as a method to reduce tension.

Often the batterer has difficulty identifying feelings of sadness, fear and rejection, or may interpret these feelings as anger. Communication skills training help men who batter to identify and express their feelings. The batterer also learns to describe behaviors which they do not like in their spouse and to constructively ask for changes.

"I" messages - they are taught "I" messages in which they learn to express needs, feelings, ideas, criticisms in a non-threatening manner while being aware of rights of self and others.

#### Evaluation

The Men's Support Group has until the present time been open ended. We are presently in the process of establishing procedures for the members to work towards a specific goal which would, upon completion, lead to termination from the group or lead to the establishment of a new goal for the member to work toward.

Since the program was established, it has been interesting to note that for the most part all violent actions on the part of clients has ceased immediately upon involvement in the program. We do not, however, have any statistics as to incidents of violence once the men have terminated from the program.

Victim Assistance Network, Fairfax County, Virginia  
Virginia Ratliff, Coordinator

#### Background/History

The Fairfax Victim Assistance Network (VAN) was established in July 1979 through a merger of the Fairfax County Rape Crisis Program and the CEASE program (Community Effort For Abused Spouses). CEASE was a pilot demonstration project originally funded in 1977 with LEAA funds (Law Enforcement Assistance Administration). Part of CEASE's service was to provide counseling for individuals, couples, and groups in an effort to end, reduce, or contain physical violence between CEASE clients and their spouses. VAN now continues the abusive couples counseling service in Fairfax County through the Mt. Vernon Center for Community Mental Health.

#### Understanding Abusing Couples

Through clinical experience VAN has identified characteristics of the abusing couple. The abusing spouse is usually the man, and the abused spouse the woman, but both members share common traits including extreme dependency, isolation from social support systems, low self-esteem and idealized and unrealistic expectations from marriage roles. (Editor's note: see Characteristics of Those Who Batter.)

The abusive cycle most frequently begins in response to high-risk life events: beginning cohabitation, legally marrying, pregnancy, separation from military service, loss of job, new signs of independence (school or job), or separation/divorce. These high-risk events constitute a threat to the relationship for both partners, since they both are dependent on the marriage to give their life security.

The abusive couple is tightly bound together through dependency and need for the partner to fill in the other half of the whole. The wife usually plays the role of Nurturer, a role that is reinforced by cultural expectations. In that role, she is responsible for happiness of her husband. She takes care of him in a way that she feels she should and in a way that he demands of her. As long as that meets his needs, there is no problem. At times her excessive nurturing subtly leaves him feeling unable to care for himself. The implied dependency and need for his wife to care for him builds resentment and anger in the husband. In response, he assumes the role of Persecutor, expressing anger and frustration, showing how much he doesn't need her care. As part of her nurturer role, she assumes responsibility for tolerating her husband's anger and frustration. She takes it. Only when his demands exceed her patience - when he crosses the line and demands more than she can give does she get angry. This is the peak of the cycle. When the nurturer gets angry, the real threat to the system is evident. One or the other may leave or at least threaten separation. If there has

been physical abuse, other people - (police or family) may be involved supporting her leaving. She may be saying with great intensity, "I don't have to put up with this." After all, she was only being a good and caring person, and look how he took advantage of her.

This real or perceived separation is experienced by both partners as loss on several different levels. First, the loss of the marriage that they wanted to have is a result of admitting the reality of what they do have. Second, loss of the marriage implies the partners aren't as good as they "should be", and they experience loss of self-esteem and of self-respect. Third, the threat of loss of the relationship means each partner is on his own as it were, no longer part of the couple. At that point, one or the other partner becomes Rescuer, making overtures. In most cases it is the husband who initiates contact with hearts and flowers, begging forgiveness, promising it won't happen again, being repentant and genuinely feeling guilty. The wife experiences her husband's overtures in a way that she responds to, feeling loving and understanding, dealing with her own threat of loss, and becomes accepting and nurturing once again. The cycle is completed. He needs her, she needs to be needed.

#### Family Therapy Ideas

Understanding of the abusive family is enhanced by some family therapy principles. Family therapy uses the term homeostasis to describe the powerful need to keep things as they are to avoid change at all cost. Nothing is quite so frightening as the unknown. Familiar pain is more tolerable than unfamiliar happiness. This underlies the ambivalence, or feeling both ways simultaneously. An abused woman really does hate her husband and love him at the same time. By focusing on one side - the hate - and not admitting the other - the love - the ignored or denied feelings can gain in intensity and can take over. It is important to talk about both to keep them in balance. Members of the abusive couple need each other to feel like a whole person. Each is an undifferentiated self who seeks wholeness by sticking tightly to the partner.

#### Intergenerational Contributing Factors

The development of the dependent personality is the result of an overly-intense prolonged infant-parent symbiosis (mother/parent-infant relationship). The infant-parent symbiosis is a normal, natural process in infant development. It becomes destructive when 1) the parent fails to provide adequate nurturing leaving an enormous hunger for dependency in the child or 2) parent holds too tight past the time for individuation and infant develops knowing no alternative to intense dependent relationship. When he grows up, the individual chooses a mate to attach to who has a similar need for the intensity. It is as though the two people form one common self.

Some suggestions for those working with abusive couples include:

- o assess level of danger (physical safety from violence is of primary importance).
- o provide options - couples can "cool off" during a temporary separation.
- o avoid identification with either victim or aggressor.
- o teach new roles.
- o look at needs and help them learn how to fill needs in healthy ways.

Refer to Appendix D for a description of couple relationship patterns as observed by the VAN program.

Richmond City Juvenile and Domestic Relations Court - The Marriage Counseling Program  
Nancy Whitehurst, Counselor

#### Summary of Program

The Marriage Counseling Program of Richmond Juvenile and Domestic Relations Court provides professional counseling services to couples and families who have come before the court as a result of some act of violence between the couple or within the family. Counseling is also available for self-referrals and referrals from other agencies on a case-by-case basis when space is available. Ninety-eight percent of the couples who have participated in the program have involved women who have been physically assaulted, sometimes with serious injuries and sometimes repeatedly.

The program involves the coordinated efforts of judges, magistrates, and a professionally trained marriage/family counselor. The judge offers to continue selected cases for three months if the couple agrees to participate in the court's counseling program. Every effort is made to have the couple seen by the counselor for their initial counseling session before they leave the court building. This permits the couple to gain a more accurate idea of what to expect from counseling. The confrontation with a judge helps the couple to see that they have a problem which is a vital first step to resolving problems. Using the implicit "leverage" provided by the judge's action the counselor encourages the couple to contract for a minimum of eight (8) counseling sessions.

At the end of these eight sessions the couple returns to court. The counselor provides the judge with a written report detailing the couple's progress in counseling, an assessment of their current level of functioning, and recommendations for disposition of the case. Depending on circumstances, the judge may continue the case or dismiss the charges while counseling continues for another three months, or may recommend a restraining order if the abuse continues. Quite often couples have continued with counseling regardless of how the case was disposed.

#### History and Goals of Program

The court Marriage Counseling Program was created in 1977 as one response to the legislative mandate in Article III, Section XVI, 1-241-J regarding services for adults who fall under the court's jurisdiction. Chronic spouse abuse -typically involving assault and battery and sometimes including serious physical injuries was the identified problem. Concurrent with this mandate the Richmond Juvenile and Domestic Relations Court judges had expressed concern over the growing numbers of new cases appearing on the docket involving such domestic violence. More importantly, they had

expressed greater concern over the number of cases reappearing. The same couples were coming back in court with the same problems.

The goals of the marriage counseling program as an extension of the court services were:

1. A reduction in domestic relations offense warrants
2. A reduction in the number of court cases
3. A reduction in the recidivism rate
4. A strengthening of families through marriage counseling.

Since 1977 the program has served approximately 375 cases. Eighty-five percent of the couples entering the program have participated in at least the minimum of eight (8) sessions as called for by their "contract". This entails seeing the couple conjointly, seeing the individual husband or wife if the other spouse refused to participate, or in a few cases seeing the entire family.

#### The Counseling Program

The program's marriage counseling operates from within a model which views abuse as a symptom of dysfunctional communication/relationship patterns within the marital relationship. Thus, emphasis is not placed on diagnosing and treating the "psychopathology" of the individual (except in a few specific cases). The major focus of therapy is to assist the couple in developing more constructive communication patterns and redefining themselves with the relationship in a way which precludes the use of abuse during times of conflict. Moreover, both spouses are seen as "victims" of the act, with both parties contributing to the problem. An attempt is made to de-emphasize the symptomatic complaint and to assist the couple in taking a more objective look at the dysfunctional dynamics which contribute to their marital discord. This may include looking at the unresolved issues of their past in relation to their family of origin, redefining more flexible sex/spouse roles within the marriage, gaining more individuation from one another in order to accept differences without trying to change the other, and improving communication.

The counseling goals are:

1. Assist couples in finding more constructive ways of handling marital conflict by facilitating more open communication and enhancing problem-solving skills.
2. Assist couples in redefining their roles within the relationship and negotiating a viable balance between connectedness and a sense of individuality.

3. Assist couples (and their children) in the separation process when warranted by the circumstances.

Counseling strategies depend on the motivation of the client, the degree of marital dysfunctioning, and who the counselor includes in the therapy. Appendix E contains brief sketches of three approaches to therapy which have proven useful in treating spouse abuse.

#### Why A Court Program

A counseling program within the court system has some distinct advantages in terms of motivating the couple to engage in the therapeutic process. One reason for the high rate of follow through with therapy in the court program is the image of the court. Since the court is not directly linked to mental health services the couple is not intimidated by the connotations sometimes associated with that service (i.e. that they are "crazy"). In addition, the judge (a highly esteemed, if not feared, authority figure) recommends the counseling and therefore gives the program sanction.

Both spouses can benefit from the court counseling program. The abuser may welcome the opportunity to express himself in an arena where he feels he can be heard and where he may get some of his own needs met. The abused is at a good point to begin working on raising her self-esteem - she has just taken action to protect herself and has gotten response from the judge. ("I did something to protect myself and it worked and I was told I was O.K.")

The final advantage of the court program is the time-limited and court-monitored structure. The judge continues the case for three months. The couple has a time limit within which to work on a goal before the judge makes a disposition.

#### Therapist Issues in Couple's Counseling

The therapist's major issue which needs to be dealt with, is that of objectivity. In the role of marriage counselor working with abusing couples the therapist must understand both parties' perceptions without "taking sides". One needs to understand the cultural background of the couple, appreciate the function of the violence within the couple's relationship, and have worked out one's own significant male/female issues.

This writer's experience is that the spouse abuse issue tends to trigger the counselor's emotions be they anger, fear, confusion, repulsion, an impulse to rescue, etc. It is my belief that counselors have to be aware of his/her feelings toward the couple and either use these reactions therapeutically with the couple or deal privately with co-workers around one's reactions so as not to contaminate the therapeutic process.

## ISSUES IN THE TREATMENT OF BATTERING MEN

To many, the treatment of violent men appears to be complex, of doubtful outcome and perhaps dangerous. When workers get involved with men who beat women (or children) their own distaste and outrage often emerges. Instead of working as a helping agent-in-charge one's desire may be to punish or to cut off. On top of one's personal feelings there are also the questions of whether or not violence is a primary or secondary process, and if it is a problem of the individual or of an interactional system.

This section will discuss some of the treatment issues of interest to those beginning or evaluating abuser programs. These issues represent only a sampling of those considered by the group that prepared this manual. Other issues appear in the literature and still others will emerge out of new programs. Before proceeding, it may be useful to list several global issues, not discussed in this article, but likely to be encountered by program developers. These include: a consideration of the levels, types and stages of abuse; society's institutionalization of violence for recreation and problem resolution; the contribution of reality problems, such as unemployment, escalating inflation and an intensely competitive work environment.

The twelve treatment issues chosen for discussion will hopefully raise more questions than answers. In the process, perhaps your consideration of the implications of physical violence will be broadened and your treatment programs and strategies become more sharply focused. Further, in discussing these issues we are in no way condoning or excusing any person's (or institution's) violence towards any other person.

### 1. Spouse Abuse and Alcohol Abuse:

The literature of spouse abuse usually touches upon the relationships between violence and alcohol. Without implying a direct cause-effect relationship, workers know that if violence has occurred, the odds are that "booze" is somewhere in the picture. Clinical evidence indicates that alcohol is somehow involved in approximately fifty to over eighty percent of spouse abuse incidents.

An early treatment task is often to screen for evidences of any drinking problems. Many group programs only accept alcohol abusers if they are also in treatment for the drinking problem. One caution is that the batterer may not always be the drinker in the family. Other treatment problems include denials, repressions, manipulations, rapid mood swings between wet and dry states, and the increase in anxiety often accompanying alcoholic drinking.

### 2. Physiological and Psychological Factors:

There are at least two medical conditions associated with violent behavior. Epilepsy can trigger extremely aggressive responses. Abusive men might be probed for early histories of blackouts or seizures. Hypoglycemia contributes to increased irritability, and alcohol contributes to the hypoglycemic condition.

Many common medications (such as tranquilizers, diet pills, common cold remedies, and antihistamines) can also contribute to irritability, especially when combined with alcohol or other drugs.

There is new evidence that some violence-prone males may lack an ability to store and utilize certain trace minerals. Clients might be requested to try stress vitamin/mineral combinations while in treatment.

Sexual dysfunction may contribute to some violent behaviors.

Psychological contributors might include psychotic episodes or paranoid schizophrenia.

Severely depressed, younger males may often act out mad when feeling sad.

### 3. Sexual Abuse and Marital Rape:

Violence against women takes many forms. The marital relationship can serve to cover acts of aggression that would be considered felonious if performed against a stranger. Kinsey and other researchers have reported that anger and sexual arousal produces similar physiological changes. It is not uncommon for one to turn into the other. Workers should therefore be aware that reports of physical assault may also include sexual attacks.

### 4. Homicide/Suicide:

There is a need to be attentive to the potentials for homicide/suicide in abusive families. About one-third of the nation's murders occur between family members and half of these are between spouses. Violent men may have deep-seated suicidal feelings (and there is also evidence regarding the suicidal nature of some homicide victims). Murder and suicide threats are to be taken seriously.

### 5. The Chain of Abuse:

Violence breeds violence. Children experiencing violence have increased potential to become violent adults. Also, inter-familial chains are known to exist. Spouse beats spouse, who in turn may beat the children. Or, the abusing spouse may also be

an abusing parent. In a "culture of violence" the more violence present during childhood, the more that person learns to use violence. The local abuse program assumes a vital role in a community network to interrupt this cycle.

6. Loss and Separation:

A common theme among men who batter is the early loss of a significant love object. This is often followed by subsequent extreme "cut-offs" from the family of origin. A batterer's severe dependency needs may stem from these losses.

7. Characteristics of Abusing Couples:

Couples involved in abuse situations often share common traits or characteristics. To consider a battered wife as part of a family system is not to define her as a masochist asking for her beating. Everyone in the family has a role to play and the pressure is to keep people in their roles. The risk of conflict is highest during periods of role change, especially if one family member refuses to accept or redefine a role.

Some key characteristics thought to be shared by the partners include: Stress and psychosomatic disorders; emotional dependency; low self-esteem; problems with personal boundaries; intergenerational histories of family violence; and suicidal or homicidal potential.

8. Treatment Choices:

Clients need to be assigned to appropriate treatment modalities. Abuse is a family problem and services ideally should be available to all family members. In many situations a combination of treatments may be indicated. During early stages a couple may require individual counseling and later marital and/or family counseling. If a group modality is available, psychotic or highly manipulative clients may need to be screened out. Concurrent alcohol or substance abuse treatment is required if those problems are also present. Treatment of choice will also be determined by available resources and funds.

9. Group Co-Facilitator Issues:

Abuser groups are often led by co-facilitators. Even professionals need to be aware of how their interrelationship may effect their group's progress. Individual goals and expectations need to be clarified, as well as the issue of "who owns the group?". Problems between facilitators can be expected to wind up in the group, though the conflict could be usefully modeled.

10. Recruitment:

Many men are thought to traditionally reject counseling or therapy as something that is unmanly or for "crazy" people. EMERGE and other programs report steadily increasing self-referrals as community awareness and trust grows. Difficulties could be experienced with referring agencies and new programs will need to build relationships and networks. Some agencies tend to shelter clients and may hesitate to refer out. Others may adopt a skeptical, wait-and-see attitude. Most referral sources will expect some sort of reciprocation as they seek to have their own needs met.

The recruitment and training of volunteers is beyond the scope of this article. Suffice to say, the "care and feeding" of volunteers is critical to new programs.

11. Research and Data Collection:

There is a need to validate data on the treatment of abuse problems. For example, should the verbal expression of aggression be encouraged? "Ventilationists" feel that this is not only desirable but has the potential to reduce actual physical violence. Other research indicates that the greater the amount of verbal aggression, the greater the amount of physical violence. Accurate records, case and process notes are a must, wherever possible, as are outcome follow-ups. Local colleges and universities can be very helpful in this area.

12. Worker Burnout:

Our final issue concerns the personal effects of working with violent abusing clients. As the field is relatively new there is a consequent lack of networking, professional acceptance and understanding. Professional isolation and lack of support are frequently voiced complaints; differences with law enforcement and judicial agencies and our own unresolved sexual role and aggression issues are others. Working from a family systems perspective may bring overt (or covert) conflicts with individual or "victim" oriented workers. Racial and sexual issues can be other sources of stress and conflict.

At best, work with abusers and their families is a "tricky business" regardless of the approach or position in the "continuum of care". We all need to take care of ourselves, to build strong networks, and to train and practice to do the best job possible. It is only through working together that we begin to stand a chance of reducing or eliminating family violence.

## HOW TO ORGANIZE A PROGRAM IN YOUR COMMUNITY

As you have read in other sections of this handbook, there presently exists wide variations in the type of programs designed to help an abuser stop the violent behavior. There is an ever-growing recognition among communities that our traditional answers of ignoring the problem or relying totally on the legal system for the solution have not affected a satisfactory decline in the pervasive problem of spouse abuse.

This section is designed to offer helpful steps to an interested group or agency for organizing such a program in your community. An established agency with an already existing structure, staffing pattern and funding source is in a better position to formulate and maintain any new program. However, the flexibility and normally high level of commitment demonstrated in volunteer organizations can also be advantageous. Many of these five suggested guidelines apply equally well to either group.

### STEP 1: DETERMINING THE NEED:

Although efforts to gather statistical information regarding family violence have increased in recent years there is no one source available at this time which will give an accurate picture of the extent of the problem in your area. The best sources for such information are the local social service agencies, juvenile and domestic relations courts, law enforcement departments and women's shelters. In many instances professional guesses will have to substitute for empirical data. Other potential sources are: hospital emergency rooms, magistrates, legal aid societies, local crisis lines and professionals in the private sector.

Additional contacts to information and referral agencies and community mental health or family service organizations should provide a lead to any currently existing programs in your area.

### STEP 2: GATHERING INPUT

During the planning phase many agencies and individuals in a community should be contacted. This serves the dual purpose of gathering valuable input as well as beginning the process of building good community relations. In this step it is important to contact all potential referral sources as well as agencies who routinely work with potential clients. This list should again include all the agencies or departments listed above as well as any others working in related fields. These agencies are frequently good sources for such information as potential population size, client characteristics, special client needs, referral procedures and follow-up information. Few service programs are truly successful if they attempt to operate

in isolation and ignore the resources of other professionals in related fields.

### STEP 3: DEVELOPING A PROGRAM

The nature and scope of any program is dependent on criteria such as the number and training of available staff, budgetary constraints, physical limitations, etc. Some of the program models presented in this manual may be helpful to you in determining what is possible in your specific area. However, other concerns must also be addressed: What type of training, support, and supervision will be available to the staff? Will the program accept court-ordered referrals or operate on a strictly voluntary basis? How will the referral process work? How will confidentiality be maintained? What type of feedback will be provided to referring agencies? Will any follow-up service be provided to clients? Will the spouses of clients be offered any service? What type of evaluation process will be established to defend the program and guide future efforts?

A written program which outlines goals, objectives and specific procedures will be a valuable tool for clarification as well as provide information for other interested parties.

### STEP 4: PUBLICITY

A public awareness campaign is vital for two reasons. First, it may be the chief source of generating referrals. Second, it helps maintain a broad base of community support. This is critical to most service organizations and can become a full-time job in the initial phases.

Free public service announcements are offered by most forms of the media and many local programs are anxious to interview representatives of innovative programs. Speak to private organizations and clubs, church groups, and civic organizations. These groups are often the backbone of public support and may also provide volunteers or funding. Special efforts should be made to speak to any organization working in a related field. This includes attending agency staff meetings, police department shift changes or meeting individually with key agency staff members.

Widespread publicity should wait until the program is ready to begin operation as it will often generate immediate questions and referrals.

### STEP 5: MAINTAINING GOOD PROFESSIONAL RELATIONSHIPS

This step is essential from the very beginning and throughout the life of the program. A bad reputation, if not fatal, can do irreparable damage. Most professionals whether they are police officers, social workers, or judges are eager for any positive

alternatives which will help them in confronting the frustrating problem of spouse abuse. Although you will face skepticism from many sources this can usually be overcome by careful planning and a spirit of cooperation.

Personal ongoing contact is the best means of maintaining good relations and will help ensure that the inevitable small problems do not become major handicaps. Key contact persons should be established and maintained at the juvenile and domestic relations court, department of social services, local police department, battered women's shelter, and any other agency which is essential to your program. Such issues as reciprocal training, a smooth referral process and appropriate feedback will establish a productive working relationship within the service community and a valuable network of resources for your program.

Concerns such as funding, organizational structure and specific procedures will be unique to each beginning program. It is suggested that you contact some of the programs outlined in this manual or the Spouse Abuse Unit at the State Department of Welfare for more detailed information.

#### ANNOTATED BIBLIOGRAPHY

1. Barnhill, Laurence, Rebecca Bloomgarden, Gwen Berghorn, Margaret Squires, and Anthony Siracusa. "Clinical and Community Interventions in Violence in Families", Chapter XXI in Group and Family Therapy: 1980 edited by L. Wolberg and M. Aronson, Brunner/Mazel.

2. Crites, John Q. and Louise F. Fitzgerald, "The Competent Male" The Counseling Psychologist, Vol. 7, No. 4, 1978, pp. 10-14.

This brief article discusses the concept of maleness and its effect on men's relationships with women and with other men. The authors suggest both males and females would be most effective and happy if not assigned fixed ways of behaving based on sex.

3. Erat, Hoffman, and Bailey, "Therapy for Abusive Behavior".

This step-by-step manual for an abusers group is available for \$15.00 (including postage and handling) from Patricia A. Erat, 271 Thelma Avenue, Glen Burnie, Maryland 21061.

4. Everett, Steve, "Stage's Out of Battering", an unpublished paper (1980) available from Human Resources Associates Foundation, Inc., P.O. Box 5022, Station A, Champaign, Illinois 61820.

5. Everett and Lindstrom, "Introduction to Violence by Males", an unpublished paper (1981) available from Human Resources Associates Foundation, Inc., P.O. Box 5022, Station A, Champaign, Illinois 61820.

6. Flanzer, Jerry, "The Vicious Circle of Alcoholism and Family Violence" in Alcoholism, January - February, 1981

This article compares and contrasts the dynamics of abusing families and drinking families. The author also includes some "tips" for helping families with the "double trouble" of alcoholism and family violence.

7. Frederiksen, Lee W., Ph.D., Cynthia L. Anderson, LCSW, and Ken Feigenbaum, Ph.D., Group Services for Batterers: September 1980, Montgomery County Health Department, Community Crisis Center, Abused Persons Program.

This report outlines an abuser program pilot project (8-session abuser group) that was conducted as a model alternative sentencing service. The report includes an analysis of results and recommendations based on project results.

8. Ganley, Anne L., Ph.D., "Counseling Programs for Men Who Batter: Elements of Effective Programs" Response, Vol. 4, No. 8, Nov/Dec. 1981. This article is an excerpt from Dr. Ganley's new manual (See below).

9. Ganley, Anne L., Ph.D., Court-Mandated Counseling for Men who Batter: A Three-Day Workshop Manual for Mental Health Professionals (Participant's Manual), 1981. Available for \$10 from the Center for Women Policy Studies, 2000 P Street, N.W., Suite 508, Washington, D.C. 20036

10. Ganley, Anne L. and Lance Harris, Ph.D., American Lake Veterans Hospital, Tacoma, Washington. "Domestic Violence: Issues in Designing and Implementing Treatment Programs for Male Batterers".

This article raises the question about causes of violence, outlines characteristics of abusers, promotes prevention of domestic violence through treatment of the offender, and describes a 4 week residential treatment program for abusers at the American Lake Veterans Hospital.

11. Geller, Janet A., ACSW, "Reaching the Battering Husband" Social Work With Groups, Vol. 1 (1), Spring 1978.

A descriptive account of VIBS (Victims Information Bureau of Suffolk) project for battering husbands. This detailed paper outlines the content of the 10-week group work model for abusive men as well as some of the issues involved in treatment.

12. Gelles, Richard, The Violent Home Sage Publications, Beverly Hills, CA 1972.

This research study includes personality characteristics of the abuser.

13. Goffman, Gerald M., Ph.D., Mutual Support Counseling for Women-Batterers 1980, 31p.p. \$5.00 order from Batterer's Anonymous, c/o the Coalition for the Prevention of Abuse of Women and Children, P.O. Box 29, Redlands, CA 92373.

14. Klingbiel, Karil, MSW, ACSW, Director, Social Service Department, "A Treatment Program for Male Batterers" Harborview Medical Center, Seattle, Washington. Copies are available from the Spouse Abuse Unit, Department of Welfare, 8007 Discovery Drive, Richmond, VA 23288.

This unpublished paper describes the Batterer's Project in Seattle, Washington which was established in November 1977 as a YMCA program. The paper describes the project's three major components: 1) public awareness, 2) counseling, and 3) the network, as well as project results and suggestions for change.

15. McCormick, Andrew J., "Men Helping Men Stop Wife Abuse", State and Mind, Summer 1980. A description of the EMERGE program - theoretical position, goals, policies, and programmatic information.

16. Mitchell, A.R.K., Violence in the Family, England (Wayland Publishers), 1978.

This book includes some characteristics or indicators of violent families. Mitchell concludes that families in which violence occurs typically hold few friendship ties or community involvements, and that violent families are generally careful to conceal patterns of violence from those outside the home.

17. Mott-McDonald Associates, Inc. for Law Enforcement Assistance Administration, The Report from the Conference on Intervention Programs for Men Who Batter

This extensive report includes information on characteristics of abusers, intervention strategies, techniques, and formats.

18. Pagelow, Mildred Daley, Woman-Battering: Victims and Their Experiences Sage Library of Social Research, 1981.

Pagelow cites findings of 2 treatment providers. Both providers have had extensive experience treating abusers. Findings include personality characteristics of abusers and implications for treatment.

19. Penn, Isidore, MEd, and David Adams, MEd, "Getting Rid of the Excuses Men Use for Abusing Women", Practice Digest, Volume 4, No. 1, June 1981

A description of EMERGE's model for group counseling of abusing men, this brief article describes EMERGE's program from the abuser's initial contact through the final stages of the 24-session counseling group.

20. Pleck, Joseph H. and Jack Sawyer, editors Men and Masculinity

Collection of essays by various men; learning the male sex role and freeing oneself from it.

21. Purdy, Francis MEd. and Norm Nickle, MSW "Practice Principles for Helping Men Who Batter", Volume IV, issue 4, January 1982, Social Work With Groups

Description of a model group program which has been successfully duplicated in both rural and urban settings - safe home or shelter affiliation has helped assure success. The authors describe values or assumptions necessary for the helper as well as 6 major phases in group treatment. Helper values include 1) the abuser is solely responsible for his own violence and abuse, 2) once the abuser uses violence to cope with stress he will rarely stop spontaneously, 3) violence is a learned behavior, 4) family or couple counseling should never happen until the abuse has stopped and the abused is no longer afraid of the abuser, 5) group counseling is more effective than individual counseling, and 6) group leaders must be aware of their own attitudes and experiences with violence.

22. "RESPONSE to Violence and Sexual Assault in the Family", a newsletter published by the Center for Women Policy Studies, 2000 P Street, NW, Washington, D.C.

'Psychologists Treat Batterers in Residential Program', Volume 2, No. 8, July 1979. Describes the batterers program at American Lake Veterans Hospital in Tacoma, Washington. Program requires 4 weeks in a residential program of structured re-learning.

'Help for Wife Abusers', Volume 2, Issue 1, October 1978 emphasizes the scarcity of programs for abusers and the paucity of attention focused on batterers and their special needs; describes three treatment programs: EMERGE, TAB and VIBS.

'Programs for Men Who Batter: Part I', April 1980 (and Part II, May, 1980). State-by-state list of programs that provide services for men who batter.

23. Rice, David G., "The Male Spouse in Marital and Family Therapy", The Counseling Psychologist, Volume 7, No. 4, 1978, pp. 64-66.

This article discusses therapist issues in involving the male spouse in marital and family therapy. The author does not directly discuss the violent male spouse; the focus is on couples counseling.

24. Rosenbaum, Alen and K. Daniel O'Leary "Marital Violence: Characteristics of Abusive Couples" Journal of Consulting and Clinical Psychology (Arlington, VA), 49 (1): 63-71, 1981.

Authors compared abusive husbands and non-abusive husbands with marital difficulties. Findings indicated abusive husbands were: 1) less assertive with their wives, 2) more likely to have been abused as children, and 3) more likely to have witnessed parental abuse in their families.

25. Segal, J. "Violent Men - Embattled Women", Cosmopolitan, Volume 180, N 5 (May 1976), p. 238-241.

Describes characteristics of abusers and abused and a characteristic pattern of conjugal violence involving anger and guilt.

26. Serum, Camella S., Ph.D. "Profile of Assailants", an unpublished paper.

Outlines four characteristics of the abuser (blames others for his violence, attempts to control partner, responds to separation from partner with severe depression, and has pathological dependency in bond with partner) and concludes that violence will stop only when assailant takes responsibility for his violent behavior. Author says society's responsibility is to punish assailant instead of blaming the victim.

27. Shapiro, Charles E. and Helen E. Swall "A New Approach to Battering: A Proposal for the Extension of Services to the Abusive Male", an unpublished paper available from the authors at Family and Children's Services of Kansas City, Mo., Inc., 300 North Osage, Independence, MO., 64050

28. Star, Barbara, "Patterns in Family Violence", Social Casework, Volume 61 N 6 (June 1980) p. 339-346.

Author describes personality characteristics of assaulters and states that each violent episode further erodes the assaulter's mechanisms of external control (i.e. early intervention is indicated).

29. Toch, Hans, Violent Men: An Inquiry Into the Psychology of Violence 1969, Chicago, Aldine Publishing Co.

30. Wong, Martin R., "Males in Transition and the Self-help Group", The Counseling Psychologist, Volume 7, No. 4, 1978, pp. 46-49.

This article contains some background material on the all male leaderless self-help group and guidelines for setting up such a group, with suggested activities and discussion topics.

#### AUDIO VISUAL MATERIALS

A Family Affair, 1981. 16mm color film, 28 minutes. Purchase price: \$475. Rental price: \$60 for three days. Produced by VICUCOM Productions, Inc. P.O. Box 5472, Redwood City, CA. 94063. This film is a dramatic portrayal of abuse in a middle-class family. The abuser is taken to court; emphasis is on abuse as a criminal action and on Judge's support of counseling option for abuser.

Michael's Story, videotape, approximately 30 minutes. Purchase price: \$175, Rental: \$60 (one day only). Available from King Features Entertainment, Inc., 235 East 45th Street, New York, N.Y. 10017. Dr. Tom Cottle, author of The American Family and host of the PBS Tom Cottle Show, interviews Michael, an abuser involved in the Emerge program.

Spouse Abuse Prevention Series, 1981. Three (3) 16mm color films. Purchase price: \$640. Available from ODN Productions, Inc., 74 Varick Street, Room 304, New York, NY 10013, (212) 431-8923. "Deck the Halls" focuses on the tension underlying the violent outburst and shows its destructive effect on the family. "Up the Creek" explores the isolation the abuser feels as he confronts the loss and legal consequences of his behavior. "Shifting Gears" proposes another dimension to male friendship, and suggests an alternative to male-supported violence. These films can be an excellent tool to trigger discussion in abuser programs. A discussion guide accompanies the series. These films are available from the Virginia Department of Welfare, 8007 Discovery Drive, Richmond, Virginia 23288 on a short-term loan basis at no charge.

RESOURCE PEOPLE IN VIRGINIA

These people have been involved in compiling the material in this handbook and are willing to consult with you as you develop services for abusers.

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#### APPENDIX A

The Family Services, Inc. of Charlottesville group for spouse abusers offers the following interventive strategies to utilize within the group structure.

#### Behavior Modification

Most often abusers have not learned to trust, which is an essential in human relationships. A man who has not learned to trust is not likely to be able to interact openly and honestly or to be very expressive within his relationships. Further, the lack of trust may lead the abuser to feel extremely isolated. This sense of isolation may increase the abusers' feelings of having little control over his life and his environment. Physical violence then becomes a frustrated attempt to exercise control.

To address this issue we use experiential strategies such as the trust walk. In this exercise group members are paired off, with each member of the pair alternating being blindfolded and essentially at the mercy of the non-blindfolded member. This experience is later processed in the group.

Another experiential strategy aimed at facilitating trust and intimacy involves again pairing group members and having each pair select a space where they can sit on the floor. This exercise involves physical closeness and intimate sharing. Afterwards the men share their experiences in the group. In these two exercises the abusers are forced into a situation in which they must trust and be open and intimate. They are learning and experiencing new behaviors which may help them to avoid being abusive with their spouses or girl friends.

In conjunction with exercises such as those listed above we use other behaviorally oriented methods such as the "time out". The abuser is taught to give a hand signal or call "time out" when he feels that he is losing control and that he may become violent. When time out is called the couple separates and the abuser may even leave the house to give himself time to relieve the tension.

#### Cognitive Restructuring

Exercises such as the Alligator River story are used as non-threatening ways of getting the abusers to discuss their values concerning issues such as fidelity, love, and male/female roles. We are thus able to challenge their value systems and expose them to different values.

### Communication

Many domestic disagreements, which end in physical abuse, are the result of dysfunctional communication between the two partners. In response to this we have developed a number of role plays dramatizing both functional and dysfunctional communication. Through the use of these role plays we not only model functional communications skills and alternative behavior but help the abusers to begin to develop and improve their communication skills. Role plays also help the abuser to begin cognitively altering his perception of a stressful event and therefore altering how he reacts to that event.

### Other Techniques

**Stress Reduction:** In our experience the abuser is likely to react aggressively in a tense situation. Stress reduction techniques are an attempt to help the abuser to learn to reduce the tension which may precipitate violence. An integral part of stress reduction is helping the abuser to learn to become aware of mounting stress and how he reacts to it. Once this is accomplished, then the abuser can be taught specific techniques, such as relaxation exercises, which he can employ when he feels tension beginning to build up.

**Anger Log:** This is a tool which helps the abusers to identify those situations which lead to violence. Each man is asked to keep a simple list of situations which make him tense or angry. During group we discuss these lists and the group members help each other in developing productive methods for handling these situations.

**Hobbies:** Continuing the theme of relaxation and stress reduction, we encourage the abusers to become involved in some hobby. In a survey of the abusers we have treated, almost 90% list hunting as their hobby. We feel that the goals of our group would be better served if the abuser had some other less violent hobby to involve himself with particularly when he feels tense. Further, the satisfaction gained from the hobby may help to boost his sense of self worth.

**Peer Support:** Group cohesion and mutual support seem to develop rapidly in our groups. We consider this desirable and encourage it. We further encourage the abusers to exchange phone numbers and to call each other if they feel a crisis is eminent and on a regularly supportive basis. We have also tried having follow up meetings after the group is over.

Richie Folly  
Family Service, Inc. of Charlottesville  
Men's Group

### APPENDIX B

#### GROUP TECHNIQUES SAMPLER

#### A Warm-ups (Openers)... "My First Toy"

The group is asked to think back to their early recollections of a favorite toy. How did the toy look? Feel? Where do members remember playing with it? Where is the toy now?

The men are invited to present their toys to the group, speaking of them in the present tense.

Used early in the group's process, warm-ups such as "favorite toy" allow the men to both encounter and express their feelings regarding early significant love objects. Speaking in the present tense encourages the development of an affirmative personal language style. As many abusive men report the early loss of a significant other (usually a parent), this experiment provides a means for exploring feelings of loss and anger.

#### B. Stress Relaxation "Improving Your Arm"

This relaxer can be learned for use in tense, angry situations.

Close your fists as tightly as possible.

Squeeze as hard as you can.

Put your angry, toxic feelings in one fist, and tighten it even more.

Relax.

Now, bring up your imagination. Make a hideous, horrible object that represents your angry, toxic feelings. Squeeze this imaginary object until you destroy it. Destroy it so you will not harm yourself, or the person who stimulated the angry feelings.

#### C. Experiment... "The Body Switch"

Experiments derive from the moment and are most effective as impromptu "try-it-on" experiences. For example:

At one session, Y comments that he never feels as "laid-back" as C appears to be. We suggest that the two men switch seats and adopt each other's body postures. At first the men are uncomfortable and find it difficult to adopt each other's body language. Y tells C that he feels weak in C's posture. The men are encouraged to continue the experiment and several weeks later, Y tells C how much he learned about relaxing from this experience.

D. Guided Fantasy... "Fear of Flying"

Fantasies provide opportunities for teaching relaxation, trust building and for learnings that can move beyond the group setting. When a group discussion centered on how "in-control" group members actually were over their out of control behaviors, the facilitators presented this guided fantasy. Our objective was to offer a positive out of control experience.

The group is invited to sit comfortably with eyes closed and to get in touch with their breathing.

"We are standing here in front of this enormously tall skyscraper. Let's enter the lobby and take the express elevator to the top floor. As we go up, please leave your present worries and responsibilities in the lobby. The elevator is slowing and stopping. The doors have opened. Follow me up this narrow, winding stair case to the roof.

It is incredibly windy and bright up here. Let's slowly move toward the roof's edge. Notice that there is no railing, only a yellow line pointed all around the edge. Move forward so that your toes are on the line. Can you bring yourself to look over and down? Can you allow yourself to step off the yellow line and into space?

Experience the first sensations of this terrifying drop. Now, somehow, we all are able to pull-up out of the fall and to glide and float to earth. You have the control, take your time...

Let us regather in front of the skyscraper and return to the group."

E. Didactic Exercise

Questionnaires can be handy tools for group or dyadic discussion and for on-going self-evaluations. The following was used as both a group and take-home exercise.

ANGER CHECK YOURSELF OUT

1. When people get mad they should...
2. Feeling angry is...
3. People who get angry are...
4. When I get angry I...

5. I get angry when...
6. People make me angry when...
7. When my father got angry he...
8. When my mother got angry she...
9. The best way to describe myself is...
10. The most recent time I became aware of being angry is...

F. Sum-ups

Sum-ups wrap up and anchor learnings much as the warm-up sets the stage. These brief "round-robin" discussions also offer the chance to extend the facilitators influence beyond the group time. Group members might be asked to make "tonight I learned" or "this is what happened to me tonight" statements. "Wishes and Pluses" is another effective closer. "Wishes" are current expectations, request for future work or criticisms of the sessions events. "Pluses" are those positive comments individuals make about the evening, themselves or other members. If these wishes and pluses are recorded they can be used in planning and for reference at the next group meeting.

Les Schaffer  
Richmond City Juvenile and Domestic Relations Court  
Men's Group

APPENDIX C

THREE AREAS OF FOCUS FOR TEACHING ANGER MANAGEMENT

1. Physiological Response to Stress

The spouse abuse behavior is part of a stressful crisis situation. The body undergoes physical changes in breathing, pulse rate, body temperature, body tension and perception when under stress. For each person, we assumed, there are a set of physical precursors to an anger episode that, if one was made aware of, could help to prevent an explosion and loss of control over angry impulses. Our reasoning was that with the use of biofeedback tools and introduction to relaxation training, we could begin to teach the men to have a heightened awareness of their own physiological response pattern to stress and an opportunity to implement a relaxation sequence to interfere with the explosive pattern. The anger diary, anger hierarchy and the biofeedback tool would work together to give control back to the man.

2. Cognition

Our assumption is that the men were operating with a set of faulty cognitions, irrational beliefs, errors in perception and therefore inappropriate behavior based on their thinking. Examples of these belief systems are thoughts like:

"She made me hit her."

"She wants to be hit."

"She attacks me with her mouth."

If she is 15 minutes late from work, the only conclusion is:

"She is out with another man."

If the man's wishes are not met immediately, the only conclusion is:

"She is out with another man."

"She does not care."

"She wants to hurt me."

Also, the men made clear distinctions in their own minds between levels of violence, and they chose their words very carefully between "hit, shove, slap, beat, etc." None of the men referred to their own behavior as "spouse abuses." Many of the men did not believe that what they did was assault and battery! Part of this is denial and cognitive dissonance operating, but part is also a way to identify that the man does have a level of control which he can build on. "I slapped her, but did not punch her" - "Why not? You did have control! Let's increase the control you already have." It is also important to point out that alcohol use is surrendering the little bit of control already present.

The men characteristically see themselves as being attacked, victimized and made helpless to defend against the wife. In reality, it seems that the women do have much better verbal skills, and the men have very few verbal skills. For the men, everything and anything can be heard as a sexual statement about them. The cognitions connected to self-perception, masculinity and sexual adequacy seem to be of paramount importance to focus on with the men. The physical violence is, in my opinion, acting out of the perceived fears, defending helplessly to perceived overwhelming challenges to their own sexual integrity. Our goal was to make use of R.E.T., Reality Therapy, use of therapeutic double binds, and other methods to cognitively separate the man from his wife and identify his own control, choice and responsibility for himself and his actions. The use of the all male group also is a good asset to this process.

### 3. Alcohol Abuse

Some statistics place 80% to 90% of all spouse abuse also involving alcohol abuse. For our court-ordered population, this was very true. Current thinking of alcoholism treatment is that you must treat the alcoholism first - primary diagnosis, then treat other emotional disorders. If our group contained alcoholics instead of only alcohol abusers, we would be wasting our therapeutic effort to start them in the men's group. We decided to use the first 2 sessions to focus on alcohol education, raising the men's awareness and questioning the amount of control they had over their alcohol use.

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## APPENDIX D

### COUPLE RELATIONSHIP PATTERNS

In observing abusive couples, one can see patterns in the different types of relationships.

A. Complementary Relationships see partners who are different but fit together. Example: one partner is dominant, the other is submissive. They fit together like hand in glove.

#### 1. Complementary: male dominant/female submissive

This is the usually thought of abusive relationship, with husband setting the standard, making demands, defining expectations, and wife attempting to comply and live up to his expectations and demands. She falls short, his demands escalate. Abuse is likely when a real or perceived change enters the picture - wife's refusal to comply, deciding she's going to school, learning to function independently or his fear that his wife will leave.

#### 2. Complementary: female dominant/male submissive

When the woman is "in charge", covertly or vertly. She "wears the pants in the family." Her husband does not carry the responsibility for the family - is unemployed, alcoholic, in some way underfunctions. Abusive episodes occur when he attempts to regain self-esteem by asserting himself as a "real man" in the only way he has left to him.

B. Symmetrical Relationships: see partners who are alike - both assertive, both passive, etc., but may or may not have problems.

#### 3. Symmetrical: Cooperative

In this relationship, husband and wife work together, balancing strengths and weaknesses. This is the ideal couple who pull together to make the marriage work. There is no abuse.

#### 4. Symmetrical: Competative

This relationship is characterized by partners who are both competative and try to outdo each other. They compete for status and control within the marriage. The same competative ability that may be a strength in the business world can be a

definite liability in the marital relationship. Feelings of self-worth are based on finding the mate deficient (I'm not OK...you're more not OK).

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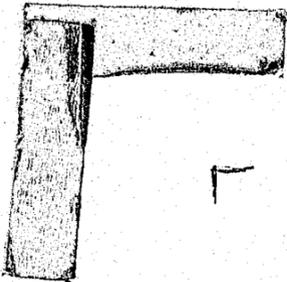
#### APPENDIX E

#### THREE APPROACHES TO THERAPY FOUND HELPFUL IN COUNSELING ABUSIVE COUPLES

These sketches do not attempt to summarize the theory and practice of the three modalities. These modalities are only presented as I have adapted them in my marriage counseling with abusive couples.

1. Murray Bowen's Family Systems Approach - I use this mode of therapy primarily when only one member of the dyad is participating in the program. This typically involves therapy with the wife wherein great emphasis is placed on understanding how she has defined herself within the marriage, what part her experiences within her family of origin play in her present marital problems, and ways she can think about redefining herself with all of her significant others.
2. Virginia Satir's Communication Approach - This model has been useful for me during the first stage of conjoint therapy when the couple is in crisis and needs some concrete communication skills in order to begin negotiating change. This model is useful for focusing on the feeling elements of the spouses' experiences with each other and for assisting the man in learning how to express his feelings non-violently. It is also useful in assisting the wife to become aware of how she contributes to the episodes of abuse through her communication process. Within this model sculpting is a useful tool when the therapy gets "stuck" or to assist non-verbal clients in expressing ideas through movements instead of words.
3. Harry Aponte's Structural Approach - I have used this when the entire family is being treated, but can also be useful in conjoint therapy. This approach focuses on the structure of the marital relationship (or family relationship), what the function of the abuse is, and then treats the abuse by altering the structure. One might assume, for example, that the function of the abuse is that it releases the man's anger and prompts an intense "honeymoon period" which is pleasuring to the woman. The therapists might begin altering the marriage structure so that they can meet these needs in a different, less destructive way.

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**END**