

**Views of Females Participating in Strength Based
Couples Therapy for Domestic Violence**

Elizabeth Maie Anderson

**Thesis submitted to the Faculty of the Virginia Polytechnic Institute and State
University in partial fulfillment of the requirements for the degree of**

**MASTER OF SCIENCE
in
Human Development**

**Karen H. Rosen, Chair
Sandra M. Stith
Eric E. McCollum**

**August, 2000
Blacksburg, Virginia**

**Key Words: Domestic Violence, Couples Therapy, Clients' Experience,
Abused Women, Qualitative Study
Copyright 2000, Elizabeth M. Anderson**

Views of Females Participating in Strength Based Couples Therapy for Domestic Violence

Elizabeth Maie Anderson

(ABSTRACT)

This study is a two part study of the experiences of women participating in conjoint treatment for domestic violence. The participants in the first part of the study included 11 clients, from whom information was gathered in 25 interviews. The second part of the study focused on three women. Their opinions were garnered in five interviews. Five of the women were in multi-couple group therapy and nine participated in from four to twelve sessions of conjoint couple therapy with their partners.

This study focused on how female partners of male batterers experienced strength-based focused couples therapy as part of a research and development project for couples treatment of domestic violence. The concepts of safety, responsibility for the violence, power and control, validation and empowerment guided the researcher.

The women related that having two therapists and pre- and post-session check-ins contributed to their sense of safety. Although the women reported that their mate taking responsibility for the violence was important, they thought the therapy's focus on their strengths kept their mates committed to attending therapy sessions. Women, who reported that their mates were taking more responsibility for their actions, attributed the change to their therapists being persistent in discussing the various forms of abusive behavior and in stressing accountability for individual behavior. Most of the women indicated that talking about what they had experienced and that gaining support from therapists and group members increased their power and ability to focus on their own needs. Women in the study stressed the importance of having some form of follow-up support to be able to practicing new skills with their partners. Based on the recommendations of the women in this study, the treatment of domestic violence should provide women safe outlets for expressing their feelings, acknowledgment of their experience and tools for resolving the conflicts in their relationship.

In loving memory of
Delmas Burton Newlin, Jr.
in whom was found
no malice, vengeance or ill treatment
toward any person

ACKNOWLEDGEMENTS

I want to acknowledge the courage and strength of the women who gave of their time and the sincere accounting of their experiences to further the research in the field of domestic violence. It is your stories I share and your path out of the isolation and despair that I herald. May your willingness to speak out strengthen the voice of victims everywhere and enlist the help of those who can contribute to a solution for the atrocities that are inflicted within our families.

I wish to thank, my chairperson, Karen Rosen, whose patience and steadfastness and attention to the seriousness of the subject guided my study through the long months of research and writing. Your dedication to research and to the field of relationship violence is worthy of great respect. Thanks for always giving me the pieces that I needed along the way.

Thanks also to Sandra Stith for her encouragement and feedback. I appreciate your interest in this study and your unwavering efforts to contribute to the body of knowledge concerning the treatment of domestic violence.

Thanks to Eric McCollum for your encouragement, your research ideas and the opportunity to discuss my ideas and truth. Some of the highlights of my clinical work was working with you and Rona and "our couple" for the NIMH grant.

I wish to thank all of my fellow students for your support and your careful attention to the clients participating in therapy and in the interviews for this study. There are too many of you to mention, but I recognize your contribution and more importantly, the clients appreciate your skills and compassion as therapists and interviewers.

I also wish to acknowledge the incredible guidance and instruction that I received while a student therapist in the clinic. Thank you Eric, Karen, Reen, Ed, Wendy, Jerry and, especially, my miracle worker, Jean. Thank you for what you have given to me that has become part of my tool box in working with clients and part of my essence as a human being. The contribution of each of you is valued more than I can ever express.

To my family who, although not present for the physical journey, have walked with me throughout the light and shadow of my life - - I have always known I could count on you and your love. Mom - I finally realized my dream! Thanks for all of your

encouragement and love. To Tom and Ron - two of the best gifts I have been given in my life. My greatest honor is to have been your mother.

Thanks also to the women I have worked with and continue to work with daily - - Alison, Marian, Theresa, Sue, Elena, Linda, Laura, Johnetta, Barbara, and Seabelle. I appreciate your encouragement and faith. You have showed me with your individual and collective strength what women can accomplish.

And for those of you at school who believed in me, listened to me and taught me with your lives and faithfulness, especially Elise, Christa, Liz, Phylis, Kim, Elene, Jackie, Kirsten, Jim, Eric, Rona and Alan, I give my deepest respect and love. The five years and subsequent classes of students have resulted in a melting pot of enormous talent and energy. Stay tuned as alumni - - more to come.

TABLE OF CONTENTS

ABSTRACT	ii
TABLE OF CONTENTS	vi
CHAPTER I: INTRODUCTION	1
The Problem and its Setting	1
Rationale for the Study	2
Conceptual Framework	5
CHAPTER II: LITERATURE REVIEW	9
Introduction	9
Theoretical Perspectives on Spouse Abuse	9
Theoretical Approaches to Treatment of Domestic Violence	9
Feminist Approach to Domestic Violence	11
Solution Focused Approach to Domestic Violence	14
Domestic Violence Treatment Models	14
Critical Issues Related to the Treatment for Female Victims	20
Safety	20
Responsibility for the Violence	21
Empowerment	22
Power and Control	23
Validation	25
Summary	26
CHAPTER III: METHODS	28
Procedures	28
Larger Study	28
This Study	29
Participants	30
First Group of Women	30
Women in Focused Study	30
Case 1 - Jane	30
Case 2 - Jill	31
Case 3 - Joy	32
Instruments	33
Researcher as an Instrument	34
Design	35
Analysis	35
CHAPTER IV: RESULTS	37
Introduction	37

Initial Study	38
Safety	38
General Safety	38
Unsafe with Partner	38
Men's Anger Management Group	40
Safety in the Home	40
Safety and Couples Therapy	41
Physical Safety	42
Pre-therapy violence	43
Threat of violence during therapy	44
Safety and therapy	45
Emotional Safety	45
Emotionally abusive behavior	45
Safety and therapy	46
Responsibility for the Violence	48
Responsibility Issues	49
Men Avoiding Responsibility	49
Women Taking Responsibility	51
Women's Anger	52
Responsibility and Couples Therapy	53
Contributions	53
Drawbacks	54
Responsibility and Gender-based Groups	55
Power and Control	55
Examples of Power and Control	56
Power Imbalance	57
Power and Control and Couples Therapy	57
Change in Male Behavior	58
Change in Female Behavior	59
Change in Couple Relationship	60
Validation	60
Validation and Couples Therapy	60
Empowerment	64
Women Isolated and Disempowered	65
Empowerment and Couples Therapy	68
Focused Study	70
Case 1 - Jane	70
Safety	70
Responsibility for the Violence	72
Power and Control	75
Validation	75
Empowerment	76

Case 2 - Jill	76
Safety	76
Responsibility for the Violence	78
Power and Control	79
Validation	80
Empowerment	82
Case 3 - Joy	83
Safety	83
Responsibility for the Violence	84
Power and Control	85
Validation	85
Empowerment	86
CHAPTER V: DISCUSSION	87
Summary and Discussion	87
Safety	88
Responsibility	89
Power and Control	90
Empowerment	91
Validation	92
Follow-up	93
Feminist Perspective	94
Longitudinal Results	94
Limitations	95
Clinical Implications	95
Future Research	97
REFERENCES	99
APPENDIX	103
Interview 1	104
Interview 2	107

Chapter I

INTRODUCTION

The Problem and its Setting

Domestic violence has been prevalent in society for as long as historians and sociologists have documented human behavior in families (Barnett, Miller-Perrin, Perrin, 1997). Historical records indicate that men have for centuries been given authority to dominate women. In the eighteen and nineteenth centuries in the United States, husbands were responsible for their wives' actions and were permitted to use physical force to "manage" them. Awareness and concern about domestic violence began to emerge in the late 1800's leading to the passage of state legislation addressing spousal abuse. The women's movement of the 1960's and 1970's further exposed the seriousness of the inequity of men's and women's rights. The emphasis on equality in marital relationships led to a change in men and women's roles and expectations in the marital relationship and this increase in women's power and influence gave voice to the oppressed, including battered women.

The focus on gender equality and the increase in reported incidences of violence perpetrated towards women in their homes has led to a renewed focus on treatment of domestic violence (Gelles, 1997). Traditional treatment for domestic violence consists of separating the couple and, if arrested for a violent act, court-ordered "anger management" training for the male batterer. The female is often encouraged to build her self-esteem and to find a support system so she can leave the relationship permanently (Geffner & Rosenbaum, 1990). Many therapists in the field of family therapy express concern about the treatment of "violent couples" and prescribe treatment (unilateral, bilateral or dyadic) based on whether the abuser is willing and able to stop the violence (Jennings & Jennings, 1991).

Regardless of the level of battering, many victims are choosing to remain in the relationship (Campbell, Miller, Cardwell & Belknap, 1994). Even when women leave a violent relationship, they frequently return or find a second abusive relationship. It follows that many therapists find themselves working with couples who live with the threat of violence in their relationship (Holtzworth & Munson, 1995; O'Leary, 1996). As therapists we seek to offer the best therapeutic experience for our clients while providing successful treatment (Jennings & Jennings, 1991). While the most important goal for any treatment of domestic violence is to stop

the violence, another goal of developing appropriate treatment for couples, is to provide a safe, supportive environment for the victim of domestic violence where she can validate her experience.

So far, research on the treatment of domestic violence for couples has provided very little information about the female's experience. (Johannson & Tutty, 1998). Most of the research has focused on treatment for the batterer and measurement of the decrease in violent behavior. (Holtzworth-Munroe, Beatty, & Anglin, 1995; Gondolf in Hansen and Harway, 1993). Since very little treatment has been offered for couples experiencing violence in their relationship and researchers have not focused on the female's experience of the treatment, we know almost nothing about the female's reaction to the therapeutic process. This study focused on how women, in relationships with men who have been violent, experienced couples therapy for domestic violence. The study gathered information about the female's experience with strength-based therapy and her evaluation of the following five characteristics of a violent relationship: power and control, safety, validation, responsibility, and empowerment.

Rationale for the Study

This research focused on how female partners of male batterers experienced strength-based focused couples therapy as part of a research and development project for couples treatment of domestic violence. This study was part of a larger research and development project funded by the National Institute of Mental Health (NIMH), which was designed to develop and pilot test a manualized couples' treatment model for working with male batterers and their female partners. For the purposes of the larger study, male and female clients and the therapists participating in the project completed questionnaires and interviews providing feedback on the treatment model and adding information to the growing body of knowledge about the treatment of domestic violence. This study was conducted in two parts. The first part consisted of a qualitative analysis of a portion of the data already collected from the female clients in the larger NIMH project through post session questionnaires, post therapy tests (open ended questions), focus group interviews, and post session interviews. The second part of this study analyzed the experience of a select group of females participating in the program. For the purposes of this study, the qualitative interview was modified by adding questions to gather more specific information about the women's experience in treatment related to the issues of the power and control,

safety, validation, responsibility, and empowerment. This revised questionnaire was administered to two women after the sixth and final sessions of their treatment and to a third woman after the eleventh session.

A qualitative study was conducted in order to gain an in-depth understanding of the experiences of females in treatment for domestic violence. In accordance with the feminist's perspective, the qualitative research method was used to gather data from women by learning first hand about their experiences and to provide the researcher the opportunity to contribute to the experience and body of knowledge (Thompson, 1992). By using a qualitative design and by viewing the women as experts on their experience as participants in the therapeutic process, this study explored the female client's personal reactions to the therapeutic approaches and interventions used in the NIMH research study. Furthermore, a qualitative study design provided the means to explore what approaches and interventions a female partner of a batterer thinks would contribute to the therapeutic process.

Couples therapy focuses on the behavior of each partner in the violence cycle. Several researchers report on the benefits of teaching self awareness, communication, and anger management techniques to both partners (Jennings & Jennings, 1991). Jones (1995) in her study of perpetrator accountability suggests that teaching batterers alternative behaviors and communication techniques is not enough. She recommends teaching assertive techniques to victims of violence as well as to their mates to promote balance in the relationship. Little is known about what female clients participating in domestic violence treatment think about the issues of power and control in the process of treatment. No research has focused on whether, for the batterer and the partner during the therapy sessions, there is a balance of attention to needs or attribution for responsibility for past violent behavior. This study explored what the women found helpful or not helpful in their sessions and whether they felt heard, validated and satisfied with their experience.

Therapists know some things about the outcome of couples' therapy as measured by current researchers in the field. Some researchers have focused on the process rather than effectiveness of couples treatment (Llewelyn, 1988 & Sprenkle & Bischoff, 1995, as cited in Rosen et al, 1999). A study, "Comparing the Effectiveness of Gender-Specific

and Couples Groups in a Court-Mandated Spouse Abuse Treatment Program”(Brannen & Rubin, 1996), which compared treatment modalities for domestic violence, couples groups versus gender specific groups, found no difference in the effectiveness of treatment approach. These researchers, using qualitative measurement to measure safety, concluded that the women did not feel more at risk in the couples group than in the gender specific group (Brannen & Rubin, 1996). While these studies provide some information about the safety of participants in couples treatment for domestic violence, little is known about how the female experiences the process. The current study focused on the unique experiences of women participating in a treatment project focusing on domestic violence and analyzed data on the issues of power and control, safety, validation, responsibility and empowerment in the context of using the strength-based model.

While quantitative studies have focused on objective measures of change as a result of treatment (Neidig, Friedman & Collins, 1985), no studies have been done to access the direct experience of the females participating in treatment using a strength-based approach. The current study gathered information on the female client’s unique opinions, expectations and experiences about domestic violence treatment for couples.

A special focus of the current study was to explore whether the female partner had the expectation that the batterer would acknowledge his responsibility for the abuse (Langhinrichsen-Rohling, et al., 1995). Follingstad (1992) studied the onset, severity, and frequency of abuse in domestic relationships. One interpretation of her findings suggests that, for women who had left their partners, the frequency and severity of the violence was greater (than for women who chose to stay with their partners), which made it harder for them to deny the abuse and minimize the man’s responsibility. Thus, acknowledgment of the man’s role in perpetuating the abuse seems to be a major factor for women to be able to stand up for themselves (Cantos, Neidig & O’Leary, 1993; Petrik, Gildersleeve-High, McEllistrem & Subotnik, 1994). Hilberman and Munson (1978) found that the batterer avoids having to acknowledge or take responsibility for his behavior in the presence of the female. They concluded that if the batterer does not have to face the person and issues surrounding the abuse situation, he may conclude that the relationship or the female is the

problem, not his abusive behavior. The female is then left to take the corrective action for behavior that she did not commit or provoke.

In a quantitative study, Cantos, Neidig, and O'Leary (1993) reported that a higher percentage of men appeared to accept more responsibility for the violence across time and with subsequent incidences of violence. However, no qualitative studies have yet been published which focus on the women's experience of treatment, concerning her expectations about how the responsibility for the violence will be addressed. This researcher obtained information from women participating in couples treatment by asking specifically designed interview questions to provide insight to the "victim's" expectations of whether the batterer will assume responsibility for the previous violence. The study also explored whether the women thought the strength-based model addressed the responsibility aspect of domestic violence and whether (and how) they thought the issue of responsibility for the violent behavior should be addressed in therapy.

In summary, there is little to no research about how women, who have experienced domestic violence and have engaged in treatment with the batterer, view the process of strength-based couples' therapy. This study analyzed the experiences and opinions of women undergoing couples therapy to gain information about the following questions:

Research Questions

- (1) What was helpful in therapy?
- (2) What was not helpful in therapy?
- (3) What had they expected from therapy?
- (4) What expectations did they have prior to coming to therapy about their partner assuming responsibility for past violent episodes?
- (5) What contributed to a safe environment in which to address issues of violence?
- (6) Were the participants satisfied with the therapy?
- (7) Did the participants feel validated by the experience?

Conceptual Framework

Much like a therapist's conceptual framework defines the parameters of his or her work and shapes the methods and interventions that are suitable for work with clients, a researcher's

theoretical framework guides the research process. This study was guided by a feminist theoretical perspective. Feminists tend to take a strong stand on the issue of domestic violence. They view the tendency towards violence as a societal problem, as well as an individual or couple problem. Feminists primarily see battering as learned behavior stemming from a long history of patriarchal, male-entitlement-based families and institutions. Domestic violence perpetrated by men is viewed as part of a series of male behaviors designed to control and oppress women (Lempert, 1996). As part of the approach to “treating” abusers, feminists often want batterers to change their view of men and women and, ultimately, abandon the tendency to dominate their mate by using a variety of control tactics (Barnett, Miller-Perrin, & Perrin, 1997). Feminists believe violent males must learn to view themselves and their mates differently and, of course, must choose not to be violent.

Feminist researchers tend to base their research methodology on several tenets (Sprenkle & Moon, 1996). First, feminists believe that all social science research has social and political significance since it is conducted in a sociohistorical context and the focus is based on an individual researcher’s concerns and interests. Secondly, the feminist researcher does not need to be overly concerned about research objectivity because the researcher’s experience (as well as information gleaned from others) is an important component of the knowledge *constructed* about a particular concept. Feminist research is often transdisciplinary and a variety of research methods can be used. A primary goal of feminist research is to promote social change. Also, feminist researchers think the woman’s experience is a valid and valuable source of knowledge. Lastly, feminists believe that there is not a single “truth” about a human experience, but, instead, a body of knowledge exists about a particular experience, which changes as additional information and experience is added. Postmodern feminist research is not interested in discovering “truth,” but in liberating those who are oppressed by people holding power over them by claiming to know the truth (Thompson, 1992).

A feminist approach to research on domestic violence involves studying the impact of the treatment approach on the female - - to consider whether the female client’s needs and expectations are addressed and whether the male assumes responsibility for his behavior. Feminists are concerned about the use of a systems approach to therapy, which carries the underlying assumption that the violence is not isolated and separate from the dynamic of the

relationship and, therefore, leads to the potential implication that the female is somehow involved in the perpetuation of violent behavior. While many feminist therapists object to using a conjoint treatment approach (e.g.; Bograd, 1982 & Walker, 1989, as cited in Jennings & Jennings, 1991), feminist researchers think there is much to learn about the woman's experience in treatment for couple's issues (Harris, 1986). As family therapists encounter more couples where the woman has experienced abuse on some level, there is a growing need to understand her thoughts and feelings about certain aspects of the treatment process. Feminist research on domestic violence is designed to contribute to the body of knowledge about treatment options for domestic violence and to investigate the power and control in the couple relationship (Harris, 1986).

From the feminist perspective, a critical focus on couples therapy in cases where the male has been the primary abuser is the female's perspective of the therapeutic experience. Does she experience an environment where she feels safe (protected from additional violence, threats, mistreatment)? What are her expectations for couples therapy? Does the female client feel heard and validated? Does she perceive that the male assumes responsibility for his behavior? Does she feel blamed for the violence?

To address these issues, this study looked at how women experienced strength-based couples therapy, particularly in regards to how validated, protected and satisfied they felt. The researcher analyzed data gathered from post-session questionnaires and face-to-face interviews of females participating in a 12-session conjoint couples treatment program for domestic violence. The researcher also analyzed data gathered from interviews with participants who had already completed treatment and from interviews with participants as they participated in treatment to learn more about how women experience the strength-based therapy approach and how they think it interacts with the conflictive, perhaps controlling, patterns between them and their partners.

Using a feminist theoretical approach, this researcher conducted interviews to learn first hand what female clients experienced. This researcher was particularly interested in learning from the women's experiences whether the strength-based approach addressed their need for safety, validation and assumption of the responsibility for the violent behavior. Ongoing political and social debates about treatment modalities for domestic violence and this researcher's personal beliefs and values about gender equality shaped the

focus of this research. This researcher holds that there is no “real truth” or typical response to what a woman undergoing therapy with an abusive partner experiences. However, since women are experts on their own experience as women, they can contribute to the body of information about domestic violence treatment and its impact on them. This research is intended to add to the growing knowledge about couples treatment for domestic violence and to give a voice to this group of women so that their needs and concerns about such treatment become known.

Chapter II

LITERATURE REVIEW

Introduction

This study gathers information from responses to open-ended questionnaires and qualitative interviews with female clients, who participated in a couples' treatment program for domestic violence. The therapy model used is strength-based approach, based on family systems theory. Clients were asked about their experience in therapy and how therapy addressed the issues of safety, responsibility, empowerment, validation, and power and control in their relationship.

Using a feminist theoretical approach, this study analyzes data gathered from female client responses to open-ended questions on questionnaires, a post-treatment focus group discussion and qualitative interviews during and at the end of treatment. This chapter contains a thorough literature review of the research studies that resemble this study, including the feminist perspective of treatment for domestic violence, domestic violence treatment models and female victim-related treatment issues.

Theoretical Perspectives on Spouse Abuse

Theoretical Approaches to Treatment of Domestic Violence

Violence, particularly violent acts perpetrated against the weak and defenseless, is a serious problem in our society. One of the arenas in which violence is consistently reported is in the home - - specifically, violence that is directed at female partners. Surveys in the early 1990's revealed that one out of eight husbands have committed an average of one violent act per year towards their spouses (Straus & Gelles, as cited in Barnett, Miller & Perrin, 1997). The public's growing awareness of the prominence of domestic violence and the outcry of victim advocates in the United States during the last two decades has led to the review and augmentation of theories about domestic violence.

Theorists disagree about the perpetuation of domestic violence. Macrotheories focus on societal influences contributing to spousal abuse. Cultural acceptance theory implies that a low level of violence has become acceptable in our society. Some punitive practices, such as spanking or slapping, are considered acceptable by many people. Other researchers

attribute the violence in our culture to patriarchal influences, where the male is entitled to dominate and control his household. Johnson (1995), in his review of quantitative and qualitative data gathered from women's shelters and from large scale population surveys, postulated that there are at least two main types of intimate violence - - "patriarchal terrorism" and "common couple violence." "Patriarchal terrorism" is violence directed toward others in an attempt to control them or have power over them. Johnson concluded that the "patriarchal terrorist" will use a variety of tactics, physical violence and other means, "to control his partner and to satisfy his need to display that control" (p. 287). "Common couple violence" is more of a spontaneous eruption of aggression that occurs as an inability to handle conflict non-violently (Barnett, Miller & Perrin, 1997).

Feminist theorists consider power and control in male/female relationships to be a major contribution to the abuse. Researchers (Jory, Anderson & Greer, 1997) have found that, when interviewed about their beliefs about men and women, many batterers have a hierarchical view; they equate "respect with submission, obedience, and deference rather than intrinsic human worth" (p. 410). Fear, dependency and self-doubt are some of the emotions that tie a partner to a patriarchal mate. Feminists and deterrence theorists explain that men batter because they can get away with the violence; there is little retribution for a violent act towards a family member.

Other social factors, including poverty or economic and cultural change may further explain why domestic violence is prevalent in our society (Barnett, Miller & Perrin, 1997). Gelles (1997) alleges that the following societal changes could help reduce domestic violence: "eliminate the norms that legitimize and glorify violence in society, reduce violence-provoking stress created by society, integrate families into a network of kin and community, change the sexist character of society and break the cycle of violence in the family" (p.166).

Microtheories of marital violence focus more narrowly on causes within the family or causes related to the behavior of an individual. Socialization or learning theory explanations are generally the application of laboratory experiments, involving operant or classical conditioning, to human relationships. In these models, the batterer's behavior is "reinforced"

(or at least not punished) by the partner's behavior. Likewise, the abused woman is viewed as being conditioned to react with victimized behavior (Barnett, Miller & Perrin, 1997).

Social learning theory emphasizes that abusive behaviors are learned through imitation or experience; therefore, a person learns to be violent by observing violence as a child. Intrapersonal theories, such as biological or psychological trait, link abusive behavior to individual physiology or mental health pathologies. Interpersonal theories look at the relationship for causes of violence, including interpartner dysfunction, parent-child relationships and attachment disorders. Social exchange theory asserts that an individual may become violent when that person perceives an extended imbalance in the costs and benefits of the relationship (Barnett, Miller & Perrin, 1997).

Feminist Approach to Domestic Violence

The feminist movement has evolved during the last fifty years in response to societal changes that have contributed to gender role adaptations and the increase presence of women in the workforce. The increased awareness and documentation of the inequities and mistreatment of women gave rise to the formation of feminist sociological theory. Feminist theorists (Hansen & Harway, 1993) purport that there exists a disparity between social, political and economic opportunities for men and women. "This inequality includes, but is not limited to unequal opportunity for credentials and experience in the workplace, difference in treatment by legal systems, and physical differences in strength, power, and status within and outside the home" (p. 73).

Feminists view gender and the imbalance of power between genders, as fundamental components of all social and intimate relationships. They state that, even with the changes of the last fifty years, women's opportunities, knowledge and voices are still limited (Sprenkle & Moon, 1996). This power differential is nowhere more apparent than in reported incidences of domestic violence. Research on the severity of injuries for men and women engaged in domestic disputes reveals that women receive the greater proportion of, and more severe types of, injuries than their partners (Cantos, Neidig & O'Leary, 1993).

Most feminists see violence as a result of a patriarchal society which allows men to dominate women by a variety of physical, political and economical means. For example, a recent meta-analysis review (Sugarman & Frankel, 1996) of patriarchal ideology and wife-

assaulting behavior revealed that batterers were more likely to see marital violence as permissible than non-assaultive mates. In addition, the analysis suggested that women who are abused tend to behave in their relationships according to traditional gender roles. Therefore, feminist treatment approaches to treatment would include the opportunity to confront the male's views, beliefs and assumptions about relationships between men and women (Holtzworth, Beatty, & Anglin, 1995) and would focus treatment on changes that would give the female more choices and opportunities. In couple's treatment, a feminist therapist would directly address the issues of gender roles and point out the direct and indirect ways the woman is subjugated in the relationship, in addition to placing the responsibility for the violence solely on the men's shoulders.

Rinfret-Raynor and Cantin (as cited in Kantor & Jasinski, 1997) studied various feminist treatment approaches to therapy for battered women. Larouche's model, used for the study, relied on the feminist-based assumption that spousal abuse was rooted in a male-dominated society. Three treatment approaches were applied, feminist group therapy, feminist individual therapy and individual therapy using a non-feminist theory approach. This quasi-experimental study analyzed the effectiveness of each type of treatment to assist women in depending more on their own resources and the resources provided by a social network to lessen or extinguish the violence in their relationships. The researchers concluded that a women-centered approach, specifically using a women's group, which emphasized restoring self-esteem, growth and independence, encouraged the expression of emotions and assisted in the development of a solid support system, significantly reduced the level of violence that the women experienced. The researchers hypothesized that when an abused woman recognizes that she has internal and external resources to stop the violence, she is more likely to take the steps necessary to confront the abuser, call for needed help or leave the abusive situation.

Conventional systems theory operates on the assumption that the problems in a family are mutually constructed and maintained; therefore, the power imbalance in a relationship may not be addressed and the victim may get the message that she is partly responsible for the violence (Hansen & Harway, 1993). Feminists in the field of domestic violence have long been critical of the family systems approach, viewing it as perpetuating the victimization

of the female or at the very least contributing to her making the assumption that she is partly to blame for the violence (e.g., Holtzworth-Munroe, Beatty & Anglin, 1995; Goldner, 1998). According to Barnett, Miller and Perrin (1997), "underlying the systems approach is the value placed on preserving the family. From this stance, a batterer's violence is not isolated and ascribed to him alone but somehow is attributable to the 'relationship' " (p. 247).

In their review of approaches to treatment for domestic violence, Jennings and Jennings (1991) expressed concern that the systemic approach seemed to imply that the battering is seen as reactive rather than initiated by the abuser. The authors cite Bogard and Walker's opinion that the battered woman cannot receive the help and healing that she needs in a neutral family treatment setting because she needs instead for the therapist to be an empowering advocate. Walker maintained that the conjoint systemic treatment approach should only be used if it is presented from the feminist perspective, that is, to acknowledge the power differential between men and women.

Goldner (1998) emphasizes that many violent couples are seeking therapy as a couple so the challenge for therapists is to "capitalize on the strengths of the systemic approach while minimizing its dangers" (p. 265). Goldner also points out that the feminist perspective on domestic violence issues can offer a "fundamental, ethical, and political framework with which to view abuse and victimization."

Above all, in treating domestic violence in conjoint therapy, feminists are concerned about the continuation of the violence. Their view is that unless the perpetrator acknowledges and takes responsibility for his violent actions, as well as addresses the power and control differential in the relationship, the victim is subject to continued and even greater acts of violence (Hansen & Harway, 1993). Regardless of their theoretical perspective of domestic violence, most researchers and clinicians agree that the foremost principle when working with clients, who have experienced violence is to ensure the safety of the clients, the therapists and any other potential victims (e.g., Alpert & Spillman, 1997; Harris, 1986; Jennings & Jennings, 1991).

Furthermore, previous research on the treatment of domestic violence has relied heavily on the reports of therapists and treatment outcome studies. Feminist research, according to Maureen McHugh (Hansen & Harway, 1993) focuses on learning about the

woman's experience from her own perspective. Feminist researchers recognize the value in using qualitative interviews to learn more about the victim's perception of violent relationships and what would be helpful to her in stopping the violence. Hansen and Harway assert that "for research to be feminist it must have as its paramount purpose the exploration of women's own labels, thoughts, and beliefs about the experienced violence" (p. 58).

Solution Focused Approach to Domestic Violence

For the purposes of this study, the terms "strength-based" and "solution-focused" are interchangeable and refer to therapeutic approach of building on the positive attributes of the client. Therapists are searching for treatment models to address violence in intimate relationships. Since couples, who are experiencing domestic violence, tend to stay together (Campbell, et al, 1994) and the dropout rate for clients mandated for domestic violence therapy is high (Gelles, 1997), researchers are testing new approaches for treatment. One approach being studied by therapists is the solution-oriented, or solution-focused, therapy.

The solution-focused model operates on the assumptions that (1) the couple or family has already begun to move toward the solution for their problem, (2) therapists' beliefs greatly influence their work, (3) people change faster when therapy focuses on how things will be different when the problem is solved and (4) change is inevitable and ongoing. O'Hanlan and Weiner-Davis (1989) maintain that clients have internal strengths that they can draw from, so the therapist's role is to find such examples and amplify change. This approach provides couples who have been engaging in a violent cycle the opportunity to refocus the relationship and build on the strengths in their relationship.

Sirles, Lipchik and Kowalski (1993) studied the effectiveness of solution-focused brief therapy. Their solution-focused model attempts to move clients away from the threatening present by focusing treatment on a violence-free future. The therapists, usually a team of two, emphasize the strengths of each client and respect their individual needs and goals. Sirles, et al, conclude that this type of treatment "is individually empowering and conducive to the acceptance of responsibility for behavior" (p. 270). The researchers, who surveyed the clients about their perceptions of treatment, reported that the majority (84%) of the clients stated that they had benefited from the sessions. Although the treatment in most

cases was court ordered, the interviewed clients reported that they thought they had learned new ways to deal with their conflict and were planning to remain together.

Domestic Violence Treatment Models

Early treatment programs for domestic violence have been designed for the abuser, using either individual or gender group approaches. Psychotherapeutic models have emphasized behavioral approaches, viewing the perpetrator as having "mood, attentional, impulse control, and personality disorders." (Alpert & Spillman, 1997, p. 461) The goal in this type of therapy is to interrupt the pattern of interactions that lead to violence by reinforcing acceptable (non-violent) behavior. Some programs emphasize building social skills as a means of replacing aggressive behavior with more appropriate assertive behaviors that help the male get his needs met in a self-controlled manner. Some treatment programs recommend removing an aggressive male from reinforcement opportunities or the use of aversive techniques to extinguish aggressive behavior (Alpert & Spillman, 1997).

Cognitive-behavioral treatment includes teaching anger management techniques, stress reduction and relaxation skills, various problem-solving skills, provocation coping and the development of empathetic and ethical responses. This approach encourages aggressive men to focus on solving the problems in the relationship instead of viewing a situation as personally threatening or humiliating. Many therapists in the cognitive-behavioral school recommend working with violent offenders in a gender group because the peer relationship within the group provides the needed male confrontation, a formation of values, an opportunity to face shame and other negative reactions, the development of a support system and an examination of gender roles (Alpert & Spillman, 1997). In addition, the therapist would also likely find the group setting more manageable than working with violent offenders in individual therapy.

While traditional treatment programs, using male gender groups, have primarily focused on the abuser's behavior, researchers have often gathered information from both the abusers and the victims. For example, in 1994, researchers interviewed 36 batterers and their partners before, and after, the men participated in a 6-month treatment group for domestic violence (Petrik, Likdersleeve-High, McEllistrem & Subotnik, 1994). The treatment program emphasized shame reduction and focused on the men accepting that their violent behavior

was a means of controlling their partners. To encourage an honest account of the violence, participants kept a “control log” of abusive behavior, which was shared with group members, who could provide feedback. The researchers found that the men, who were willing to participate in follow-up interviews at 6 months and 2 years after completing treatment (56%), reported a significant reduction in violence, as did their mates. The six men that refused to cooperate with follow-up interviews were considered treatment failures, as their mates reported that the violence had not diminished and, in many cases, was more severe.

In recent years, the field of domestic violence treatment has been expanded to include couples and family systems approaches. Family systems therapists view domestic violence treatment as an opportunity to work with a couple's interaction patterns as well as to address the larger issues of societal acceptance of male domination (Stith & Rosen, 1990). A systems approach allows therapists to join with a couple around their frustration and anger, to help the victim establish a bottom line, to assist the couple in developing healthy communication and problem-solving skills and to address gender-role assumptions.

The trend toward providing conjoint therapy for violent couples has led to great controversy among researchers and therapists focused on treatment programs for domestic violence. For example, Gelles (1997) asserts that a systems approach to treatment does not address the issues of power, control and patriarchy, which are at the heart of domestic violence. Other disadvantages of the conjoint approach include: the female's safety may be threatened, it may be more difficult to determine whether the partners wish to continue their marriage and the woman may be led to believe that she has some responsibility for the violence (Holtzworth, Beatty, & Anglin, 1995; Alpert & Spillman, 1997). Many domestic violence theorists, especially the feminists, are concerned about the impact of this kind of treatment on the victim, especially the risk of being retraumatized, if therapy is provided conjointly.

Therapists, struggling with whether to provide conjoint therapy, note that a reported 67% of the couples, who are requesting couple's therapy (although not necessarily because of violence in their relationship), report an act of husband aggression in the past year (Brown & O'Leary, as cited in Kantor & Jasinski, 1997). Furthermore, victims of domestic violence (even though they may temporarily leave the abuser or seek assistance) tend to remain with

their partners. Therefore, therapists must make decisions about whether, and under what conditions, conjoint therapy is safe and helpful to violent couples.

Some researchers have evaluated the advantages and disadvantages of conjoint versus gender group treatment. Brannen and Rubin (1996) compared treatment modalities for couples by randomly assigning couples to gender-specific groups or to a couples' group. Using quantitative and qualitative techniques, they found that the only difference in the effectiveness of the treatment approach was that for the batterers who were also alcoholic abusers, the couples' group was more effective in reducing the violence. The researchers attribute this finding to the cumulative effects of using confrontation in a group setting where the man was less likely to "get away with" projecting or minimizing his role in the violence as well as using a couples treatment approach, which provided the opportunity for addressing the relationship issues aggravated by the substance abuse.

Brown, O'Leary, and Feldbau (1997) conducted a quantitative study in which they assigned couples to either a conjoint group or gender specific group for treatment of partner violence. The therapists for the men's gender specific group therapy used a model that assumed that the physical aggression was a result of the male's dominance over the female and; therefore, he was responsible solely for his own actions. The treatment focused on the male's acceptance of responsibility, anger management, relaxation techniques, communication skills, and issues about gender roles. The women's group emphasized building self-esteem and reducing the effects of the victimization. The conjoint treatment used a systems and social learning theory approach, which included skill building in the areas of anger management, stress reduction, communication and problem-solving for both partners. In follow-up qualitative interviews with both partners of the couples who withdrew from therapy, the researchers heard that they dropped out of therapy because the format did not enable them to focus on their issues as a couple. Based on their findings, the researchers recommended having preliminary individual sessions with the batterer to assess for serious psychological problems, to allow time for couples to discuss their individual couple issues (using supplemental individual couple sessions, if needed) and to emphasize that reducing the aggression is an important step in improving the relationship.

In response to proponents of gender-specific group treatment, Goldner (1998) asserts that conjoint therapy can be a reasonable approach to domestic violence treatment, provided the issues of justice and safety are addressed. She further states that gender-specific group treatment has not been shown to be safer or more effective than conjoint therapy. Conjoint therapy is designed to address broader couple issues surrounding the violence and how the couple resolves conflict in their relationship as well as to help the abuser recognize and accept responsibility for the expression of his anger and can lead to empowerment for both the man and woman. (Hansen & Harway, 1993). While therapy sessions are generally conducted conjointly, therapists can hold individual sessions to address individual concerns, such as the victim's safety.

Other therapists and researchers, who have studied treatment for domestic violence stress that, if treatment is provided conjointly, the imbalance of power in the relationship must be acknowledged and the batterer must be held accountable for his behavior because he will tend to deny the seriousness of the problem and will likely rationalize his behavior (Alpert & Spillman, 1997). Therefore, one advantage of using the conjoint approach for domestic violence is that individual couple therapy can bring the batterer to a point where he is confronted with the consequences of his actions in the presence of a third party. Having both spouses in the same room can intensify the emotional and moral dimensions of treatment.

In order to address the issue of whether victims of domestic violence are retraumatized by therapy, Schlee, Heyman, and O'Leary (1998) studied the results of conjoint therapy treatment for 84 couples, referred for domestic violence. For 27 of the women, who were also diagnosed with Posttraumatic Stress Disorder (PTSD), the results indicated that, in spite of the traumatized state with which these women entered conjoint therapy, they achieved as much positive benefit from the experience (including a reduction in fear of their spouse) as the women participants without PTSD. In addition, the PTSD clients did not drop out of therapy at a disproportionate rate to the non-PTSD clients.

Harris (1986) studied the conjoint treatment model of an early pioneer in the field of domestic violence, Lenore Walker. Walker used a cognitive-behavior approach to challenge both the male and female client's "maladaptive thoughts and assumptions" (Harris, p. 615).

Harris documented the ways that conjoint therapy for violent couples differs from other systemic therapy for couples. The differences in working with batterers and their victims are that : 1) conversation is limited to safe topics, 2) some alliance with the same sex therapist may be needed, 3) extensive use of individual sessions is required, and 4) discussion centered on conflictive issues is limited.

Harris (1986) summarized factors that lead to successful treatment for 30 couples who were contacted for follow-up interviews after conjoint therapy for domestic violence. Two of the factors reported related to change in the female: “1) The female client stops taking responsibility for the violence and decides she will no longer tolerate assault and 2) The female partner believes that the batterer can change” (p. 618). Two of the main goals of therapy, according to Harris, is for the female to stop feeling, in any way, responsible for the violent acts of her partner and, at the same time, the batterer coming to realize that his actions are under his control and are not a reaction to his partner’s actions.

Researchers in the field of domestic violence treatment report that conjoint treatment programs can be very effective in reducing aggression for intact couples seeking marital counseling (Brown & O’Leary, as cited in Kantor & Jasinski, 1997). Johansson and Tutty (1998) studied the effectiveness of 12 conjoint couples group sessions following 24-week gender specific groups for men and women. Finding that the gender group participants had a great difficulty using the skills with their partners, the researchers concluded that some form of conjoint therapy must be a component of treatment if the couple decides to remain together. Therefore, the couples' group was designed to integrate the skills learned in the gender-specific groups, including communication, problem solving and conflict resolution to help partners practice communicating in non-aggressive ways. In these groups, the couples discussed real issues, which surfaced their hostility and vulnerability and led to tension and uneasiness in the group participants. However, the couples were able to control their emotions during the sessions and use the newly learned communication skills by relying on the support of the group. At the end of the couples' group, the levels of abuse (both physical aggression and psychological abuse) showed a significant decline compared to the level of abuse that they reported following the 24 weeks of gender specific group treatment and prior to the conjoint group treatment.

Neidig, Friedman and Collins (1985) developed a “highly structured, skill-building treatment approach for couples involved in spouse abuse” called the Domestic Conflict Containment Program (p.199). This model is based on social learning and cognitive restructuring principles and the treatment focus is on building relationship skills, instead of helping the batterer make an attitudinal change. The basic components of the approach include instruction provided by brief lectures, films, demonstrations; behavioral rehearsals assigned as homework; and feedback given by a group “facilitator” and other group members.

In addition, Jory, Anderson and Greer (1997) conducted in-depth interviews with 30 couples who were undergoing domestic violence therapy in a university-based clinic. They concluded that: 1) more than one type of abuser existed and that different approaches for working with each were probably needed, 2) a client’s views about power, respect, entitlement, gender roles, and freedom were deeply rooted in their belief system, which would require persistence and confrontation, 3) remembering and relating the past experiences of violence was very important to the women, and that 4) conjoint therapy sessions present a challenge for therapists to learn about past abuse because the female’s ability to speak frankly has generally been restricted by her partner.

The research is inconclusive concerning which form of treatment for domestic violence is most effective; but, most theorists indicate that the important aspects of treatment are the woman’s safety, the abusers willingness to participate in treatment and accept responsibility for the violence and the need to provide stress, anger management and communication skill training (e.g., Geffner & Rosenbaum, 1990; Neidig, Friedman & Collins, 1985; O’Leary, 1996). Other researchers postulate that the degree of abuse and the attitude of the abuser should determine the appropriate treatment modality (Geffner & Rosenbaum, 1990). Many therapists initially assess for the frequency and severity of violence in order to make a determination about whether conjoint therapy is appropriate. Conjoint work is considered viable, if the violence is mild and infrequent and if the batterer admits that the violence is a problem that he is willing to address in therapy (Jennings & Jennings, 1991; Holtzworth, Beatty, & Anglin, 1995).

Critical Issues Related to the Treatment for Female Victims

Safety

Regardless of the treatment approach (conjoint, individual, group) to treating domestic violence, the issue of safety is the first and foremost concern of the therapists (Stith & Rosen, 1990). The most critical step in working with couples on domestic violence issues is to establish the bottom line that violence will not be tolerated and to place “safety, accountability, and equity above all else” (Goldner, 1998, p. 267). Therapists must also assess the degree of violence and type of abuse in the relationship to determine whether the victim would be at risk to disclose or discuss volatile topics in conjoint sessions. If the chance of escalating the violence is high, the wisdom of conjoint therapy versus individual treatment should be reassessed and the clients warned of the seriousness of their situation. Using a pretest/posttest experimental design with gender specific and conjoint treatment, Brannen and Rubin (1996) administered the Modified Conflict Tactics Scale instrument to measure the level of physical and psychological aggression in a relationship. They found that the women who participated in the conjoint therapy were not at any more risk than the women who had participated in gender-specific group therapy.

Since physical violence is accompanied by varying degrees of psychological and emotional abuse, eliminating the threat of physical violence does not rule out the continuance of, or the increase in, other forms of abuse as a result of couples therapy. Conjoint therapy often generates tension between a couple as they begin to explore sensitive and unresolved issues about themselves and their relationship (Holtzworth-Munroe, Beatty & Anglin, 1995). Thus, the victim's safety, to some degree, is always in question. Since research about the treatment of domestic violence has primarily focused on the male perpetrator, not much is known about what the female experiences. More information is needed about what contributes to the female's safety in therapy and when, and under what circumstances, she feels at risk for either physical or emotional abuse.

Responsibility for the Violence

Family systems therapy has been criticized as a "no blame", "no responsibility" approach to domestic violence. Feminists maintain that this approach is tantamount to denying the victim's reality and the existing power differential in the relationship. Not addressing the issue of responsibility leads to the partners assuming co-responsibility, thus,

albeit indirectly, the victim is blamed. Likewise, in determining what factors are important to address in conjoint therapy for domestic violence, feminists assert that the no responsibility approach further endangers the victim by failing to require the perpetrator to acknowledge and take responsibility for his actions. If the batterer does not perceive his behavior as a problem, he is less likely to be willing to change it (Hansen & Harway, 1993).

Goldner (1998), who states that couples therapy that is grounded in feminist's theory is a viable approach to the treatment of domestic violence, emphasizes that the abuser must come to terms with his own actions. The violent man must acknowledge that his violent behavior is under his control and is an action that he chooses, not a result of losing control. Goldner advocates that therapists help men take responsibility by making them more aware of their feelings and by reframing their externalized impulsive behavior as an action they chose because they felt angry or threatened.

Feminist researchers, who are focused on the woman's point of view, are very interested in learning what the female experiences in treatment and how she thinks a specific treatment approach addresses accountability for the violence. Very few researchers have interviewed women about their perception of a treatment model or about whether they think a certain approach adequately addresses responsibility for the violence. Furthermore, no studies have been found which focus on the female's perception of how the solution-focused approach addresses the male's responsibility for past incidents of violence. More information is needed to understand the impact of a treatment approach on the abused women perception of her experience of violence.

Empowerment

Women in an abusive relationship often report that they are powerless to change their situation. In Hilberman and Munson's study (1977-78) of sixty women who experienced violence in their intimate relationships, the researchers sought to capture the sense of powerlessness that abused women experience - - " . . their waking lives were characterized by overwhelming passivity and inability to act on their own behalf. They felt drained, fatigued and numb, often without energy to do more than minimal household chores and child care. There was a pervasive sense of hopelessness and despair about themselves and their lives. They saw themselves as incompetent, unworthy, unlovable, and were ridden with guilt and

shame. They felt they deserved the abuse, had no vision that there was any other way to live and were powerless to make changes" (p. 465).

Yet, some women find the strength and courage to leave or get help when in an abusive relationship. Researchers are looking for answers to what helps a woman take the steps that end the violence for her. Some studies have shown that when women increase their strength and power in a relationship, the violence diminishes or stops altogether. In a longitudinal study of 114 women, researchers studied battered and non-battered women who reported having difficulties in their intimate relationships (Campbell, Miller, Cardwell & Belknap, 1994). The study used a range of self assessment tests to measure depression, self-esteem, grief and self-care tendencies in addition to in-depth interviews conducted 2.5 years apart. The results indicated that, of the two thirds of the battered women who participated in the second interview, most reported that they were no longer being physically abused and that sexual and emotional abuse were reduced as well. Test results of these women revealed a drop in depression and an increase in self-esteem measures. Researchers (Campbell, et al, 1994) observed that many of the battered women were given resources and the opportunity to talk about their experiences after the first interview. The researchers concluded that, if women are given resources and support, they are often able to "take actions to end the violence in their lives." (p. 109).

Other researchers have found that, when treatment allows for the enhancement of the abused woman's self-esteem, the woman's overall mental health and independence improves and the violence is reduced as well. Rinfret-Raynor and Cantin (as cited in Kantor & Jasinski, 1997) focused their work on trying to minimize the violence experienced by the female instead of trying to change the batterer's behavior. They emphasized that important components of using a woman-centered approach include using a feminist analytical view, encouraging personal growth and independence and providing information for the woman to obtain assistance when needed. These researchers believe that if the victim's determination to stop the violence can be strengthened, the balance of power in the relationship will move closer to equality.

Little is known about what helps a woman garner the strength to get help and end the violence. Since many victims return to their abusive partners and, thus, appear trapped in an

endless cycle of violence, it is essential for clinicians to understand what motivates a female to take action to protect herself and her children. More information about whether, and how, treatment for domestic violence empowers a woman to take steps to end the abuse is needed.

Power and Control

Kirkwood (1993) describes control by one person over another as "when one person has greater influence over the other's behavior or perspectives than does that person herself" (p. 63). She further defines "emotional control" as "when women began to lose touch with their own wants, needs and perceptions and were influenced more by the demands and perspectives of their partners" (p. 63). Generally, the person with the most power is able to affect the outcome that they want in a given situation. While most partner relationships have power struggles and conflict resolution difficulties, in healthy relationships, one person is not always trying to assert their will over the other. In violent relationships, there tends to be an overwhelming amount of power attributed to the man to the degree that one might assume that he has control over his mate (Cahn & Lloyd, 1996). The feminist view of domestic violence is that the abuse occurs as part of the power struggle created by men who want control over their mates.

The imbalance of power in abusive relationships is well noted (e.g., Alpert & Spillman, 1997; Goldner, 1998; Kirkwood, 1993; Cahn & Lloyd, 1996). In his study of couple violence, Johnson (1995) stated that the abusive male wants to exert control over his mate. Johnson concluded that the male will use a variety of tactics, physical violence and other means, "to control his partner and to satisfy his need to display that control" (p. 287). Barnett, et al, reports on a study by Claes and Rosenthal (1997) where the degree of severe violence in the relationship was positively correlated with the abuser's view of their mate's ability to reward him, indicating that the violence was greater when the batterer perceived that he got his needs met by having power over his partner.

In her study of battered women's perceptions of their relationships, Shir (1999) describes the violent relationship as "extreme emotional separateness." Shir administered the Family Adaptability and Cohesiveness Evaluation Scale II to 79 women in in-patient and out-patient shelter programs. This instrument measured family adaptiveness and cohesion using the expectations and perceptions of how these women thought their family should function.

The findings seem to indicate that in a violent relationship, the man in the relationship is extremely controlling and the gender roles are "so strictly defined that the rules never change" (p. 77). The woman tries to keep the environment free from stress and anger provoking stimuli, which might upset the male. Because of the male's need to experience his power over her, he is demanding and overbearing towards her. When the woman cannot live up to the batterer's rigid expectations, she is more likely to believe the abuser's distorted assessments and accusations and feel even more unworthy and powerless.

Lenore Walker maintains that the conjoint systemic treatment approach should be used only if it is presented from the feminist perspective, by acknowledging the power differential between men and women (Jennings and Jennings, 1991). Very little research up to now has focused on changing the power and control in relationships with domestic violence. More often, researchers have looked at how to change the batterer's behavior to reduce the abuse or to help the victim survive or leave the situation. Because many couples experiencing violence in their relationship are deciding to remain together, balancing the power in the relationship may be an important means of reducing violent episodes. Therefore, more information is needed from the woman's perspective about how the power balance can be achieved.

Validation

Many women in violent relationships report that they are ashamed of the violence and of their inability to stop it or leave the abuser. They often remark that they have no one to talk to about what is happening to them. In a way, these women have "no say" about their life, no place in the relationship to call their own and no way of verifying their perception of what is happening to them (Hilberman & Munson, 1977-78).

While some researchers have studied the effectiveness of encouraging women to be more assertive in their relationships and have suggested that the violence is then lessened (Jones, 1995; Follingstad, Hause, Rutledge & Polek, 1992), other researchers have reported that there is danger in encouraging women to be more assertive (e.g., Hansen & Harway, 1993). Hilberman and Munson (1977-78), in a study on the psychological impact of battering, reported that abused women believe asserting themselves could be fatal; therefore, to protect themselves, they do not speak up about the violence.

Nevertheless, in order for a woman to do something about the violence, she must get support and assistance from someone; she must tell someone about the violence. For this to occur, she must have a safe environment (free from threat of retaliation) and a non-judging listener. Researchers (Jory, Anderson & Greer, 1997) have indicated that therapists should be careful not to repeat the victim's experience of not being heard. When conjoint therapy is conducted, Jory and colleagues recommend that therapists hold individual sessions for the woman, so she will have the opportunity to share her experiences in a non-threatening or non-discounted environment. Hansen and Harway (1993) maintain that how a female describes and labels her view of the violent relationship determines how she will seek, and likely how she will respond to help.

Little attention in the domestic violence field has been focused on creating the opportunity and appropriate means for a battered woman to share her experience. Also, little to no research has focused on the woman's experience of having no voice and no presence in her relationship nor on how she can be encouraged to share what is happening to her in order to validate her perceptions and get help. More information is needed from victims who have spoken out to learn what has helped them find their voice.

Summary

Researchers in the field of domestic violence and therapists working with violent couples are learning more about partner violence and about treatment for batterers and their victims. As new approaches to dealing with this societal travesty are explored, therapists and social workers are hopeful that new information can reveal what helps couples eliminate the violence in their relationship. In addition, mental health professionals need to learn more about how to provide support and assistance to the victims in a way that enhances their safety and increases their chances of improving their lives. While clinicians have focused on providing effective treatment for batterers and on providing support for abused women, conjoint treatment for intimate violence is a controversial and rarely studied approach for treating intimate violence. Little to no research has focused on gathering first-hand information from the women who have participated in conjoint domestic violence treatment using the strength-based approach. More information is needed directly from these women to understand what factors

contribute to their safety and empowerment, as well as to learn more about what therapeutic techniques and approaches can enhance the therapy and provide a means to the relief that abused women seek.

Chapter III

METHODS

The purpose of this study was to understand how female participants in strength-based couples therapy for batterers and their partners view therapy's impact on safety, responsibility for the violence, power and control, validation and empowerment in the context of the therapy experience. This chapter describes the research methods used in the study, including the procedures, participants, instruments, and the method of data analysis.

Procedures

Larger Study

The National Institute of Mental Health (NIMH) funded a research and development project at Virginia Tech to develop and pilot test a manualized couples' treatment model for batterers and their partners. For this larger study, male and female clients and therapists, participating in the project, were interviewed and given pre- and post- treatment questionnaires and post-session questionnaires. Couples were selected to participate in the larger study from a pool of potential clients, who were self-referred, referred by courts or referred by domestic violence treatment programs. Participants were screened using an intake interview. They provided demographic information and filled out a variety of quantitative research instruments. To be considered for the study, the male batterer had to be at least 18 years old, in an ongoing relationship with the woman that he battered, willing to participate in an anger management class and willing to participate with his partner in a 12 week program for individual couples therapy or in a multi-couple group (Rosen, Stith & McCollum, 1999). Applicants were excluded from the study if there had been severe violence, a history of violence outside the household, an indication of an anti-social personality disorder, alcohol or drug use, or a threat or use of weapons. In addition, if the batterer possessed guns in the home and refused to remove the guns or refused to sign a no violence contract, the couple was excluded from the study. All couples participating in the larger study were informed of their rights to end participation in the study at any time. They were informed also that the information that was shared

would remain confidential. Clients, who were eligible to participate, were asked to sign an informed consent form and a no violence contract.

After participants signed the informed consent form, the couples were assigned to either batterers' group treatment plus individual couple therapy or batterers' group treatment plus a multi-couple therapy group. A male and female therapist team provided therapy for the couples in individual therapy. Three therapists facilitated the multi-couple treatment. An alumni group was started when several of the couples in one of the multi-couple groups indicated that they wanted to continue meeting as a support group. The group was assigned several therapists to facilitate ongoing couples discussions. Couples completing treatment in the domestic violence study were invited to join the alumni group for continued support.

This Study

Data gathered from the females participating in the larger project from the beginning of the project through the summer of 1999 were used in the current study, including written responses to open-ended questions completed after each session and after treatment was finished as well as comments during interviews. The majority of the women who were selected to be interviewed for the larger study were selected for the first part of this study because their interviews were transcribed by August, 1999. The researcher selected the next three women clients, who were willing to be interviewed, for the focused part of the study. These women were in treatment during the period of time from September 1999 through May 2000. Qualitative analysis of this information contributed to the revision of the original interview structure in order to learn more about specific themes of interest that emerged in the first study. In addition, this researcher analyzed the individual data for each of the fourteen women to determine how their views changed over time.

Data for the second part of this study were obtained by asking female partners additional questions using the revised interview questionnaire (see Appendix). For the second study, three women were interviewed at the end of treatment; two of them were also interviewed halfway through the therapy process. This researcher conducted two of

the five interviews and transcribed those interviews. In addition, therapists' records were reviewed to get additional demographics and therapeutic themes.

All interviews from the first and second studies were audio taped and transcribed. Each female was assigned a code number in order to conceal her identity. The information provided and the names of the females interviewed are disguised to protect their confidentiality. Clients' views are presented anonymously; and, in the second study, all names are pseudonyms.

Participants

First Group of Women

Of the eleven women whose responses were used in the first part of this study, three had participated in multi-couple groups and eight in individual couples therapy. Their ages ranged from 19 to 47; seven were married; and the length of time spent with the present partner ranged from two to 27 years. Three of the women indicated that they would not likely remain with their partners. Six of the women were white and five were black. Two of the women had no children, the other women had from one to seven children. Two woman did not work outside of the home. Of the others, five worked full-time and four worked part-time. Of the six couples who reported their combined income, the range was from \$30,000 to \$70,000 annually. Only two of the couples had attended previous therapy.

The types of prior abuse described by these women and their partners included pushing, shoving, throwing things, hitting, spitting, slapping and detaining. Most couples reported mutual throwing and verbal abuse. Three of the eleven couples dropped out of the program after 4, 7 and 8 sessions respectively. Three of the eight couples who completed therapy continued for a time in the alumni group.

Women in Focused Study

In the focused study, the three women's names are pseudonyms. They are described individually.

Case 1 - Jane.

Jane was a white female in her mid-twenties, who was married for two years to a white male in his late twenties. Both Jane and her husband worked full-time and earned

about \$25,000 each. He had attended college. They had no children. The couple knew each other as friends several years before they married. There were no known religious or cultural issues raised in interviews or in therapy. Jane indicated that she had been in therapy previously to deal with personal issues.

Jane was born the first of two children and had been disciplined with mild physical means. Her mother was an alcoholic, but there had been no history of substance abuse for either Jane or her husband.

Jane's husband was court referred for anger management following an incident where the police were called. He admitted that he had an anger problem during intake and stated that he wanted help with his anger and wanted to be able to find common ground with his wife on expectations for the relationship. Jane's husband reported that he was the first of three children who had seen his mother hit his father two times. He mentioned that he had been disciplined using physical means and that one grandfather was an alcoholic.

Both Jane and her partner admitted to violent acts when arguing, including throwing and breaking things, punching, slapping and insulting, swearing, pushing, restraining and spitting. Jane's husband also admitted to emotional abuse and intimidating behavior.

Therapy themes focused on emotional abuse, building friendship and trust, forgiveness, negotiating closeness and distance, having fun together and meeting each other's needs. Both reportedly participated fully in therapy. At the end of therapy, both individuals wrote that their mates were better at controlling their temper and more willing to compromise. Jane stated that the problem had been greatly resolved.

Case 2 - Jill.

Jill was in her early forties, a non-Caucasian women married for five years to a white male in his late thirties. They had two young children and wanted to remain together. Both had college degrees and he some advanced education. They both worked full-time earning about \$60,000 collectively. The couple was bi-racial and they came from different cultures, which at times seemed to present difficulties for them. There was no reported use of alcohol and no history of substance abuse or violence in either family.

Jill stated in a pre-treatment interview that she wanted her marriage to work and hoped they could live in harmony and mutual respect. She was concerned that the children would develop the same angry behavior that her husband displayed. Jill's husband was referred for anger management classes following a domestic violence incident in which the police were called. He stated in an intake interview that he wanted them to be a stronger couple. Jill and her partner reported that he had hit her, kicked her, grabbed her wrists, hit her with objects and had insulted her and humiliated her in front of the children.

Therapy themes consisted of addressing differences in parenting styles, cultures and individual needs. While both individuals participated in therapy, the therapists related that they had to actively engage the clients at times. Jill reported that the problem was somewhat resolved, that her husband was non-violent and that she felt safe to talk to him about issues that concerned her. They joined the alumni group to continue receiving support for changing their relationship.

Case 3 - Joy.

Joy was a white, stay-at-home mother in her mid-thirties. She had been married for twelve years to a white, thirty year-old male, who attended some college and made approximately \$50,000 a year. Joy decided at the end of individual couple treatment that she needed to work part-time and separate from her husband.

Joy was raised in an abusive home where her parents "fought all of the time." Her father was a substance abuser. She had participated in therapy as a young person. She reported that she had been physical only a few times with her husband in response to his treatment of her. She had thrown and broken things only once and had slapped her mate once. She had reported her husband's violent acts to the police on several occasions.

Joy's husband had been court referred to anger management treatment. He had abused substances earlier in their relationship, but was not still using drugs. He had been hospitalized for threatening suicide and had abused Joy by throwing things, slapping, pushing, spitting, insulting and detaining her. He also had thrown her against a wall and on several occasions had destroyed Joy's property.

Therapy focused on the couple's differences and the male's attempts to control his partner. Joy also saw an individual therapist to work on becoming more confident and independent. She separated from her husband shortly after the 10th therapy session.

Instruments

The data for the study was obtained from three sources:

- 1) Answers to open-ended written questionnaires given to all clients at the end of each session of treatment,
- 2) Interviews conducted as part of the larger NIMH project after the second, fourth, eighth, and twelfth sessions,
- 3) Additional interviews conducted by this researcher or a research assistant, asking questions targeted to the current research project.

Since some of the data are from previous interviews, the majority of the questions asked address client's expectations, the counseling process, and whether the therapy is helpful. This researcher asked additional questions of new female clients, attempting to gather additional information about their expectations and perceptions of the effectiveness of conjoint therapy for domestic violence. The opening question for each interview was designed to provide the opportunity for the client to present any theme that she thought was important: "When you think about your therapy session, what comes to mind?" (Amir, as cited in Middleton, 1998).

For the purposes of this study, this researcher reviewed all of the interviews of female clients, conducted and transcribed prior to August, 1999, closely scrutinizing answers to the following questions:

- 1) When you started therapy, you probably had assumptions about the therapy. How have the sessions measured up to those assumptions?
- 2) What has been helpful in counseling?
- 3) How do you feel about doing couples' therapy when there has been domestic violence?
- 4) What did you think you were going to get out of therapy?
- 5) If you think back to those few sessions, what stands out about it the most?

- 6) What kinds of things did the therapists do or not do that made it more comfortable (or less comfortable) for you to talk about certain things?
- 7) [If drop out] What influenced your decision to drop out of the program?
- 8) Have you noticed any changes in your partner or your relationship as a result of counseling?

This researcher and other interviewers probed for additional information on responses that indicated that a female client was less than satisfied with the therapeutic experience. Additional questions were asked at each interview for the three women participating in the second phase of this study. The questions used for the interviews conducted midway through therapy varied slightly from the questionnaire used for the final interviews (For examples of the midway and final questionnaires see the Appendix).

Researcher as an Instrument

In addition to the interviews and responses to written instruments, the researcher and other interviewers served as instruments for collecting data. Most interviewers made taped comments about their perceptions of the interviewees, which were transcribed as part of the record of the interview. This researcher also kept notes about her perceptions and questions throughout the processes of interviewing clients, analyzing data and writing the results. This researcher also participated in the larger NIMH study by leading two men's anger management groups and by being a co-therapist working with a couple not included in this sample.

This researcher noted that several factors may have influenced the interpretation of the information provided. First, the researcher tended to be sympathetic with the female clients due, in part, to a previous relationship with a controlling mate. The researcher was aware of her response to the emotional intensity of the shared stories and made a concerted effort to not attribute too much weight to any one statement made by a woman or to be too influenced by one person's assessment.

Interviewers tended to establish bonds with and feel compassion for the females being interviewed, which seemed to determine the questions that were probed. Other potential biases may be that the researcher knew the therapists of some of the clients and, while no discussions about the clients occurred, the researcher was sometimes aware of

the therapists' frustrations, concerns and emotional reactions following therapy sessions. The researcher's primary advisor for this study was a supervisor of the therapists for several of the cases, providing that advisor an in-depth view of some of the clients' problems as well as an opportunity to guide the therapists' work.

Design

This qualitative study was designed to gain the perspective of selected female clients participating in conjoint therapy for domestic violence. Hansen and Harway (1993, p. 10) have expressed the need for additional research on domestic violence that is focused more on the treatment approaches. This researcher wanted to learn more about factors that are part of the therapeutic experience for battered women. Using a feminist theoretical lens for the study, this researcher chose qualitative methods to focus as much as possible on the female clients' own accounts of their experiences and perceptions. Therefore, the study seemed best suited to a qualitative design (Sprenkle and Moon, 1996).

Analysis

Using qualitative analyses, this researcher studied the unique experiences of female partners participating in strength-based couples therapy for domestic violence, especially focusing on the issues of safety, responsibility for violent behavior, validation, empowerment and power and control in the domestic relationship.

Data were analyzed using the constant comparative data analysis method (Strauss and Corbin, 1990). This process involved reviewing words and phrases until themes appeared to surface in the discussion. These themes were grouped according to similar content and then were given representative names and definitions. These named categories were further defined, as the researcher added other relevant words and phrases throughout the coding process.

Using software designed for qualitative coding (NUD*IST, 1997), the researcher identified sections of the interview text that related to the named categories of safety, responsibility for behavior, validation, balance of power and empowerment. Sentences and phrases that seemed to discuss issues related to these five categories were filed in these categories for further analysis. Only text that addressed issues relevant to this study

were coded. The researcher then analyzed the reports for each category, as well as additional data from pre-and post session questionnaires to produce the findings reported in this study.

During the coding process, this researcher kept memos about her responses to, and questions related to, arising themes. Additional notes were kept following interviews with clients and in discussions with her advisor. Memo information was added to the individual interview reports and to the coded reports for each category. This researcher's memos included how clients characterized the five categories, questions about how the categories were related to each other and to domestic violence and suggestions about treatment enhancement.

Prior to the second study, the advisor and other committee members reviewed proposed changes to the original interview questionnaire and contributed ideas for the development of the questionnaire used for the second part of this study. Meeting regularly with the advisor for this study added to the validity of the research, as the advisor cross coded approximately 50% of the text, conducted one of the interviews and reviewed the ongoing process for both parts of the study.

To summarize, the experiences of fourteen women were included in this study; eleven in the first study and three in the second. Information from the thirty interviews was coded using the open-coding method described by Strauss and Corbin (1990) and using computer software designed for qualitative coding (NUD*IST, 1997). Information was collected at the beginning and at intervals throughout the treatment program. Specific data were collected from written responses to open-ended questionnaires, pre-and post-session questionnaires and qualitative interviews. All of the interviews were tape-recorded and transcribed. This researcher kept notes on her personal reactions and questions throughout the project.

Chapter IV

RESULTS

Introduction

Using a feminist approach, this study focused on the experience of women participating in couples treatment for domestic violence. The information presented in this chapter has been gathered from questionnaires and qualitative interviews with female clients participating in couples treatment for domestic violence. Nine of these women participated in individual couples therapy and five participated in couples group sessions. Information was collected from pre-therapy, post-session, post-therapy and, when available, from follow-up questionnaires as well as from one to four personal interviews held with each of the fourteen clients. Additional information was gathered from alumni focus group questionnaires. Data were collected and analyzed in two phases. First, eleven females were interviewed at various intervals during treatment using a generic list of questions to determine what they found helpful in therapy. Eight of these women participated in individual sessions and three were in a couples group. The information obtained in the interviews and open-ended questionnaires was analyzed by focusing only on the comments made by the female clients. These women continually referred to issues that concerned them. This researcher was particularly interested in the remarks about responsibility for the violence, validation, safety, power and control and female empowerment. Further qualitative analysis of this information led to a revision of the interview questions to more closely address these five characteristics. The second phase of this study focused on in-depth interviews conducted with three additional women, participating in the same research project a year later. Two of the women were interviewed in the middle of their treatment and at the end. A third woman was interviewed at the end of her therapy. Two of the individuals interviewed had been in group conjoint therapy with their mates. One woman participated in individual couples therapy. The analysis of these five interviews focused only on the female's remarks about her experience in treatment and what insight she was willing to share concerning the concepts of safety, power and control, responsibility for violence, empowerment and validation. The data are presented in two sections - initial study and focused study.

Initial Study

Analysis of the information gathered from the women's interviews lead this researcher to focus on certain themes that the women discussed. These themes were coded using the *Nudist software under the headings of safety, responsibility for the violence, power and control, validation, empowerment or self-confidence.

Safety

All participants were asked about issues relating to their safety. These responses seemed to cluster into seven categories: general safety, unsafe with partner, men's anger management group, safety in the home, safety and couples therapy, physical safety and emotional safety.

General Safety

The category general safety refers to the overall issue of safety, either in session or outside of therapy, without mention of the type of abuse that the participants were or were not experiencing. Clients talked about feeling unsafe with their partner, concerns about the men's anger management group training, their need to feel safe at home and how the treatment model and therapists contributed to their feeling safer.

Unsafe with partner.

Several clients revealed that they could not tell when or why their mates erupted in anger, which kept them from feeling safe in their presence. A client, at the end of therapy, remarked that she couldn't tell whether she was safe or not "because they have gone back before." This client described her relationship as a continuous control cycle - - in the past, her mate would try for a time to get along and then he would behave, as she described it, "mean."

Other clients thought their mates were using the techniques taught in therapy to further control them, which contributed to their sense of perpetual danger and feelings of hopelessness. After three-fourths of the therapy, one female reported that she was becoming increasingly uncomfortable because her mate twisted what was said in therapy and used it to control her. Disagreement over how to interpret and use what they were discussing in therapy was leading to more fights at home. She remarked that the sessions

made her mate angrier, and he tended to be angrier at home as a result of discussions in group. The client expressed a need for more techniques or tools to help them work through the anger at home. This client related that asking her mate to do something around the house (or to practice what they learned in class) was especially likely to invoke his anger. She said that women, who are with abusive men, take chances all of the time, "like, if I say 'you didn't do the dishes like you promised today,' you know, is he gonna [sic] be mad? That's taking your chances."

Men's Anger Management Group.

Early in the conjoint therapy, several women raised concerns about how their mates responded to the men's anger management group, which they thought contributed to the unsafe tenor of their relationship. These women stated that following the men's program, their partner's were angrier and more intimidating. One of these women thought that the group raised her mate's awareness of the underlying reasons why he was angry, but that he didn't learn how to get rid of the anger safely - - "in anger management, they brought up all these feelings of why he is angry, why he is always taking it out on other people. They didn't tell them how to deal with it - - how to dispose of it." This woman said that her early experience of the couples group was similar in that "they don't tell us how to talk to each other. It just goes back into another fight. . . . We're getting to the point where we're realizing that the women are just as hurt and angry as the men. We can't just put aside what they did and go on with out lives." She seemed to say that both men and women become more aware of their anger, but the men still lack the skills to deal with their feelings appropriately, which makes it difficult to discuss conflicting issues. "The women have just as much hurt and anger as the guys do, but we don't swing at them, we can control it better, or we hide it better. It's not good to turn it off, a lot of people think you can stop talking, but it makes the marriage even worse." One woman stated that the time-outs, as taught in the men's group, were abusive in the way they were conducted and that she felt abandoned because her husband had the group but she had no one.

Safety in the Home.

Several women talked about needing to feel safe in their home or to have a place that they could go where they would be safe. In her first interview, one woman discussed her need for a "safe place" in her life. She had recently lost things that helped her feel safe - - her father had died (her "safe person"), her therapy group ended (12 sessions completed), and her insurance changed (which previously afforded her an individual therapist). She also was feeling less safe because her husband had a renewed interest in working out and she saw his focus on developing his power and strength as threatening to her safety. She stated "It's got to, at some point, feel safe in my own home." In her pre-therapy remarks, this woman wrote that she would like her partner to be able to manage

his anger in a way that didn't make her feel anxious and she wrote "I would like to feel safe." In her written comments, this woman wrote that she liked the positive focus of therapy, which helped her build for the future.

Safety and Couples Therapy

After the second interview, a female client remarked that the group therapy sessions needed to be longer in order to have time to resolve some of the conflicts that continually erupted between the couples. About the length of therapy, she said "when we really get into it and we really get going, it's time to stop. . . we don't get time to get all the issues resolved, we kind of leave it floating, then the next week we start with the issue again." This comment suggests that sessions for multi-groups need to be longer or that more sessions need to be scheduled in order for the surfacing issues to be addressed so the men and women are not carrying unresolved issues home with them.

Another woman said, in her first interview, that if safety is the most important issue in the treatment of couples who experience domestic violence, then more techniques are needed besides time-out. "Where is the point where someone else maybe needs to step in and say, O.K. you've been abused so much, are you sure you're making the right decision? Are you safe enough to be going home with your partner? . . . How can they vent here versus go home and vent. I don't see that happening. I don't see the anger coming out in the group. . . They need to be safe when they come home." This interviewee expressed her opinion that therapists must be as concerned about the client's safety when she returns home as they are with her safety in session. In order to reduce the anger at home, this client thought that the anger needed to be expressed in the therapy group "so we can teach each other, so the therapists can help provide a space where it is safe to have some anger and work through some of the problems that they're angry about."

Many of the women interviewed halfway and later in treatment discussed numerous ways that the therapeutic experience and, specifically, their therapists contributed to their feeling safer. Several aspects of the treatment model contributed to their safety - - having two therapists, having individual check-ins each week, the use of

therapist intervention when the men got angry and assistance from group members in confronting their mates' behaviors.

Having two therapists, one of each gender, helped the women feel that someone would be watching out for their safety. The scheduled, individual check-in sessions before and after therapy allowed female clients "to tie up any loose ends that you would want to say but not in front of your partner." Also, when a couple's confrontation heated up in the group, the therapists split the larger group into two gender-specific groups, which the women said was helpful. The separate groups allowed the men and women to blow off steam, to admit to their behavior without their mate being present and to get support from their same gender peers. The women found that, in addition to releasing emotions, they were strengthened by the other women, who comforted them and who confronted the denying partner until he admitted that he had been abusive. Some of the participants noted that the men were not as likely to direct their anger toward the other women in the group. In addition to separating the couples when the session felt unsafe, the therapists were acknowledged by several clients for their ability to calm the group members and to surface important topics for discussion.

Other females related that the issue of safety in couples therapy depended on the type of violence occurring between the couple. According to one female in a later interview, "it was perfect for our case because there wasn't an intimidation factor on either one of our parts to speak in front of someone freely. . . I come from a family who don't necessarily back down when some one is attacking them, not defend yourself.." She goes on to say that if one person in the couple has too much authority over the other, separate counseling sessions, with a joint one occasionally, would be a better model.

Physical Safety

The category of physical safety pertains to interviewee's discussions about physical abuse and the women's fear that the abuse would continue. Physical safety contains the subgroups of pre-therapy violence, threat of violence during therapy and safety and therapy.

Pre-therapy violence.

When asked about incidents of violence prior to treatment in this therapy program, female clients shared their experiences and fears of future abuse. "What started it all was a big fight where things had ended up getting tossed around and broken . . . things had gone further than I wanted them to . . . we were fighting that day, I think we both pushed each other a little bit, but as far as like hitting, no there wasn't any since or after the counseling. I mean we have gotten into arguments with doors slamming and I think magazines and books have been thrown, but as far as touching - - [he] hasn't." When asked what had started the argument that brought them to therapy, this client related, "I was sitting at the table and [mate] just walked into the room and, just basically, he flung a salad bowl in front of me across the table and room." In her pre-therapy questionnaire, this client stated that the change that she wanted in her partner was "his temper and tendency to be violent, also his jealousy of me having male friends; him more open to trust."

In an early interview, a female client described a typical jealousy related incident, which led to her mate being arrested and mandated for therapy. "He got all in a rage and slapped and hit me and cut my tire. . . . The police came; he lied to the police. So, he took both of us and locked us up, and then there was a cross complaint. . . . when we went to the court, they ordered us to do some counseling."

Another woman described her life before beginning couples counseling. Her husband started "threatening her and getting scary and just being horrible. After he hit me he decided to go back and I think he seems less explosive, but I'm not sure because he's so changeable. . . . It hasn't really happened recently. It developed about two years ago and it was getting abusive with my son and me and it was getting scary and then he hit me so he went back for help. . . . He's been through the men's program two or three times. He was married before me and he beat his last wife really badly, they went through counseling. I don't know if we have to do this the rest of our lives, I'm just hoping that things will change. I always felt that there is something underneath the way he acts, I think he has some sort of underlying problem and behavior modification isn't going to really totally take out."

Threat of violence during therapy.

Several clients reported fights at home during treatment, when things were thrown and their mates were intimidating. These clients expressed their concerns that therapy would not be enough to prevent the physical abuse from happening again. A female, in her second interview, reported that when her mate was really upset, he refused to use the time-out procedure. "When he is really angry and really upset, he still wants to argue and fight. When he's not mad, he pulls a time out just to do something to make me mad to keep me away. It's not much of a force to stop the arguing before it gets into a fist fight."

Another client related an incident that occurred during therapy "before he went to the session, he said 'I did not see you behind the door' and he hit me three times with the door, you know, so, I mean, in therapy he acknowledged that he did know I was behind the door and was having a real good time with it." In her post-therapy questionnaire, this woman wrote that her hope for change in herself was "not to have to be afraid when he gets angry" and hope for her partner's change was that he "will not get violent or abusive."

Safety and therapy.

Some of the interviewed participants indicated several components of the treatment process that contributed to their feeling safe. They also mentioned specific things that the therapists did, which they felt contributed to their safety.

One female, in an early interview, remarked that if a couple experiencing domestic violence chooses to stay together "they need some couples counseling . . . I think it's essential. I don't think they'll ever be safe. They have hope to be safe. I think we have some intense group members that have had very much more physical violence than I have ever known about in my life. And one in particular that I don't think it has been helping, but some it has been and they're brought up big issues in the group. And they've gone home and the next week, they've had a great week."

When asked whether physical confrontations or throwing things were still occurring, one client, who dropped out of treatment, reported that the couples group counseling was helping her mate control his temper better. This client attributed her mate's change to the fact that he felt bad about his behavior and, since he believed violence was wrong, he took the counseling seriously.

At the end of treatment, one client, reported that the way the therapists followed up with check-in procedures helped to reduce her mate's reaction and, therefore, the threat of physical assault. "There was one time when I was concerned that he might be angry and we had come in his car and he has, in the past, tried to terrorize us before, while we were in the car when he got mad. He had not done it for a while, but he looked to me like he might possibly be angry and so then they . . . called us back together again and talked and sat down to discuss anything and, you know, he was fine. It was reassuring to have that." This client reported that the check-in procedure was very helpful on several occasions in reducing her partner's angry treatment towards her after the session.

Emotional Safety

This section, emotional safety, focuses on the women's descriptions of how the men intimidate, insult or control them, making them feel unsafe. The subcategories of emotional safety include: emotionally abusive behavior and safety and therapy.

Emotionally abusive behavior.

Several clients described their partner's behaviors as controlling or playing games with them to confuse or upset them. One of the debates in the field of emotional abuse is whether it is reactive (a spilling over of the male's stress) or intentional (a means of control or retaliation against his partner) (Gondolf as cited in Hansen & Harway, 1993).

Several women gave examples of reactive behavior in their mates. In an early interview, a woman, who dropped out of the program, reported that her mate described his stress as "a glass that is filled up with water, and [she] is like the last drop that tips the cup over." One woman, in a second interview, remarked that in group, a couple could be just talking about their day "and someone would snap."

Other women think the abuse is a deliberate attempt to control them or to upset them. One interviewee, in her last interview, described her mate's anger as "backlash" - an attempt to get back at her. Early in therapy, several interviewees related that they thought their mates "played games" intentionally to upset them. They described the experience as making it difficult for them to concentrate, to make plans, to function routinely, to be consistent, to believe that the intimidation would stop or to be able to trust their partners. They felt "like an emotional punching bag," their "life was totally chopped up," they would

be repeatedly "asked stupid questions," their mate "does not care about my feelings" and that "the men were especially mean on Mother's Day."

In her first interview, a woman revealed that she thought her husband could control his anger, but he chose to be verbally abusive to her. "Yeah, verbal abuse. What he say hurts very much, sometime. . . . You don't have to hit a person to hurt a person. You can say things to hurt a person. I think my husband has a lot to do with the way he talks to me and how he treats me." This client described her husband's behavior further - - "my husband has got to where he is very jealous and sometimes his verbal abuse makes me not want to talk to him at all. I'm at a point where I don't attend church with him anymore because he'll want me to sit there and when I'm getting ready to walk out that door to go to work, he calls me a bitch, and so I can't go to church and pretend nothing anymore."

Safety and therapy.

Female participants thought the therapists contributed a great deal to ensure their safety from emotional abuse. The therapists demonstrated their concern about safety, added structure and limits, intervened when needed, encouraged discussion about emotional abuse and used personal experience as examples.

After completing two-thirds of the program, several respondents indicated that they thought this treatment was different from other programs they had attended because this program emphasized safety. The therapists repeatedly expressed their concern about safety, especially if there had been an emotionally laden session. Female clients reported that it helped to know that the therapists were in control of the sessions. One woman mentioned that the therapists did not let the anger escalate to the point where the females felt attacked. A client stated that she was able to get help, when her mate was using what was said in group to control her, by letting the female therapist know what was happening before the session.

Several women, in later interviews, stated that the therapists had clarified what emotional abuse was, encouraged discussion about abusive behavior and demonstrated that they were mutually supportive of both partners. These women said that their mates were not as emotionally abusive as they had been before therapy. "He doesn't blame me for, you know, constant blame and . . . the thing with the time out you know, he was

abusing that time out. I mean, that stopped when we started this." Another client recommended that therapists could help with intimidating behavior by bringing the subject up in session and directly encouraging the male to look at his behavior.

One woman, in her second interview, highlighted the helpful things that the therapists contributed to her emotional safety: (1) they keep the group going, (2) they call time outs when some one gets too heated and (3) they intervene as needed. Another woman client found that the men in the couples group followed the therapists' lead and would collectively address the behavior of another man (even after the session) and tell him that he shouldn't treat his mate that way.

In an early interview, one woman found several things that the therapists did, which made her feel more comfortable and safer in session. She remarked that the therapists introduced men and women issues into their discussion and used examples from their own experiences. She said "it made us more candid . . . just brought out more . . . makes us feel comfortable and safe." In a later interview, another woman stated that she was able to open up more in an emotionally safe environment and was even comfortable with the therapists challenging her and her partner more.

After completing part of the therapy, a female client, who pointed out that she is the intimidator in the relationship, remarked that both she and her husband had managed to alter their mutual emotionally abusive behaviors. As a result of the therapists pointing out how they did not communicate their feelings to each other, her husband learned how to calm himself down and listen when they were approaching an argument, and she learned to read him and not add to his emotions when he was particularly stressed. "He will hold the stress in a lot of times, and I'll come to him and he'll just blow up. He doesn't do that anymore. And we talked about that in the counseling. . . They talked to him that maybe he needs to say something to me before hand, and I maybe won't pick a fight with him or something, because he's under a lot of stress . . . But if he doesn't tell me, than I don't know."

Women also reported aspects of the therapeutic program itself that contributed to their sense of emotional safety, such as check-ins and the group forum. They also reported circumstances that tended to diminish feelings of emotional safety. In her first

interview, one client felt that the treatment approach did not look at the way her partner acted, which left her feeling intimidated. "I've got a feeling that it's not really, we're not really discussing things in a way to resolve problems." The client goes on to say that although they had attended therapy before, things were not quite right when they left. "It took a couple of years to resurface again. He would do things emotionally abusive but nothing physical, so I'm kind of weary when people want to zero in on the positive. I just feel we have our good times when we are happy and all that, and we love each other, but it's the other times I'm concerned about."

In her first interview, a participant pointed out the importance of dealing with issues in a safe environment, which to her was a group, in order to reduce the chance of emotional or physical abuse - - "if you don't get through the issues . . because some people can't talk about those issues by themselves . . . it's safe in the group to talk about the issues." She said that the violence in her relationship was more violent anger and emotional violence than physical abuse. In her second interview, this woman stated that the check-in sessions helped her feel more comfortable sharing in a group. She also remarked that although it was easy to bring up issues and that the group forum discussion allowed her to talk about things that they would not have otherwise mentioned, she felt that the issues had not yet been resolved. However, another client wrote in after-session comments that she felt good about the group that night because she had been able to share a big problem that had been a long-time secret.

Several female interviewees related that they thought the couples group format was better able to address the emotional abuse. The group structure allowed members to support each other and was a safer environment to confront and acknowledge the emotional abuse. One woman, in a later interview, remarked that the women figured out that they could speak more freely if they did not sit by their husbands. "If he's sitting by me, I'm not gonna [sic] say anything bad about him."

Responsibility for the Violence

The category of responsibility for the violence relates to who the female feels is responsible for the violence in the relationship and how she thinks that responsibility should be addressed in therapy. Subcategories include: responsibility issues, men

avoiding responsibility, women taking responsibility, women's anger, responsibility and couples therapy, and responsibility and gender-based groups.

Responsibility Issues

Women shared their perspective of who was responsible for the violence in their relationships. They talked about how their husbands behaved when they didn't control their anger. A few of them explored whether they felt partly responsible or, in some way, to blame for the violence.

In her first interview, one woman said "Nobody deserves to be beaten. And, I don't care what a woman says to a man, there's a quote that, and I would never say it to my husband. A man is - - what a man gets angry about is like as big as he is. Like, if a man gets so angry over small things, a man is about as big as his anger . . . you can't cause somebody to react. A person has a certain amount of control over themselves." In a later interview, this woman stated "I always thought . . . that we were taught that no one ever provokes someone. I mean it's that person's lack of control of their anger. You don't cause that severe a response."

Another woman, interviewed halfway through treatment, was asked about couples counseling for domestic violence and whether the female client would feel blamed. She related, "it's so weird that you said the woman felt - - like - - the blame. I don't know why you said that because that is how I have always felt. I have always felt that way. I have always felt like, I don't know, my role wasn't what it should be, I don't know, and I, don't ask me, what that should be or what it is, I still don't know." She went on to describe how she felt blamed in one session when the therapists were talking about roles and made the statement "head of the house" - - "I felt blamed because I wasn't, I wasn't conceding to a role. . . . I felt blamed for something that, maybe you know, I'm not the way he really, really wants the role to be - - the man of the house. . . and I felt blamed that I did not concede to it, and I can't and I won't and, I don't know, but, I don't know, and I feel blamed for it."

Men Avoiding Responsibility

Several women described how their partners refused to admit that they were responsible for their own behavior and even blamed the women for causing the violence.

Some women thought that their partners ran from responsibility, needed to accept responsibility for their anger, needed to be accountable to someone and that an apology was not enough.

In her first interview, one woman described her husband's behavior as avoiding responsibility. "But my husband wasn't taking responsibility for me - - for his anger. He thinks he was, but I didn't feel he was. He was blaming me more than he's ever blamed me for being a terrible wife for the entire time we were married . . .[he used] time outs where he's running up to his dad . . . he's running off to his dad's just escapes him from all responsibility. I'm left with the kids." This client compared her husband's behavior to his mother's pattern, which was to shut people out. She went on to point out that her husband's father was abusive to him, while her husband blamed his mother for provoking his dad. In fact, there was a history in her mate's family where the men tended to blame the women for complaining too much and had exhibited violent anger towards women for generations. Although in her post-therapy questionnaire, this client reported that her husband was more sensitive and supportive; in a follow-up questionnaire, she indicated that her partner had changed, but was still in denial about his anger problem. She then said, "couples counseling is so important and can be the most important step in saving the family. . . . When there is an anger problem, until the person with the problem accepts responsibility for their anger, I do not feel anyone can be helped."

Another woman, in her first interview, stated that her husband "needs to be accountable to someone for what he does, he can't just make excuses, it makes him look at it." In a later interview, regarding a successful intervention leading to her husband's apology, the client stated that "he has to own up to it and face it when he does stuff and we can talk about it. I don't know how it would have turned out if we had not, you know, gone [to therapy], I mean I was really upset and he, you know, he just showed no, he was not remorseful, he was, you know, he just, you know, he was just mean." In describing her husband's attempts to avoid responsibility in the session, she said "he was making up all sorts of excuses by the way he [said how he felt] . . . he was saying like 'well, I didn't want her to . . . I was feeling sick and I was really, really tired and I hadn't slept and I felt really, I had a stomach ache and I'm not one that takes a lot of naps, but I don't get

enough sleep and I really want to go back to bed,' and he didn't really need me for anything, but he was making up excuses that he needs me for this and . . . I caught him in a blatant lie. . . I don't trust him, he is kind of, you know, getting out there trying to manufacture reasons." At her last interview, this client stated "how can you even begin to address something if he is not even acknowledging it?"

Several women said that they thought their mates were pretending to go along with what was being talked about in therapy, but that they were not really taking responsibility for their actions or taking responsibility for changing their behavior. In an early interview, one female interviewee said her mate only picked out what he wanted to hear, and he used it to his advantage. She described his apology as insincere because he continued the abuse. She stated that what abused women need is change. "[mate] is very apologetic. He says he's sorry, I love you. Most of the guys aren't, they won't say they're sorry for what they did. The women say I'm lucky, he says he's sorry, he stabs me in the back. What good did it do me, an apology is not what we need, we need change. He needs to not stab me in the back anymore, not really stab me in the back, you know. It's like if someone hits you and then says they're sorry, they love you and they can really be sweet for two weeks, then they do it again, then they do it again. Some of the women, I guess, they thought that if their husbands apologize to them all the time then it would make it all better."

Women Taking Responsibility

Some of the women interviewed for this study seemed willing to accept responsibility for their behaviors that contributed to an argument. A women, who dropped out of therapy, admitted that she had been physical with her mate during an argument. "I don't even know what the argument was about, but there was an argument. I kinda [sic] remember, there was pushing. I don't remember who pushed first, but I know we both shoved each other back"

Another female, in an early interview, stated that she wasn't afraid to speak her mind to her husband and that, if anything, she intimidated him. In a follow-up interview, this client admitted that it was her decision to drop out of therapy because she and her partner were not practicing the things that they were learning in therapy.

Another female, in her first interview, discussed how therapy was helping her look at her own behavior - - "It makes me think more to do things differently now than in the past, where I would be provoked and I pushed, you know, to make him mad because if you hurt me, I'll hurt you back. . . I don't have to treat anybody bad. If that's the way you want to act. If that's the way you want to be, you go right ahead. But, I'm not going to let that feeling come on me to make me act abnormally. So, it works in that sense." In comments after one session, this woman stated that it helped her that her mate admitted his faults. She also wrote that "I'm not responsible for someone else's actions or blame myself for what anyone does."

A different woman, participating in the alumni group, related that what she found helpful in one session was to be able to get into her own feelings and not blame her partner.

Women's Anger

Many women related how therapy afforded them the opportunity to safely express their feelings. Several related that they were beginning to recognize how angry they were about the past violence and that they needed help to manage their own rage.

In her first interview, one woman remarked that there had been a lot of violent anger in her relationship with her partner. She stated that therapy was helping her look at the anger that she was carrying, as well as her husband's anger and was helping her and her husband change their reactions to each other, when angry. Another woman, in the early stages of treatment, asked "how do we manage our anger? But, I don't think some of the things we need to focus on are - why is that anger? . . . as a couple, we push each other's buttons. How can we not do those things? So, we're only focusing on time-outs. This is what you need to do - remove yourself from the situation when you're getting angry. Those are really important, but there's more to anger management and anger in a relationship than just how to deal with that anger. I think we need to deal with some of the issues."

Another woman, in her second interview, agreed that her "relationship was a lot better than before. I think it's just, as the counselors say, sometimes when change is happening, things start boiling. But, I have a hard time believing that - - because I've been

here where I am before, so I don't know if I believe that for me right now. . . . I'm just angry. . . about everything that's happened in the last two years."

Responsibility and Couples Therapy

The discussion in this section focuses on the contributions that couples treatment has made in helping the male take responsibility for his behavior. In addition, several women discuss the limitations of couples therapy in addressing male responsibility. The subcategories for responsibility and couples therapy include: contributions and drawbacks.

Contributions.

Several women discussed how their mates had made changes and assumed more responsibility for their behavior, as a result of therapy. Some women merely stated that the couples or multi-couple counseling was helpful. Others were more specific and mentioned that the therapists continued the discussion around an incident and helped their partner admit his fault. One woman accounted what she saw in the group and expressed hope that her husband would understand and accept responsibility for his behavior. One post-treatment woman shared that what she found helpful in the alumni group was that her husband finally was able to admit his fault when he had been angry.

A female, who dropped out of treatment, remarked that her partner "felt very guilty about it and I know he never thought it was the right thing to do. I can't think of any specific incidents or things that were said. I mean, that is something he would have to answer - - that made that - - like not happen any more, but I definitely think it was a combination of the group therapy and the couples counseling."

Another client, in her second interview, shared that her partner had been very abusive just prior to their last therapy session - "he was particularly emotionally abusive and he was just, you know, he laughed it off." The therapists helped the abuser and his wife talk through the incident and the abusing husband apologized to his wife. When asked what the therapists did that was helpful to her, the client replied that her husband "is accountable to someone for what he does. . . . Well, all I know in that incidence, when we left, I was not feeling hurt and angry, which I was feeling very, very hurt and angry when I came in." When the interviewer asked what happened in the session that allowed her

partner's anger to calm instead of escalating, she replied "Well, he was accountable to two rational human beings, you know, so he couldn't just laugh it off, and just, you know, make it like nothing had occurred or he hadn't done anything. I think that was crucial and they were asking questions to see how he felt and trying to get each other to see the other person's feelings, how they were feeling."

In an early interview, one woman related that when the therapists brought up topics, which others in the group discussed, and when they wrote examples of abuse on the board, her mate listened. She stated that she hopes he is learning that what he is doing is hurting his family.

Drawbacks.

Several clients, when asked directly about responsibility issues, shared times when they felt blamed or partially responsible for the violence. They suggested that therapists be careful when using expressions like "pushing each other's buttons" and "head of household." Some women thought therapists should more directly confront the men and require that they admit to their physically and emotionally abusive behavior. Other comments addressed how the men's group tended to reinforce the men's position that they are justified in being angry at their mates.

A woman, being interviewed for the third time, expressed concern about the therapist using the phrase "we know what pushes the other's buttons," which she said could be interpreted by a blaming male to mean that his wife "causes" his anger and, therefore, she is responsible for the violence. When asked by the interviewer whether she thought treating couples in cases of domestic violence tended to make the woman feel responsible, this client said that "it scares me in front of [mate], because he will, he takes that as sort of being supportive of, that I've been deserving this stuff in the past."

When asked what she would have liked to happen in therapy, one female, interviewed later in treatment, said she wished the therapists had pointed "out more things that we specifically said. When we . . . sometimes if I felt my husband go off on a tangent and, maybe, they could have said something or pointed out something like that. Which they did do by . . . maybe, they could have done more of . . . they could have confronted things more head on, maybe a little bit."

Another woman, in a post-treatment questionnaire, stated that she wanted the therapists "to tell him the past is not always easy to forget; the hurt does not go away; when the damage is already done, it can't easily be [undone]." In a follow-up questionnaire, this individual stated that "the counselors seem to let the men off the hook too easily. We need more aggressive counseling that will address the issues of abuse."

Responsibility and Gender-Based Groups

Several of the women interviewed indicated that the men's group tended to contribute to the men's anger toward the women and gave the men more reasons to blame them. In her first interview, one woman stated. "The men's group was too much of a vacuum. I mean, it needs to be done. All that material needs to be done jointly. . . . And then they [the men] talk, I know the men sit there and talk about the women. Cause [mate] will come home with stories where they talk about how the women act. Almost supporting that women provoke the anger. And then, on the other hand, in VAN [women's group] it's like it's never the women's fault. It's kind of like, each party is looking at each other in the most negative light." In her post-therapy assessment, this woman wrote "I do think that a man or woman spending six months in the anger management program alone can in some cases (as my own) make the abuse greater. The emotional abuse increased greatly in my situation."

Power and Control

Many domestic violence researchers have examined the abuser's need to control his environment by controlling his mate (Barnett, et al, 1997). In many cases, physical and emotional abuse are used against the woman to make her more responsive to the man's demands. For the purposes of this study, information analyzed in this category included remarks that women made about the power imbalance in their relationship, as well as references to controlling behavior on the part of their partners. There is little information on these topics because questions about power and control were not asked directly of the women being interviewed. Subthemes are: examples of power and control, power imbalance, power and control and couples therapy, change in male behavior, change in female behavior and change in couple relationship.

Examples of Power and Control

Power and control refers to the ability of one person to get what they want or to make decisions affecting their partner without obtaining their input. The women interviewed gave examples of their mates refusing to talk with them, refusing to participate in therapy, continuing offensive behavior, canceling appointments, refusing to take time outs and dominating group discussions.

One woman interviewed later in couples treatment said that her mate dominated the group session. "He always does. He thinks he's the counselor, you know. . . . He tries to dominate the session. . . . He did that in anger management too. He does that; he's very controlling." When asked what the counselors did to stop him, she stated that they interrupted him and asked to hear from someone else, and that he would be quiet for a while, but was obviously angry. This client related that the therapists had to use time out during a session with some of the group members because of several of the men's attempts to control the group. When asked what the therapists said about the time out, she said "They usually say you are getting too out of hand and you need to stop and listen."

Another male reportedly used what the therapist said in group to control his wife. In her second interview, she said, "He says the counselor says you should do this, it's always on me. . . . He only picks out what he wants to hear. He just uses whatever is to his advantage." When some of the women in her group said that if their husbands would apologize like her husband did, it would be better for them. She replied "an apology is not what we need, we need change." The men may apologize and stop the physical abuse, but they still have the power to get what they want - - to frighten and to control.

Several women suggested that their mate used the time-out procedure and other men's group tools to get their way. In an early interview, one client stated that her partner used time out to control her - "Especially when he's not really upset, he says I'm nagging him and he'll put me in a time out, meaning I can't talk to him. It is usually when he's doing something he doesn't want me to know about . . . If we're talking about something and he gets mad, then he will say 'Okay, you are in a time out. You leave' and I will say 'No. You called it first. You have to go in a time out.' He does it to intimidate me. When he is really upset and really angry, he won't go in a time out. I'll put myself in time

out. I'll go upstairs and lock the door and he will be screaming from the other side of the door." She also said that when the group was wondering why time out did not work for them, she stated that it didn't work because he didn't want it to work.

Power Imbalance

Some women also complained that they were "doing all the work" in therapy, which indicates a power differential in their relationship. One client, in her last interview, expressed disappointment in her mate's unwillingness to participate in therapy to work on resolving their problems. "I wasn't able to talk at home, when I tried to discuss things with him, he'll walk away, he'll shut the door in my face and that kind of thing so I could not express myself at home." Another woman participating in an alumni group reported two different sessions in which her husband chose not to respond to her - - "my husband would not open up to my feelings, he was going to be controlling by closing himself to me in the group, he has reverted back." Prior to beginning therapy, this client reported that she was hoping that she and her mate could be a team and she stated "I am tired of doing all the work."

Another client related in early interviews that her mate called a time-out when he was upset (which she honored, although she wanted to finish the conversation), but he refused to comply when she called a time-out. The female interviewee called the time-out because her six-year-old niece was in the car with them and she didn't want the niece exposed to the anger. "I was thinking he would respect my time-out more because of that, being that she was there, and I don't want her to see us venting. But, he didn't." However in a later interview, this female made the statement that she is not afraid of her mate, that she is sometimes mean and, that, if anyone is intimidating, it is her. It seems that power and control may shift back and forth in this couple's relationship.

Power and Control and Couples Therapy

Clients reported ways that the therapists had been helpful in relation to power and control, including: helping them share their feelings, mediating arguments and presenting a strong role model. Several clients related that the therapists were able to guide both the abuser and his mate in discussing their behavior and feelings. Being understood helped to even the sense of a power struggle in the session and, perhaps, the power in the

relationship was able to shift as well. "It was really helpful, the counselors definitely saw my side of it and basically, I guess, just played scenarios and, I guess, made [mate] understand. It seemed like at home we could never get it resolved. It really helped to have like a median [mediator] there," said one female dropout. When asked what the therapists did, she replied "when we got to a tough point, they would just let us talk or, you know, when we were in the heat of things or we were just sorta [sic] talking to each other, they would let us keep going. But, then when one of us would sorta clam up, they would come in, you know, and they would say, it sounds to me like this is how you are feeling. Are we right? And, we would say 'yes' and then they would ask one or the other a question and get us talking to them and that would get us talking to each other about it. Whereas, if we were at home, it would be a fight started and one of us going out of the room and the problem never getting resolved."

Another female interviewed later in treatment attributed the rebalancing in their relationship to the role modeling of the therapists as well as to the treatment model, especially the individual check-in sessions. "I know they are communicating before we come into the room and they're seeing what each of us . . . prefeedback. They know up front what has been going on, you know. . . and just having different people, I think, makes, I don't know, it's like it's not continuity, it's not the same person . . it just feels equal, balanced. Some kind of balance there, which always seems to be . . ." When asked, "Between the therapists?" she replied "yes." When this woman was asked what brought about the harmony in their relationship, she replied that both of them felt supported "and in the past, I fell like maybe he was the one they believed and nobody believed me."

Change in Male Behavior

One woman, when asked in an early interview what changes she had noticed in her mate, remarked that he was "more open to hearing what my needs are. More open to listening. He wants me to talk to him about my anger. But, he canceled the two times we were supposed to. So, now I'm like - - do I believe what he says? Actions speak louder than words." When asked by the interviewer, this woman agreed that her mate was doing more things around the house, but that he still was not taking the same amount of responsibility as she was.

The women interviewed shared several power-related changes in their mate's behavior as a result of therapy. These changes included: men agreeing with the women, being more thoughtful about the words they used, increasing the flow of positive communication, spending more time with the family and working more as a team.

Treatment may be helpful in moving the power balance closer to equal when the male can learn a different way of communicating. One client, early in therapy, related that she had already seen a change in her partner as a result of treatment because he seemed to think about his reactions and even admitted sometimes that she was right. "He start[s] to say something and he['d] stop and say a different phrase than what he was gonna [sic] say, because of the way he [was] gonna [sic] bring it up might hurt my feelings or something." In a post-therapy questionnaire, this client said that she and her partner were setting time aside to talk and do things together, that he was more considerate, shared his feelings with her and was making decisions with her. Another post-test report from a different woman indicated that there was no more hitting or bad language and that she and her partner were talking more and were trying to get along. In follow-up comments, she stated that when her partner was in a good mood, he put to use the tools that they learned and that there was no yelling and no violence.

Another woman remarked that her mate admitted his fault in their conflict. She reported in post session comments that they were growing in their understanding and respect for each other. In a post-therapy questionnaire, a female client said her partner had changed and "wants to listen to my views, feelings and cares more. . . . We are working together." In a follow-up assessment, this client indicated that there was more understanding in the relationship and her partner was trying to give the family more time.

Change in Female Behavior

As some of the women learned how to ask for what they wanted for themselves, the balance of power in their relationship seemed to shift. As one woman described it - - "My husband is an old fashioned type of person, and he even wants to see me in the house, and not working and taking care of the kids, and cleaning the house up and things like that. Now, I just want him to work on his jealousy, and how hurtful what he says is to

me, when I have to go to work. I'm not gonna [sic] stop working, So, he has to accept me working."

Change in Couple Relationship

On coming to therapy, one woman described her hope for therapy as wanting to be able to discuss and resolve issues with her husband on their own without violence. She reported that her husband described therapy as having referees to resolve their disagreements, while she saw it as asking for insight from professionals. In an interview near the end of therapy, this woman stated that both of them became committed to finishing the therapy and to improving the relationship. She stated that the relationship changed in that they began respecting each other for that commitment.

Validation

Validation refers to how the female client defines her experience of being heard by others and whether she feels understood, thinks her view has been respected and is able to speak for herself. The women interviewed described how they experienced couples therapy, what helped them speak up and how they knew they were heard.

Validation and Couples Therapy

Most of the clients interviewed related how helpful it was for them to be able to talk and feel that someone heard them. Other contributions of the therapeutic experience included: therapists and group members (for those in a couples group) seemed to listen without judging, seemed to understand and sympathize, offered help and made their partners pay attention to what they are saying.

At the end of treatment, one client said the greatest benefit in therapy for her was "to be able to talk, to just open and just pour out some of your feelings and thoughts and concerns to someone and just have it off of you and just get it out, get it out. . . . And just to know that this person wasn't judging you . . . just to be able to talk about anything and know that, first of all, it's confidential and, second of all, this person's not going to be judgmental and, third of all, they probably can understand exactly what I mean from a female point of view - - just to understand."

Another woman, just beginning therapy, shared what she was getting from the couples therapy group - - "They offer constructive criticism, which I think is good.

Because I can sit with my partner and tell him the same thing, but it isn't taken the same way by someone who you live with and you love." Early in therapy, another woman related her group therapy experience - - "Sometimes we don't have enough time . . . to let it all out, because I never used to open up to anybody, not anything, not even to my mother or nobody. I always keep it to myself. Now, if I talk and share that to somebody, they listen and they help you to check yourself and see what maybe went wrong, or what they can do to help me. It makes me think."

A woman, participating in the alumni group, stated, "I had to open up and admit I need to be more of the team for it to work." At a latter session, she stated "I was not letting go [of her anger] for the first half . . . when I let go, people could help me."

One woman, interviewed later in therapy, said that she and her partner were living more in harmony with each other because "both of them felt supported and in the past, it's just, I feel like maybe he was the one they believed and nobody believed me." When asked, in her final interview, what was helpful about therapy, a female client replied "being able to discuss the problems when they happen was useful . . . and for me it was a nice feeling to be able to talk before the sessions and if there was something especially stressful going on, then to talk about that because not all of it did I want to address in the sessions, and it was just nice being able to have a sympathetic ear."

Several participants related how they knew that their therapists heard them. These clients said that having two therapists, one of each gender, contributed to what they described as being understood. They also stated that the therapists repeated what they said in similar words, asked follow-up questions, encouraged talking about difficult subjects, provided a comfortable atmosphere for sharing and demonstrated that they cared about the clients.

When asked if she felt understood by the therapists, one woman, in her third interview, related how she knew that the therapist's heard and understood her - - "They say 'I understand' and they repeat back what I'm saying." This woman liked having two different gender therapists because with a sole male therapist she would "feel a little reserved because the male can't really understand the female part of it . . . so I guess gender related input is really important for both of the people."

In her first interview, another client stated "I just pretty much like the idea of two other people listening to us, if we explain something and maybe asking 'well, [mate] , how do you feel about that?' They asked me what would I want him to do to make the relationship better . . . I like them letting me explain that 'well, if you do this, this will help me feel better about the relationship, therefore, I will put more into the relationship and may we'll have a better relationship.' And them asking him, 'well, what exactly did she say?'" Therefore, I'm feeling that maybe he understood me, if he can repeat exactly what I said in different words. That lets me know that at least he was listening."

When asked how did she know that the therapists got what she was saying, this client replied "Basically, if I hear them repeat what I said. Or, if they go on to something else, then I get - - I sense - - maybe they don't understand. So I'll say it again. When I'm in there . . . if I feel that I'm not heard or understood, I'll say something." She said that she knew the therapists "heard" her because they could, in their own words, repeat what she had said. When asked if it was important that the therapists used their own words instead of parroting back what she said exactly, she stated "Yes, because it's important that it's not a tape recorder. Because everyone has their own way of understanding, so they have their own way of explaining back to me. So, I feel that it should be different. It shouldn't be exactly what I said."

Some of the women related what the therapists did to help them be able to talk about topics that they found difficult to talk about. One client, who later dropped out of therapy, said "when we talked about the situations, they would come in and ask us about certain feelings we were having . . . when we were on certain subjects that were rough to talk about, they would keep it going like a lot of times during the sessions I would cry, and they would make me feel like it was perfectly fine to let it all out. They just said a lot of helpful things. . . . [female therapist] was really comforting. We went to a separate room and she just kinda [sic] like rubbed my back and told me to just let it out and that it was OK and that it was healthy. . . . She just made me feel better." This client reported that what helped her open up and share was the comfortable atmosphere in therapy - - "I felt like I could say what I wanted to say." She related that what the therapists did to create the comfortable atmosphere was they seemed to be listening to her - - "You can tell

by their gestures, the body language I was getting from them." One woman reported that the therapists "look understanding, they have understanding faces, they ask questions, they seem to give me feedback that they understand . . . I know that they are hearing what I am saying and they understand what I am saying and [re] not criticizing me, they're accepting what I am saying."

Another woman who dropped out, related that the therapists helped both of them change their pattern of withdrawing in the middle of a conversation and helped them get past the place where they would get stuck resolving an issue. Similarly, in a later interview, when asked what the therapists did to handle a potentially volatile situation between her and her mate, another woman stated that the therapists met with them individually, focused on their feelings and helped them address their issues, which decreased the potential for a violent incident. She said "when we left, I was not feeling hurt and angry, which I was feeling very, very hurt and angry when I came in . . . It could have just felt really, really bad. And he could have been more of a jerk, and he might of, and it might of escalated." When asked what was helpful in sharing their feelings with each other, this woman said that her husband apologized, which was a very different behavior for him.

A woman, who was being interviewed for the first time, said the therapists "were very easy to talk to. . . . I don't mind saying anything to none of them 'cause they open themselves up and they . . . listen to us. So, that is very helpful. They make you feel very comfortable to talk to." Another new woman stated that the therapists "take everything we say very seriously and in a very caring manner - - which is nice." A third interviewee remarked that she felt comfortable in therapy because she could tell that the "therapists really care and listen. . . . they bring out points in different ways that I've said without my spouse really knowing that I said that. . . . From me, I know that they heard some things and they will relate to me that there has been pain and destructive relationship and you know . . so that's how I know that they can understand me from where I'm coming from." A fourth new female said that her and her mate's ability to open up more to each other was initiated by their therapists - - "we became more candid . . . I got looser . . . I feel more comfortable when they [share] personal experiences . . . a little bit of a personal touch."

A woman, interviewed later in therapy, stated that she thought the therapists understood what she had to say most of the time. She said the therapists "can kind of pick up on when someone else is talking, if I am hurt about it or it's bringing up some things they can pick it up and they will say 'I have a feeling [client] wants to say something.' And then they will say [her mate], did you hear what she said? What did she say?' " She said her mate tended to twist what was said in the therapy group to his advantage to blame her for their problems. This woman was "afraid that if I go in the group today and then he's going to hear something else there's going to be another fight this week. So I'll have [a therapist] clarify with him when we get in there." This client related in written comments that she found the group helpful because she realized that she was not alone and the other women supported her view of her partner.

One new client, who stated that she is generally able to make herself heard, expressed concern about the content of a session. If she expressed her opinion in session and was ignored, she could be experiencing the same thing she does with her mate when she tries to communicate with him. "I feel that's not really helping us because we've already solved that. Let's talk about the things that we can't solve as far as me not understanding his career because he's a musician. . . . And we've never talked about that." In a footnote, the interviewer related that this woman tended to interrupt her throughout the interview, so even in the interview the woman may have been experiencing that she is not heard. However, when asked what was helpful to her, the client replied "it was helpful for them to just sit down with us and ask us our opinions on things just to ask us . . . just letting us talk, I guess." In a second interview, this woman mentioned that her mate "heard me say - I need you to listen to me. I need you to understand me and not always be on the defensive side."

Empowerment

Empowerment refers to the degree to which the female perceives herself as either important, strong, able and confident or to which she sees herself as lacking in such strengths. Subcategories of empowerment are: women isolated and disempowered, and empowerment and couples therapy.

Women Isolated and Disempowered

Several of the women participating in the study described, when they began therapy, how they focused on their mate's need. At later interviews, these women described how they rediscovered themselves, how they came to realize that their needs were important as well. Other women appeared confused and troubled in their interview sessions. They kept saying "I don't know" as though the questions were too complicated for them to have an opinion about.

In her pre-therapy questionnaire, one female expressed how she hoped to change herself - - "I would be able to understand him (his way of displaying anger, his codependency, his masculinity)." She was very focused on her partner and how she could change to accommodate him better. In her post-therapy questionnaire, this woman indicated that the changes in her were "an increase in self-identity and individual goals" and the changes in her partner were "still the same, but is less likely to violent behavior." This client came to the conclusion that she needed to focus on her own life - - "I just realized that there's little to nothing I could do about his participation, his attitude toward me and I can't - - I can't worry about that anymore. I've kind of - - like put that behind and just say 'Okay, well, I'll do my best to be the best person I can be and be the best wife - - and be the best mom to my kids, but I'm not gonna [sic] sacrifice my dignity.' I'm not gonna sacrifice my individuality for the sake of him, you know, anymore. I'm not gonna do it, cause I've lost myself these past couple of years trying to appease him and trying to make the marriage and it takes two of us and I've just resolved that within myself during the sessions that I can't do it any longer. I will just look out for myself and my children and regain my sense of self again because I couldn't - - I was just losing myself, just trying to be what he wanted me to be and that wasn't working. I wasn't happy and he was ultimately not happy because that wasn't the person he, I guess, fell in love with - - so to speak - - in the beginning, so I'm not gonna [sic] constantly change myself for someone else." This female described the changes that she was making as "being able to really get into myself and just establish my goals as an individual." She said that as a result of these changes, she was feeling more at peace and not as weighed down and depressed as she had been.

Another woman, in her first interview, described that she was getting stronger as a result of therapy, as she was able to think through things, ask for what she needed, not be as sensitive to her mate's behavior and not overreact to things as much. In a later interview, as the interviewer summarized the client's remarks, this woman said, "While you're sitting there saying that, something hit me - - kind of significant. When you've lost something, there's that hole. I wanted [mate] to come and fill that hole. But you know what it is? I can't lean on him, like I did my father. I can't get the same support and when you talk about the acceptance, yes, I've got to accept that, but you know what also happens? Now, I know I've got to depend on me. I've got to be stronger. It is what it is. That just hit me now. Yes, I see that he can't fit that. . . . [mate]'s not like that. I have to be there for me." Similarly, this woman's pre-therapy feedback focused on how she could change to meet her partner's needs - - "I would like to be able to meet his needs by fully understanding them. I would like to learn how to balance my nurturing for the children and for the relationship between, myself and my partner." In the beginning, she also stated that "we need to have a plan, so I can react appropriately to his actions." In her post-therapy questionnaire, this female stated that she felt "free to be myself. I look for the positive in my spouse. I feel more secure in our relationship. I've become myself again! I'm more direct in expressing my needs. I am not allowing myself to be put in situations where I'm vulnerable."

Several of the women interviewed answered many of the interview questions by saying "I don't know, I don't know." These women appeared not to be able to determine what their opinion about an issue was and, remarkably, they also tended to sound uncertain about whether the violence would stop or whether they could affect change in their lives. When one of these abused females was asked, in her second interview, what she thought about the individual session time, she stated that "if I had something to say to her or him I could say it, that I wouldn't want to say in front of [mate]. I could say it - - which is good - - like, like ' Hey, I think he is really full of crap and he didn't mean this' . . . you know, I could, you know, you wouldn't want to say it right there [in session]."

One woman shared in her first interview that her husband was not being honest. When the interviewer asked how she reacted to his dishonesty, she said "I don't say

anything because I don't like to embarrass him." This woman went on to say that she preferred that the women meet and talk together without the men.

Several women talked about feeling isolated and without support or strength. Their description of how isolation left them feeling seemed to be an important component of their experience with an abusive mate. For example, one woman in her first interview stated that, when her husband was in the men's group, she felt really isolated - - "even when I would call there and say I don't think these time outs are done right, I didn't get a direct support on that. . . . they weren't my counselors. And, so I felt isolated." Another lady, in her first interview, discussing the results of the men's group, stated "he doesn't, he hasn't hit me or anything else since he's been in that group, but he still gets pretty upset and angry, so I don't see how it helped." She talked about how much she liked the couple's group, saying "we get to discuss things, and I don't feel so all alone anymore because I know there is someone else having problems, sometimes in the same situation that I am in."

Another woman, also interviewed early in therapy, expressed concern that her husband would not be able to stop the emotional abuse. She seemed to feel powerless against his actions. "The last session he was getting really emotionally abusive and I was really upset. Right now, I am not sure, you know, if it is just, you know, if he is better or if it is just - - because for the time - - he is on one of his periods where he is, you know, better. I can't tell. It would take some time to see if it has any staying power. Th[ese are] things that we have actually talked about and he doesn't seem - - I think he does not - - that he is really immature and he does not care about my feelings. You know, he just, I feel really bad, he will do things, I think really offensive, it doesn't seem quite as bad, but you know, I have, I just don't know, I can't tell . . . it is hard to say, 'cause like I said he, when he is more considerate or we are getting along better, I can't tell if it is the cycle or if it is the counseling." In her final interview, this female said "I really could not tell you why, I think, but I could not tell you why, but he does seem to be different. He has been acting more mature, but like again, I don't know, I really could not say - - I think - - maybe he said he realized - - he did not realize that I was afraid of him and that helped him, so I don't know."

One female, interviewed early in treatment, stated "I'm at a point right now, where I'm having a hard time in the group, really - - it's opened up some cans of worms - - I'm holding the anger now and resentment. And, I don't really want to be here, in the group, you know? But, I am because I want my relationship to work. . . . I said [in group] you cannot move on until you get the garbage out - - and then you can move on. . . . My problem isn't that I need to go and talk to a bunch of people about my problems. I need to talk to my husband about it. I need this group. But, what's scaring me, and maybe this is why I'm starting to clam up a little, I don't think 12 weeks is long enough with a group - - 12 weeks isn't enough time for people to change and to work. - - It's going to be over and we're going to be like, now, what do we do? All these worms will be open, cans will be open and all, what's going to happen is - - we're going to go back and it's going to be the same roller coaster. So, I'm really getting upset about that part." In a later interview, this woman shared that she was not the only woman in the group who was angry at her spouse for his past behavior. When some of the women shared their anger in group, their mates responded favorably. This client's husband did not respond as she hoped - - "for some people it's going really well. And I'm jealous. Their spouses are really receptive and their relationship is getting better."

In a pre-therapy questionnaire, one client remarked that her hopes for therapy for herself were "that I will be happy in our relationship and that I will understand what exactly I do that makes [mate] react. I hope I won't have to walk on eggshells and will be able to interact with my husband, no matter what the issue." In her post-therapy assessment, this individual stated that she was more open to look at herself within the relationship and, on the follow-up questionnaire, this woman stated that the change she had made was that she was "trying to give 100%, even at difficult times." This woman's focus seems to be still on how she can accommodate her mate, not what will make her feel fulfilled.

Empowerment and Couples Therapy

Women related during interviews how therapy contributed to their feeling stronger. They reported that they could think and talk clearer, set goals for themselves,

find solutions to problems, change their outlook on life, assert themselves, decrease dependence on others and appreciate themselves more.

One woman, in her third interview, stated "the counseling sessions has [sic] allowed me to explore and to verbalize my thoughts, my, I guess, motivations as far as why am I coming here and what goal that I'm trying to obtain. . . . I was able to look beyond the little small things and to look at the ultimate goal and, unfortunately, the goal switched now. It's like about my life and my children's life." When asked what helped her make changes in her life, this woman replied "just to be able to talk . . . I wasn't able to talk at home. When I tried to discuss things with him, they were just like rudely interrupted. He'll walk away. He'll shut the door in my face and that kind of thing, so I could not express myself at home. . . just to be able to talk and sometimes I found myself answering my problems or solving my problems just by talking."

Another woman, in an early interview, stated that what helped her find her voice again was that the therapists were asking the right questions. She also wrote in post-session comments that she felt the therapists' concern for her and felt that the strength-based therapy helped to boost her confidence.

One new client stated, "I'm going strong and pretty well, because I, myself, have changed a lot also - - first of all, I can change me. I can't change nobody else. And so the same that he's working on him, I'm working on me also. That and then we come together and practiced the changes. . . I can feel it change - - change my whole relationship, change my whole look on life, differently. And, I'm feeling good."

In her third interview, a woman described the changes that she was making as a result of counseling - - "One change is because of this counseling, and because of the individual counselor. I'm becoming me again. Starting to assert myself again. I was in the past, and that has been changing because I came in and I said 'You either tell her she can't come this time. See, I'm becoming more confident through counseling.'" When asked what about the counseling experience gave her the strength to change, she replied that the staff was mutually supportive, that the therapists had clarified the time out procedures and the emotional abuse had diminished.

A female, who seemed to have little power initially in her marital relationship, related in her final interview that she had successfully used the time out procedure and that procedure helped her mate change. When asked how the time out helped him, she replied "I think he realizes he has pushed me too far . . . and he will lay off me a bit." Another woman, also near the end of treatment, who had been on anti-depressant medication, decided to face the loss in her life, decrease the medication, stand up to her mate and his family and decide for herself what was best for her.

Another woman, interviewed early in treatment, shared what the therapists did that helped her was "they pay attention a lot and they help us to realize or help me at least - - in my past that I cannot always rely on sometimes on my esteem for self - - they opened up my imagination - - bringing out the best in me. When they listen and throw the questions - - thinking a lot of things to see what I really feel, how I feel and all this." She also said that therapy had "been helpful and lets me open up more. I feel more appreciative of myself, my husband and - - it's helping us to think more and [we're] trying to do things differently than what we've been doing in the past. So, it has opened up different avenues." In post session comments, this woman wrote that she understood many things differently as a result of therapy and she had acquired many tools.

Focused Study

Case 1 - Jane

Jane is a 25-year-old white female who has been married for two years. She and her partner attended ten sessions of multi-couple group therapy for domestic violence. Jane was interviewed after the sixth session and after the tenth session. The following excerpts from those interviews reflect her feedback and experiences related safety, responsibility for violence, power and control, validation and empowerment.

Safety

In discussing the violence in her relationship versus what she hears about in the couples group, Jane reports "we're a little different from the rest of the group where we had an issue with violence and it only happened twice and it wasn't severe, severe. I mean some of these women, I mean, just severe, severe beating went on and that wasn't our

relationship." When asked by the interviewer, how the different levels of violence experienced should be handled, Jane replied "I don't know. I don't know. I might pair like couples up with like, I don't know, life experiences. Because like, sometimes, it's really hard to relate to another woman, whenever they have sustained such horrible, terrible violence. And it's like, wow. You know, I never experienced anything like that." When asked what she would have liked to get out of the sessions [regarding focus on violence], Jane stated "they do a lot with the physical violence too and I would have liked to see more with the verbal and emotional violence." When asked how the strength-based approach addressed the violence, Jane said that she thought that approach lowered the potential for violence - - "I think it's positive because, I mean, you go in there and it's so easy to play out such horrible things and that would bring up more and more animosity, I think the strength is a very good idea."

In her second interview, Jane pointed out that there were clients experiencing different levels of violence in their group, which forced the focus of the group to deal with the potential for, and issues about, physical violence - - not an issue for her and her partner. She said that the therapists tried to give attention to all of the members of the group, but that they needed to pay attention to one couple with a really serious situation. However, Jane was pleased with one recent session, because "I wanted to go over the psychological aspects of the abuse and we addressed that cause there were the two . . . there were two of us there that wanted to address that. And, I just think that it got the point across to my husband that he probably wouldn't have gotten . . . so it was really productive. I think it was extremely helpful, it was just, I don't know, I think, we dwell a lot on the physical abuse, which is, I mean it needs to be dwelled on, but not for ten weeks. I mean, that is why the gentlemen went to anger management and, you know, we did dwell on why, I guess, why it happens."

The interviewer asked Jane how she felt about doing couples therapy when there had been violence. Jane answered "I think it is fine. See, I think it depends on the level of violence cause like with that couple that has had such extreme violence, no, I don't think it is OK." Jane stated that "if you have a couple who isn't experiencing violence now and they want to work on communication and, if you have a couple and they can't even get to

the communication level because they don't even feel safe with one another, it makes it hard. The focuses are all different." When asked how she experienced being in the room with her partner while talking about violence, Jane replied, "It has been a little bit awkward but, I mean, fine. I guess, we haven't, I mean, ever since, I guess, six months ago when we had our violence issue, there has not been any at all. So there is a level of trust there, I guess. And there is a commitment. I mean, he knows that the marriage is over, if there is another act of violence." Jane related one incidence that happened while they were in the group - - "I would make a change and [mate] wouldn't like it and he would go back to being just as he was and, you know, just try to be as nasty as he could be and it would be awful. It was awful, that day was awful. It was one day. It was terrible. But, we slowly . . . we built."

When asked if she felt safe coming to therapy with [mate], she said "Yeah, I mean, every once in a while, we will get into a little discussion afterwards 'why did you say that?' [answer] 'you know, I thought I needed to', but it has never gotten, yeah, we just discuss it and then. The interviewer asked Jane, "What does safe mean to you, when you think of that word safe, what does that mean?" She said "I guess, I can feel that I, I don't know, I don't feel threatened, I feel like I can say what I want to say and I am not gonna [sic], you know, have to pay for it, so to speak." The interviewer inquired further, "Is it more like you feel physically or emotionally safe?" Jane answered "it has been more emotional, so safe is more emotional, I mean, there is the physical part, but it is also being able to say what I want to say and not be called names, not be told and made to feel little." When asked if there were times she felt unsafe emotionally, Jane said "yeah" and the interviewer clarified "in the therapy process?" Jane said "Once I think, just because I brought something up and I knew, I knew he wasn't going to be happy about it, but we worked through it." She indicated that they were able to work the problem out, outside of therapy.

Responsibility for the Violence

When asked directly about the responsibility for the violence in her relationship, Jane marked herself and her partner in generally the same location on a responsibility graph. The interviewer stated "In terms of being responsible for the violence in the

relationship, you've indicated that your partner was at least partially responsible for that violence and that you felt like that you were also partially responsible for that violence?" Jane replied: "Right." The interviewer went on to say "like almost equidistant. And that you felt like your partner would say that he was a little bit less responsible for the violence than what you had thought he was." Jane said "Right. And, then that goes with the verbal or emotional. He admits to the physical, but when it gets into verbal and emotional issues, [he would say] 'I don't see why that would be abusive. I don't see why that would be abusive.' " The interviewer stated "And then where he would say that you are on the line? You feel like he would say that you are a little bit more responsible for the violence?" She stated "Yeah." Jane went on to say "he thinks sometimes when I nit pick that leads him to be upset and I just push and I push. It's . . . , I don't know, I find it unfair." When asked where the therapists would indicate who was responsible for the violence, Jane answered "No, I mean they're very ambiguous, I mean, they never give [an indication] any one way or another." She added that her husband seemed to think that the therapists favored the women in the group, and she agreed - - "I just feel that, you know, they always give the men a rougher time. And, that tends to make him take it a little less seriously. He feels that the therapists aren't listening to him, but that they are on the woman's side. Because, he automatically thinks that they are taking the woman [s side] because they do, they do stress the violence so much that it really becomes unproductive. I have to tell you that violence is wrong. Violence is wrong. Which is fine, but when they say it ten times over in a period, the guys are sitting there, well, yeah, so what?" The interviewer countered with "And particularly for you too because you're seeing that focus on the physical violence rather than on what you feel like you needed it on the emotional/verbal [abuse]?" She replied "Right, and they don't talk about the emotional/ verbal, so the guys are like, well, I'm not hitting her anymore, so that's fine, you know?"

The interviewer asked Jane directly if it was important to address the issue of responsibility for violence? Jane answered "Yes. I think it is. Because, I . . . like on his part, I think he should definitely be responsible for the physical. I don't know about the verbal and emotional. And, I think it's important for the woman too. Because, I mean, like I said, we aren't always innocent. And, I think we need to learn how to be nice people

too. I mean, we're not being good people." When she was asked by the interviewer how she would like to see that being addressed, Jane voiced her concern that "some of the women there, and I've done a lot of soul searching and you know that you've called your husband a name and you're been . . . about it. But, some of these women still do it and they just don't admit to doing it." The interviewer replied "that personal piece of the soul-searching for you has been important for you and you see that as being an important piece of what you should be doing in that experience of understanding responsibility?" Jane said "Yeah, I guess, I'm just wishing that something that would be less bias that women are always right and really just say the straight shit . . . whatever you said, that was awful. You know, it's just . . . that's not fair either. Just be fair on both sides. I mean that's why we're there. We're not there just to hear 'you're right, you're right, you're right' or 'you're wrong, you're wrong, you're wrong'."

Later in the interview, Jane discussed what she considered to be an unfair focus in the group - - "Another thing that they do that I don't think is fair is they favor the women to the point where they don't work with us about some things that we've done. My part in like the . . . not necessarily the violence because I don't think the women have anything to do with the violence. But like, I don't know. We do have our own, there are bad things that do happen that we do instigate. And like, they kind of down play that . . . like one woman ended up calling her husband a bastard and he's awful, and you know, I just yell at him and yell at him and I think that's not great. I don't want him to do that to me so that's sure not right for you to do to him." The interviewer followed this remark with "So again, that physical violence is totally rejected but yet in that case the verbal attack was [permitted]. Jane said "Right. It's almost like it's OK for the woman to be verbally violent."

In the second interview, Jane pointed out a positive aspect of the strength-based approach, which was that the couples were in therapy because of a lot of negatives and the positive focus was very productive. She went on to say "I think negatives need to be added in there, but I think it is good to say positives because it gets you thinking on a more positive note." When asked what the disadvantages of the approach were, she said "Sometimes, you don't get the negatives out. Sometimes you don't get to focus on things

that are real. You can't ignore them. They are there and it is ugly but, you know, you gotta [sic] look at it."

When asked to indicate on a scale where she and her partner were, regarding responsibility for the violence, Jane indicated that her partner would say she was more responsible than she thought she was - - "Just because, sometimes he would, he would say because I did something like, I don't know, because I used the wrong tone it would make him mad and, therefore, he would be violent. And, I don't agree with that." When asked how the therapists would rank them, Jane indicated that "they would put him as more responsible for the violence."

The interviewer asked Jane if she thought the therapists addressed her issues. Jane said, "They listen and they do address our concerns even with the episodes of violence with the other couple, they still try to get on our stuff. It's just that sometimes that the other couple really needs it."

Power and Control

When asked whether there had been change in herself and her mate in terms of the amount of "say" that each had in their relationship before coming to therapy and after therapy, Jane stated "there's more respect. It's not that I didn't have a say. It was just that it was really hard to get . . . to be allowed to say it. There was a lack of respect, maybe, somebody didn't hear me and now it is more. He is more, I guess, sensitive." Jane made a connection between being heard, acknowledgment and respect being related to how much power or participation a woman had - in the group and in her relationship. When asked what the therapists did to promote the respect, Jane replied that "the whole last session was about respect and just ways we can perceive things as not being respectful and, I guess, how - - how something can be psychological abuse and you might not notice it."

Validation

The interviewer asked Jane how she felt she was being heard in the group. Jane replied "I don't know. I don't know. I think the women hear me, but I think the men in the group just kind of, like tune out. Which is, I mean. they'll say 'yeah, yeah, I know what you mean, yeah, yeah.' But, like, the guys are just like not even listening." When asked about the therapists, Jane replied that she thought that the therapists heard her. The

interviewer then asked specifically about whether she thought she was being heard by her partner. Jane said, "Sometimes. Sometimes, no. Sometimes, I don't know, because I don't know. I would talk, like I said, we'd never get to the point when we actually start working on something." When the interviewer asked, on a scale of 1 to 10, how important was it to her that her mate heard her, Jane stated, "Probably a ten. I mean, if you don't hear each other, how are you ever going to get past anything? That's my feeling." The interviewer asked Jane what she needed or expected from her partner in the way of a response if he was able to hear her. Jane answered "A better understanding. I guess, a reaction that would merit the fact that he understood, instead of getting all frustrated and getting derogatory or saying mean things - - a form of respect, I guess."

Empowerment

The interviewer asked Jane where she was on a scale before and after therapy in terms of being able to manage her own life. The interviewer also asked her to rate her partner. She remarked that they were both very independent people and that their independence had not changed with therapy. However, Jane did say "we are more respectful of each other's independence now."

Case 2 - Jill

Jill is a 40-year-old Asian female who has been married for five years. She and her partner attended ten sessions of the multi-couple group therapy for domestic violence. Jane was interviewed after the fifth session and after the tenth session. This client used English as a second language and in both interviews seemed to misunderstand some of the questions. The interviewers and transcribers also had difficulty understanding some of her words and meanings. To the extent possible, the following excerpts from those interviews reflect her opinions and experiences about safety, responsibility for violence, power and control, validation and empowerment.

Safety

The second interviewer asked Jill if she felt safe coming to therapy with her mate. When she said "Yeah," the interviewer asked if she felt safe emotionally also. Jill responded, "yeah, because I can already express my . . . whatever I want to express. He's,

he will just listen or we will just discuss. There is no more exploding. If I don't want to hear this, like threat. But, now it's - - I can express and there's no more fear."

For Jill, coming to couples therapy and learning about the legal repercussions of physical attacks had helped her husband. "For example, my husband knows the boundaries. He knows that violence is not acceptable in any form - - emotional or physical. He knows that he is not above the law. That's very helpful. Before we have this, he doesn't have any boundaries." When asked if focusing on her partner's strengths was in conflict with addressing the violence, Jill responded, "I think we have to also recognize his strengths [as long as there are clear boundaries]." Jill stated that "there's calm in the household. There is a space, we don't have that before."

When asked what the therapists could do to make therapy safer for the women, Jill replied, "They did already, what for me, what is right to do for protecting the women. They checked first thing in the meeting before even beginning the group discussions. We would check if there was a violence in the household and then after a few minutes before we leave, we would be checked again."

In response to a question about whether conjoint therapy is a good idea when there has been violence, Jill answered "In our case, it is helpful if they are seeing both of us at the same time. In my case, I don't believe my husband is like that. Also, in my case it's helpful, he can hear what is my feelings." When asked the same question in a second interview, Jill stated "I think it's a case to case basis. If a couple, it depends on how abusive the partner is, how worse the situation, I think. If that is the case, then they would be counseled separately. But, in our case where he is not that abusive. He is just too controlling and I think that working, attending this discussion, attending the same discussion, the same counseling sessions enables us to hear each - - our own grievances or to hear it from other people and then, maybe, just by hearing not other senses of the conscientiousness, that's not right. I think that in our case, it serves the purpose. It makes you stronger. "

In a follow-up question, the interviewer asked Jill if she had any remarks about whether a group approach or individual couple's counseling made a difference. Jill remarked "Couples? I have not had experience with that. I have only had the sharing

experience with the group. But, I would just imagine that it would be more serious talks, discussions because you are focusing on only your own problems. You don't hear it from other people's point of view or other people's experiences. I would say, it's concentrated. Maybe it's good for the ones, for a couple that needs, I don't know. [The group] makes you stronger. Because there are couples that are also very alert, energetic, very open. If you are not open, then you are encouraged to be open. It's like boosting each other's confidence."

Responsibility for the Violence

When Jill was asked if she thought it was appropriate to make it clear that her partner is responsible for his violence and that violence is not appropriate, Jill responded emphatically, "Yes." She went on to say that she feels he has taken responsibility for his behavior and recognizes that it is up to him to change. When probed about what was important to cover in sessions, Jill stated "I would say continue discussing why there is violence and that it's not OK. Discuss the reason why there is violence, then go to the positive. Keep reminding. I think that helps." The interviewer replied "So, the first is to talk about why?" Jill responded, "Yes, why it happened. Where it failed. Why it happened - - the fact that there was violence there. What is the others' attitude about that. Is there an attitude problem here . . . what you can do so it won't happen."

When asked what she thought about the program's focus on each person's strengths, Jill responded "In my opinion, pointing at the strengths of the other person encourage him to do - - to do more - - more and more - - and acknowledge that he is that positive, not negative. It's to boost morale. So, I guess, it's good, it's good approach. And, maybe establishes self-esteem - - greater self-esteem." When asked if there were any disadvantages, she said "As I pointed out with one of the instructors - - that pointing only to the positive or to the strength of a person is OK, but we don't - - we should not overlook what they have done to us. I mean, one who is abusive - - that we should also point that what they did is not good." The interviewer asked Jill what would be a good approach for doing that and she replied "I guess, point out first that what they did is - - it's horrible - - it's - - it's not acceptable and then letting them know that is not acceptable and they are violating the other partner's right to be happy. And then, showing them the

positive way and then acknowledging what they did, what they did so far positively. I guess, it's more stronger [sic]. And, maybe, we can just discuss the good virtues, the good way, not the bad way. Then, more forward to that direction and then like pointing out that they did do good - - their strengths."

When Jill was asked to indicate on several 1-10 point graphs who she and her partner thought was responsible for the violence in her relationship, she indicated that her mate was an eight and she puts herself at 5. When asked about her mate, Jill said her husband would say he was a nine before therapy and now he was a five and that she was a six. She explained that he would say she was higher because she would resist him being abusive and then a fight would then ensue. She indicated that her therapists would put her at 4 and her partner at 6. Later in the interview, Jill said "I think both of us get strength from this because he also acknowledge that he is nervous person. He is this abusive [person], and he even step[ed] forward to get help."

When asked what therapists could do to address the issue of responsibility for violence, Jill answered "if the therapists could be sterner and, like, given them a one-on-one discussion or a lecture or a reprimand or something to refresh, to refresh, like a lesson on good manners and right conduct and respect. Respect is the most important factor in this situation because if you lack respect you tend to be - - you tend to abuse your - - not only your partner - - to any of the people around you. So I think like lecture on those things." The interviewer followed up by asking "What do you think then would help the person who'd been abusive come to the realization that they were the one responsible for that?" She replied, "Maybe, if we can ask them why. What triggers you to be like that? What do you to this other person that you are doing is like? Is there any things that you don't like this or the reasons why you do this. What triggers - - what's the factors. I think it would be helpful to address those issues. I guess we don't cover that because that's just too - - too much of a complicated matter. And, I don't know, but it would be a help."

Power and Control

When questioned about who made the decisions in their family, Jill stated "I would say, because he controls me, I would say, I will be at 1" [having little to no say], when

beginning therapy. Asked where she would place herself at the end of therapy, Jill responded, "There is a little improvement, but he still has the control. I would say in the middle [she marks a 5]. He knows - - listen. He knows - - listen to me. And, we now discuss which one, which one we have to do. But, still, he has this male ego that he wants to be the decisionmaker." The interviewer then asked if she wasn't a little below him on the line in having say in the relationship. She answered "Yeah, sort of. But, I protected that spot. Let me tell you this - - as much as I want to, because I don't want me and him to go back to where we were before. So, as much as possible, I want to tell him that no more, that no controlling. We have to share, we have to discuss."

The interviewer asked Jill where she and her partner were in terms of being dependent and independent at the end of therapy. Jill responded, "In terms of independent, I think I would say, we just share the same spot because we can talk and respect one's opinion - - because we share." When the interviewer remarked that her mate moved up a step toward being more independent, Jill said "Because when I go up, I think he would tend to go up too. . . . I don't want to say it's competition, but I guess it's a male - - a male thing. They don't want to be left behind."

Validation

Jill stated that she would likely complete the program and the interviewer asked what had contributed to her decision to continue. Jill replied "Because our goal is to work on our marriage for the children and we have been this far and I see improvement coming here and doing what is needed. I feel heard. We have discussions. They ask us. Everybody listens, everybody interacts." She said it was important for her husband to hear and understand her as well and that he seemed to be improving in that respect. The interviewer asked Jill if, when she spoke out in the sessions, she felt heard by him? She answered "Yeah, especially in the large group. I think it is stronger when everybody listens, including him. The impact of the issue, if felt when everybody is drawing attention to it - - it's more powerful, the voices of the other people."

Jill was interviewed again at the end of group therapy. When asked what she thought about therapy, she said "I think we need it because of our past marital problems. It is good experience, very fulfilling and it's like an outlet for us both. We're being able to

talking to other people, our problems and also sharing discussions with other couples, who have the same problems. And, it's very good, I guess, and my experience is - - it's part of healing - - healing and part of , like, going forward - - hearing other people's problem from their own experience also opens our eyes and minds about our own - - that we denied for some reasons. And accepting it and helping each other as a group, we were able to get lessons from each other. And, I think, the whole classroom experience helps us to be - - to acknowledge our fault cause it's not only our partner. The fight triggers both. Maybe, because the stress of work, we tend to be short tempered and also the demands of raising kids and, I guess, emotionally we are - - we are - - like short tempered."

The client was asked on a scale of 1 to 5 (1 - completely misunderstood and 5 - completely understood) how understood she felt by her therapists. She stated that she felt completely understood. She went on to explain how she knew they understood her - - "We were questioned one by one in a circle. I guess how they reacted to what you say - - what your input in the discussion - - they acknowledge that they understood. See, I don't know if it's completely, but I would say it's a 4." She described the group experience as "kind of - - at first - - it's kind of embarrassing because you are talking about your not good - - not good experience and then you have somebody to listen to. It's embarrassing at first and then as we move forward, session by session, we kinda [sic] are comfortable with each other. When we listen to other couples, to others that ultimately have the same experience or much worse we have - - we have advice when other people don't have these feelings, if you get help, then you should open up. So, I guess, that gets us in shape over - - maybe if our fear or embarrassment - - that overcome that."

At the end of the second interview, the client said she would like to say something else - - "I would also add that, if - - if you are the spouse, the one battered or abused - - don't keep it silent, don't hide it. Don't cover your husband or wife - let it out in the open - - that way he or she will be helped. Not only you, but the other partner and, I guess, telling the truth or telling someone you love outside of our household will help." When asked what the therapists could do to help the abused person feel comfortable, she said "I think that if you let her feel comfortable and be trust, I think the trust - - like just be there to listen, and not judge, because we don't like - - I have this experience and I am

very fearful that people will judge me or my sister - - or my family will judge me because I have this experience - [and that] will silence us."

Empowerment

At one point in the second interview, Jill said that she wanted to say to her mate that she would not tolerate his controlling behavior. The interviewer asked "It sounds like you've placed yourself in the middle [of the power in the relationship graph] and that you're taking a stand there? You're taking a stand? Jill replied "Yeah, I would let him push me - - before, I would just say - - I would not say anything. If it's acceptable, I would say OK because I don't want an argument or I don't want him to hit me - - like pinching, it's degrading, so I to avoid that incident, I would just say OK, OK. And then, he is more and more of that. So, there was this incident - - police intervention and so after that, I kind of opened my - - my spirit - - myself - - that he - - he has boundaries to follow and now that he was afraid. So, it's me that discovered that if he, if I will let him overpower me, then he will keep on pushing me more and more." When asked what helped her get more power, Jill said "I think the whole process of - - like - - before the counseling, I guess, thinking - - which one is right and doing what is right. Going to the court by myself - - facing the judge - - this is very unpleasant experience, but the experience was so helpful to me - - to gain my confidence and strength that I have inside was - - just being there and I know that there is a system that will help - - the backup. It's the inside, like the craving for freedom."

Jill indicated that she was very independent before she got married and then "became more dependent on him because he makes the decisions and I don't have anything to do, so I guess, before the therapy, I would be, below the median [#4 on dependence/independence scale]. His side would be - - he's still independent, he is still [#7 on the scale]. The interviewer clarified that she was a 4 and her mate a 7, when they came to therapy and then asked where she thought each of them was now. Jill stated "I want to be here [indicated 10], but still I don't have that spot there. [she then marks 7] When the interviewer pointed out that she had made several steps of change in becoming more

independent and asked how she accounted for that much change, Jill responded "I guess telling the truth and opening that up to loved ones or co-workers that I have this - - I have this horrible experience, and I think talking, talking and talking and not allowing him to overpower me - - just be sharing." She went on to say "It's not a secret, and before, I would just keep - - keep by myself because I am embarrassed that I am in this kind of relationship - - that I have this pride - - that my marriage will work, but it's not helping him. I think voicing out - - and getting help and acknowledging that you are just - - you are not a perfect person or couple."

Jill said that she had pointed out to her husband that it would be better if he changed his behavior "not because of the police, fear, but because of his commitment to change. It would be better. We discussed that in our session. I was honest. Maybe that broke, changed and whatever, his motivations."

Case 3 - Joy

Joy was a 36-year-old, white female, who had been married for 12 years. Joy and her husband attended eleven sessions of individual therapy. She was interviewed at the end of her eleventh session. At this point in therapy, Joy had made the decision to separate from her husband.

Safety

Joy related that she was concerned about her husband's increased agitation, since it looked like they were about to separate - - "also that how afraid I was at the time about how [mate] was going to react to it. I think his idea about us being in the direction where we were going makes him very volatile."

Joy said that the therapists were especially helpful in creating a safe environment, because they met with them separately at first and the therapists "would write down some things that were really important to me and then would bring them up in a way to make them conversation - - that I didn't have to bring them up - - which was good. They were dealt with. My issues were dealt with in a very safe way. Which is what I like because, you know, you are dealing with an abuser. You are dealing with a very volatile man. And, even though he became better in some ways from his anger management, he became more verbally abusive in other ways and more controlling in other ways. He sort of went

sideways. It's like there was a lid put on, but then it was going this way." [Joy gestured with both arms extended out from her body]

Joy described one session when she felt uncomfortable in session. "I always feel comfortable and supported, you know. There was one session when the therapist asked me to face [mate], sit opposite him when I was talking to him - - when I was trying to get some point across to him - - and I didn't like that at all. It felt - - it felt very, I don't know, like I was put in a boxing ring and I didn't want to be squared off against him. I didn't want that. I'm tired of it. It felt like being at home with him. Just constant conflict, constant being on the defensive. Constant - - you're now being put up against this person who is just so, you know, whacked out in his mentality and not being about to reason with him, and, you know, I just - - just think it is potentially dangerous." Joy went on to say that her partner "often belittles what he does. Like when he knocks me down, he says he just pushes me. And I'm so tired and I've had so many years of that."

Responsibility for the Violence

Joy indicated that her mate had difficulty realizing his anger problem. She related how the therapists had tried to work with him around his behavior - - "It's volatile. The one thing I wish they did do is stress to him - - and they did try to stress to him - - stress to him more about how much help he needs. I don't think he really realizes how sick he is. And, I can't be the one to point that out to him. I don't think he realizes it. They tried. There was one session when they really did try, but I don't think it got through. Either that, you know - - either - - maybe there could have been another way to approach it or he's just too sick." When asked if she had an idea about what might have helped her mate, Joy replied "I think he needed to be blatantly told that he needs a psychiatric evaluation - - a little more bluntness, but I think that's hard for a therapist to do 'cause you don't want to turn the clients off and make them not want to come back either. So, that must be a very fine line to walk - - I think it would have been hard because he would have been defensive enough to have not come back. So I don't know how you'd be able to address that. You now, I think abusers are very defensive about the way they are, cause they get a lot of guilt over the fact that they can't control themselves. And they don't want to face what they've done. So, it's really hard to make them face it."

Joy was asked how she thought using the strength-based approach addressed the past violence in the relationship. While Joy said that she liked the positive approach to therapy, she said about the past incidences of violence - - "the one thing I found is that I don't think it really addressed that at all. I don't think that was. It was addressed individually, but not as a couple." When asked what she would have liked to have happened, she replied "I don't know, again I think it's walking that fine line. I mean, that this is a man that, you know - - violent men do need an up in the face yelling at, as far as I'm concerned. In fact, I wouldn't even mind seeing them face what they put their women through. To see what it's like to be terrorized and overpowered by someone that's much bigger than you are."

On a responsibility scale, Joy marked that she was not responsible for the violence in the relationship and that her partner was totally responsible, but indicated that he would say it was equal. When asked how she accounted for the difference in their point of view, Joy said "he seems to think that he's responsible for becoming physically violent but thinks that I'm responsible for making him angry to that point." When asked whether she agreed with that, Joy laughed and said loudly "NO! He's a nut. I don't think he's ever going to address it."

Power and Control

Although this client was not asked questions about how much her husband attempted to exert power over her, she indicated by her decision to leave him that her situation was no longer tolerable. She took control over her own life by deciding that what was best for her and the children was to leave the abusive relationship.

Validation

When asked about the most recent session, Joy remarked "I think it gave me a lot of strength - - and insight - - and was able to help me express where I needed to be and what was bothering me and what - - I felt that my voice was finally heard. . . at least from the people there who were able to put things in perspective and reiterate them to [mate]. It really helped. It really, really helped because it was so difficult for me to communicate to him and plus, supposedly, the way I communicate things, I am very blunt. And, sometimes that does not come off as the nicest way to communicate."

Empowerment

Joy talked about the option of leaving her husband and the fear of being labeled a bad mother or wife - - "You know there is all this stigma about being a single mother in our society - - being a divorced woman. You know, it's almost like 'what's wrong with her?' You know - - and you're a single mom, you know, your children are going to be society's problems now. You know, you get a tag as a single mom - - and this is a woman, who didn't have the brains to get involved with a good man - - or didn't have the tolerance to make her marriage work and is irresponsible because she brought children into this world that - - in a bad situation . . . But, once I went through the door [into being on her own] - - it's like this side of the door has all these horror signs. Do not enter and all these strange, scary noises and smoke coming out of it. And, once I went through it, it was just a mirage. I mean that door is just a mirage. It's not true. Being a single mother is very empowering." When asked what happened for her in therapy, Joy answered "I was strong enough to be able to let [mate] go and be strong enough to be able to take on the other kids - - and open a healthy, good life for us."

Chapter V

DISCUSSION

This study was designed to describe the experiences of women participating in a couples treatment program for male-perpetrated domestic violence. The participants included 14 women, 9 participating in individual couples therapy and 5 in a multi-couple group. All of the mates of these women participated in some form of anger management training prior to couples treatment.

The first phase of the study focused on data gathered from 11 women from post-session questions, pre- and post-therapy questions and 25 personal interviews, conducted at intervals during and following treatment. In addition to the information gained in open-ended questions, the focused study used data collected in revised questions (administered in 5 interviews), which were designed to gain a deeper understanding of the experiences of three women. Participants were asked to describe how the strength-based treatment approach administered to their need to be heard and understood (validation), how the issue of responsibility for violence was handled, whether the power and control in the relationship changed during therapy, if they grew in self-awareness and confidence (empowerment), and their sense of what contributed to physical and emotional safety in treatment and at home.

Feminist theory guided this researcher in designing the study and in evaluating the responses of female clients. The interview comments and written answers were analyzed using constant comparative analysis (Strauss and Corbin,1990).

The purpose of this final chapter is to furnish a summary and discussion of the results of this study, to discuss the limitations of the study, to review some potential clinical implications of the findings and to delineate implications for future research.

Summary and Discussion

Several interesting findings resulted from analysis of the data in this study. The discussion is presented under the headings of safety, responsibility, power and control, validation, empowerment, follow-up, feminist perspective and longitudinal results.

Safety

Most of the women, when interviewed, were told about the debate in domestic violence treatment concerning whether conjoint therapy was safe for the woman. Most of the women participating in this study stressed that couples therapy was essential for their partner to be able to integrate what they had learned in anger management classes and to be able practice the new tools of resolving issues with their mates in a safe environment.

In these interviews, the female clients shared what they felt contributed to their sense of safety as they participated in couples therapy. They stated that there were issues that they needed to discuss as a couple but trying to discuss "hot" topics with their mates prior to therapy usually resulted in volatile arguments that escalated to some form of abuse. When asked what contributed to providing a safer environment in which to discuss heated subjects, the women responded that several aspects of the treatment model contributed to their safety - - having two therapists, having individual check-ins each week and therapist intervention when the men got angry. Most of the women interviewed stated that they felt comfortable and supported in this therapy setting.

Research supports the supposition that conjoint therapy can be helpful for battered women, provided that provisions are made for her safety. In a study where couples were court ordered for therapy, 84% of the women responded that the solution-focused conjoint therapy had been helpful. These women indicated that they and their partners had learned new ways to manage their anger and resolve their conflicts (Sirles, Lipchick, Kowalski, 1993). Geffner and Rosenbaum (1990) stated that conjoint therapy led by male-female co-therapists was effective in providing positive role models and the opportunity for both partners to practice managing their anger, reducing stress, communicating effectively and asserting their viewpoint. These researchers also emphasized the value of individual check-ins to ensure that the provisions of the no-violence contract are met.

Clearly, anger management classes for abusive males is not enough, especially if both members of the couple want to stay together. Conjoint therapy that addresses safety factors directly and includes safeguards for handling volatile situations can provide women and their partners the opportunity to eliminate the violence and improve their relationship.

Responsibility

Two key aspects of responsibility viewed in this study lie in the man's reluctance to admit that he is doing something wrong and the victim's acceptance of his claim that she causes him to be angry. This study lends some insight to both the batterer's denial and the abused woman's suspicion that she is partly to blame.

Many feminists have long criticized therapists for offering couples treatment for domestic violence under the assumption that the woman will feel partly responsible for the violence if the therapy is focused on the couple's violent interaction cycle and other conjoint issues. However, some feminist theorists and therapists acknowledge the value of doing family therapy with couples who wish to remain together and who request conjoint therapy (Goldner, 1998). Therapists, who support conjoint therapy for domestic violence, require that the batterer acknowledge that he is responsible for the violence he has committed (e.g., Hansen and Harway, 1993; Neidig, Friedman, Collins, 1985; Geffner and Rosenbaum, 1990).

The women in the first study and in the focused study expressed their beliefs that the men should be held accountable for the violent acts; however, they suggested that therapists be more direct when confronting the men's behavior. Some women shared that they had expected the therapists to be more confrontive with the abusers. Researchers have studied various approaches to treating the abuser. According to Hansen and Harway (1993), trying to get the abuser to focus initially on his past violent behavior will probably cause him to react defensively and result in early termination of treatment. Furthermore, they state that "assigning blame to one or another or both individuals fails to focus on the issue of both people having inadequate skills to solve the original problem."

Several women, especially in preliminary questionnaires and interviews, seemed to struggle with whether they had, in some way, contributed to their mate's escalating anger. When asked in interviews whether participating in couples therapy contributed to their feeling partly to blame for the violence, most women responded that initially they had felt that they were responsible, but later in therapy they saw that the therapists were working with their partner to help him be accountable for his own behavior.

Many of the women expressed being pleased with the strength-based approach used in therapy, because they thought it helped both partners feel better about themselves. Several of the women in this study, at the end of treatment, reported that their mates were accepting more responsibility for their actions, which the women attributed to their therapists being persistent in discussing the types of abusive behavior and how each person is responsible for his or her own actions.

As found in Hansen and Harway's work (1993) and, to some degree, in this study, when therapists focused on helping each person in the relationship become more aware of their own feelings and behaviors and taught them, as a couple, conflict resolution skills, the violence in the relationship diminished. Rather than focusing on negative behavior, the strength-based approach seems to have the potential to engage the batterer in therapy, which has, perhaps, the best hope of building a mutually satisfying, non-violent relationship and of helping researchers understand more about why men batter.

Power and Control

Because the women were not asked directly about how power and control played a role in their domestic situation, not much data were gathered directly on this aspect of domestic abuse. However, the women expressed the opinion that their mate's participation in a men's group was not enough. Several women reported that the tools taught in the men's group had been used to control them further. In addition, a few women, early in treatment, mentioned that although the physical violence had ceased, the verbal abuse and domination persisted.

Feminist theorists believe that abuse happens "as part of a power struggle between men and women." (Jones, 1995, p. 2) In addition, Jennings and Jennings (1991) have stated that conjoint therapy for domestic violence should be offered only if conducted from a feminist perspective, that is, by acknowledging the power differential between women and men. One way of addressing the power-laden interaction between batterers and their mates is by using two therapists of different genders, which provides an opportunity for confronting the patriarchal male's beliefs and behaviors (Harris, 1986).

Many of the females interviewed used the words "fair" and "balanced" to describe how the therapists treated them and their partners. Several women gave examples of how

the therapists had helped them share their feelings with their mates, which led to a change in the men's behavior to be more considerate of the women's needs.

Empowerment

Women in abusive relationships reportedly lose their sense of self, feel hopeless and powerless. "They see themselves as incompetent, unworthy, unlovable and [are] ridden with guilt and shame. . . they have no vision that there [is] any other way to live and [are] powerless to make changes" (Hilberman & Munson, 1977-78, p. 465). Women in this study talked about rediscovering themselves. In both phases of this study, the female clients reported that they were happier because they were now focusing their attention on themselves and their children, rather than how they could appease their mate. This refocusing, along with taking steps to get their needs met, energized the women and they began to talk and act more powerful. They made statements like "I'm not allowing myself to be put in situations where I'm vulnerable," "the goal switched now . . . it's about my life and my children's life," and "I can feel it changing my whole look on life . . . and I'm feeling good."

When asked what helped them be able to focus on themselves more, the women shared that the therapists' attention and interest helped them feel more worthwhile. They reported that the positive focus of therapy, as well as the questions the therapists asked, helped them to be able to think differently about themselves. As they grew stronger and more confident, some women began to explore options for change in their lives. Some women looked for jobs; others made decisions to leave their mates or took a stand with their partner that they were no longer tolerating bad treatment. Perhaps, one reason for this change in strength was that as long as the women were in danger and having to focus on how to avoid violence, they lacked the energy and ability to focus on anything else (Kirkwood, 1993). "By seeking help, a woman increases her strength and power relative to her abuser" (Rinfret-Raynor & Cantin as cited in Kantor & Jasinski, 1997, p. 233).

Hansen and Harway (1993) believe that helping the batterer realize that he has control over his behavior is empowering for both the abuser and the abused. Both members of the couple can turn their focus away from the violent acts and focus on

building on their positive attributes. Therefore, the strength-based approach to treatment of domestic violence can contribute greatly to empowerment for battered women.

Validation

One of the sources of empowerment for a woman is for her to find acknowledgment and support for her reality. She needs validation of what she is experiencing in contrast to how the batterer is defining the situation for her. She needs a safe environment in which to express her own anger, after years of keeping silent to avoid further abuse or embarrassment.

Abused women often keep the abuse secret from their family and friends in order not to disclose their embarrassment or expose their devalued selves in the role of victims (Lempert, 1996). In order to move from isolation and a continuing pattern of abuse, women somehow need to validate the horror of their experience. They need others to hear and validate their anger at being mistreated. Also, they need someone to confirm their ability to end the nightmare and move to a safer place in their lives.

Several women in this study described their fear of humiliation if anyone discovered that they were in a violent relationship. As Lempert (1996) found that women were worried about detraction from the public image that they projected, some of the women in this study indicated that they went to great lengths to keep the violence "invisible" to friends, family and even strangers. They found through participating in this program that one of the ways that they could confront the violence was to speak the unspeakable. As Jill said "if you are the spouse, the one battered or abused, don't keep it silent, don't hide it. Don't cover your husband or wife. Let it out in the open. That way he or she will be helped."

Two aspects of the model used in this study encouraged women to speak up about their experiences. First, women are given opportunities each session to speak individually with each therapist. During that "check-in" time, women were asked if there had been reoccurring incidents of abuse and they were encouraged to talk about how they were feeling about what was being, or not being, discussed in session. The other contributing factor was participating in a group with other women, either in some form of pre-couples treatment, in the multi-couple group or in the alumni couple's group. For instance, many

of the women mentioned that knowing that other women were experiencing the same thing was very helpful. The women appeared to gain ideas, support and strength from each other.

The women in both phases of the study described in great detail how they knew that the therapists heard and understood them. They described the therapists' verbal responses, their body posture and how they followed up with discussions about the issues raised by the women. One of the most helpful things that therapists, researchers, interviewers, shelter counselors or caring individuals can do to help abused women is to provide opportunities for them to talk and to be heard. Battered women must be encouraged to tell their story and to compare their experience with other abused women on the way to getting the resources that they need to determine what options and choices are available.

Follow-up

One additional finding seems important to include in this discussion. Many women mentioned that they didn't think that 10 or 12 weeks was enough time to address the serious issues between them and their partners. In addition, follow up telephone interviews revealed, in a few cases, that the women had reverted to a victimized stance. Although the physical violence had not returned, the intimidation and emotionally abusive behavior for some couples seemed to be as prevalent as ever. However, many women reported that their mates were now able to acknowledge their anger and responsibility for the violence, they were more interested in improving the relationship, and they were willing to use the techniques that they had learned for handling their stress and conflict.

All of the couples in this study were encouraged to continue in some form of therapy or support. Some were referred to other individual therapy and some chose to participate in an ongoing alumni group. Several of the women who had participated in the alumni group said that they were beginning to put the pieces of their relationship together in a more balanced and satisfying way. The few women, who chose to separate from their partners, were referred to other therapists and support systems in order to continue their growth.

Thus, a 12-session treatment program is apparently not enough time for most couples to master the skills that potentially violent couples need to learn. It is intended to be a beginning - - a path out of the learned patterns of using violence to cope with need gratification, dissension, or conflict. Referring the couples who participated in treatment for domestic violence to follow-up therapy or support groups is an important component of continuing the progress that couples make in treatment.

Feminist Perspective

Some of the findings of this study addressed the feminist's concerns about conjoint therapy for domestic violence. The women related that they felt safe in this therapy program. They noted the steps that were taken to enhance their safety, including having two therapists, individual check ins and discussions about physical and emotional abuse.

Upon entering treatment, most of the women were focused on accommodating their mates. A few women also mentioned initially that they felt partially to blame for the violence. However, as therapy progressed, most of the women who completed treatment stated that they knew they did not deserve violent treatment. All of the women were more focused on meeting their own needs. The women attributed this change to the positive focus of the therapy and the respect that the therapists demonstrated.

Many of the women in this study found a way to speak up for themselves. They felt heard and appreciated by others. As the women became more empowered, they were able to move from their prior victimized position to a more equitable position that afforded them more options in their relationship.

Longitudinal Results

Analysis of the data gathered from individual women over time demonstrated how some women's views of therapy and their relationships changed. Women talked about their concerns about safety when entering treatment, but indicated in subsequent reports that they felt more comfortable sharing in session. Some women in later stages of treatment said that they could confront their mates during the session due to their trust in therapists to intervene if needed.

Many women expressed concern initially about the positive emphasis of the strength based approach. They stated in early interviews that the men should be lectured

or confronted about their violent behavior. However, in subsequent interviews, women noted that the positive focus encouraged their husbands to continue in treatment. By the end of therapy, many of these women noted a change in their husbands in how they were about to accept more responsibility and make other accommodating changes in the relationship.

Women who did not have much hope for change upon entering therapy noted after treatment that they felt more hopeful about being able to work out problems with their mates. Likewise, women, who were previously focused only on pleasing their mates, reported in later sessions that they felt renewed and more like their old selves.

The one area of concern to women in the study that did not appear to change was the controlling behavior of the men. Many women mentioned in early interviews that their partners were using the tools learned in the men's anger management group to control them at home. For many of the women, the controlling behavior of their mates did not change over time. Many women who completed treatment reported in follow-up interviews that the physical violence had ceased and that the emotional abuse was diminished; however, their mates still attempted to control them.

Limitations

One limitation of this study is that information was obtained from only 14 subjects who were participating in a specific treatment program. Therefore, other researchers should take care not to generalize these findings to all battered women or other treatment programs.

Another limitation is that the earlier interviewers did not focus on obtaining information directly related to the topics of power balance, empowerment, validation or responsibility for the violence. Only 3 women were interviewed with the revised questionnaire, which contained more questions on those topics but still did not delve deeply in the issues of power and control or validation.

Clinical Implications

One interesting aspect of domestic violence mentioned by several women in this study was how angry the women were once they were in therapy and felt safe to express their anger. Therapists are concerned about whether the direct expression of the women's

anger increases the risk of retaliation from their partner in the future. In addition to providing opportunities to support and empower a victimized woman, therapists need to help her find safe, appropriate outlets for her anger.

Therapists should be mindful of the tendency for women to feel that they are partially responsible for the violence, especially when doing conjoint therapy. Almost all of the women interviewed stated that it was extremely important for the male to admit to and accept responsibility for the violent acts that he had committed. Several women remarked that how could the abuser change if he doesn't recognize that he is doing something wrong and how can he be held accountable for his actions if he doesn't admit to the abuse. Although these comments tended to come from women who were in the early stages of treatment and seem to reflect their anger towards an abusive mate, the comments reinforce the premise that these issues are part of the women's experience. Some forum needs to be provided which gives women the chance to talk about their anger, and the topics of accountability and retribution, although not necessarily in the presence of their partner. Perhaps, individual therapy or a women's group would give women the chance to express their anger and explore what they expect from therapy prior to conjoint therapy.

For some of the couples in the study, the skills of the therapists seemed to make a difference in the outcome of their treatment. Helpful techniques mentioned included mediating discussions and working on small pieces of their relationship first instead of tackling the bigger problems. Therapists can do a lot to give women the experience of feeling heard and understood which empowers them to make changes in their thinking and behavior. For some of the women in this study, the treatment experience was empowering enough for them to change their relationship to be more equitable or to make the decision to leave the abuser.

Another implication for treatment in the field of domestic violence is that it appears that focusing on the abuser's behavior is not enough. The women need to be involved in therapy to learn how to focus on their own needs and to gain strength in the relationship. When women have the chance to share and learn how to speak for themselves, they gain strength to live for themselves.

Finally, domestic violence does not seem to be a malady that can be "cured" or treated in short term treatment. As with treatment for other entrenched behavior patterns, treatment for physical or emotional violence requires long-term support and, probably a variety of treatments. Therapists must continue to explore alternative means of addressing destructive behaviors in intimate relationships and must refer both the abused and abuser to systems that provide support and offer further opportunities for growth following conjoint therapy.

Future Research

Therapists, providing conjoint therapy, need to know more about what factors contribute to safety in therapy and lead to a greater experience of safety in the home, including a reduction in the abused person's fear of non-violent abuse. Several of the women in this study suggested that therapy provided an outlet for the men's anger to the extent that their anger diminished in the home. More information is needed for therapists to know how to address sensitive issues in the confines of therapy without it spilling over into their family life, during and following treatment.

Jacobson (1994, as cited in Kantor and Jansinski, 1997) states that treatment providers need to know more about the contextual relationship between the batterer and the victim, such as why are there times that the argument escalates to violence and what are the conditions under which the abuser is able to refrain from violence? In many violent relationships, there are elements of emotional abuse and psychological control. When the physical violence is eliminated, often other forms of abuse continue. While non-physical abusive behavior is not generally the focus of the legal system, often this type of controlling behavior leads to violence and, at the very least, disempowers women. More research is needed on how to help women, who find themselves with a demanding, controlling mate.

Researchers should also explore the relationship between the female's power and the level of violence in a male/female relationship because little research has been conducted on how a women's empowerment affects the power balance and the potential for violence. In addition, researchers need to study how a woman's experience of being heard, understood and accepted leads to her feeling more empowered.

Research about the battered woman's experience with conjoint therapy and other forms of treatment could tell professionals in the field more about how to help abused women - - what strengthens a woman in violent relationship, what helps her improve her life, what gives her more opportunities to choose what she wants in her life? These and other aspects of treatment for domestic violence need to be studied in order to learn what can be done about the continued pattern of violence in the home.

References

- Alpert, J. E. & Spillmann, M. K. (1997). Psychotherapeutic approaches to aggressive and violent patients. Psychiatric Clinic N. America, 20 (2), 453-472.
- Barnett, O. W., Miller-Perrin, C. L. & Perrin, R. D. (1997). Family Violence Across the Lifespan. Thousand Oaks, CA: Sage.
- Brannen, S. J. & Rubin, A. (1996) Comparing the effectiveness of gender-specific and couples groups in a court-mandated spouse abuse treatment program. Research on Social Work Problems, 6 (4), 405-424.
- Brown, P. D., O'Leary, K. D. & Feldbaou, S. R. (1997). Dropout in a treatment program for self-referring wife abusing men. Journal of Family Violence, 12 (4), 365-387.
- Cahn, D. D. & Lloyd, S. A. (1996). Family Violence from a Communication Perspective. Thousand Oaks, CA: Sage.
- Campbell, J. C., Miller, P., Cardwell, M. M. & Belknap, R. A. (1994). Relationship status of battered women over time. Journal of Family Violence 9 (2), 99-111.
- Cantos, A. L., Neidig, P. H. & O'Leary, K. D. (1993). Men and women's attributions of blame for domestic violence. Journal of Family Violence 8 (4), 289-302.
- Follingsstad, D. R., Hause, E. E., Rutledge, L. L. & Polek, D. S. (1992). Effects of battered women's early responses on later abuse patterns. Violence and Victims, 7 (2), 109-128.
- Geffner, R. & Rosembaum, A. (1990). Characteristics and treatment of batterers. Behavioral Science and the Law, 8 (2), 131-140.
- Gelles, R.J. (1997). Intimate Violence in Families. Thousand Oaks, CA: Sage. Oaks.
- Goldner, V. (1998). The treatment of violence and victimization in intimate relationships. Family Process, 37 (3), 263-286.
- Hansen, M. & Harway, M. (1993). Battering and Family Therapy. Thousand Oaks, CA: Sage.

- Harris, J. (1986). Counseling violent couples using walker's model. Psychotherapy, 23 (4), 613-621.
- Hilberman, E. & Munson, K. (1977-78). Sixty battered women. Victimology, 2 (3-4), 460-470.
- Holtzworth-Munroe, A., Beatty, S. B. & Anglin, K. (1995). The assessment and treatment of marital violence: An introduction for the marital therapist. In N. S. Jacobson & A. S. Gurman (Eds.), Clinical handbook of couple therapy. (pp. 317-339). New York: Guilford Press.
- Jennings, J. P. & Jennings, J. (1991). Multiple approaches to the treatment of violent couples. The American Journal of Family Therapy, 19 (4), 351-362.
- Johannson, M. A. & Tutty, L. M. (1998). An evaluation of after treatment couples' group for wife abuse. Family Relations, 47, 27-35.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: two forms of violence against women. Journal of Marriage and the Family, 57, 283-294.
- Jones, C. (1995). The Effect of Assertive Communication on Domestic Violence. Paper presented at the Fourth International Family Violence Research Conference, Durham, NC.
- Jory, B., Anderson, D. & Greer, C. (1997). Intimate justice: Confronting issues of accountability, respect, and freedom in treatment for abuse and violence. Journal of Marriage and Family Therapy, 23 (4), 399-419.
- Kantor, G. K. & Jasinski, J. L. (1997) Out of the Darkness; Contemporary Perspectives on Family Violence. Thousand Oaks, CA: Sage.
- Kirkwood, C. (1993). Leaving Abusive Partners. Thousand Oaks, CA: Sage.
- Langhinrichsen-Rohling, J., Neidig, P. & Thorn, G. (1995). Violent marriages: Gender differences in levels of current violence and past abuse. Journal of Family Violence, 10 (2), 159-176.
- Lempert, L. B. (1996). Women's strategies for survival: Developing agency in abusive relationships. Journal of Family Violence, 11 (3), 269-289.

Middleton, K. A. (1998). The Experiences of Participants in a Domestic Violence-Focused Couples Treatment Program: A Qualitative Study. Unpublished master's thesis, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.

Neidig, P. H., Freedman, D. H. & Collins, B. S. (1985). Domestic conflict containment: A spouse abuse treatment program. *Social Casework: The Journal of Contemporary Social Work*, 66 (4), 195-204.

O'Hanlan, W. H. & Weiner-Davis, M. (1989). In Search of Solutions: A New Direction in Psychotherapy. New York: W. W. Norton Company.

O'Leary, K. D. (1996). Physical aggression in intimate relationships can be treated within a marital context under certain circumstances. *Journal of Interpersonal Violence*, 1 (3), 450-452.

Petrik, N. D., Gildersleeve-High, L., McEllistrem, J. E. & Subotnik, L. S. (1994). Reduction of male abusiveness as a result of treatment: Reality or myth? *Journal of Family Violence*, 9 (4), 307-316.

Rosen, K. H., Stith, S. M. & McCollum, E. E. (1999) Using Qualitative Methods to Obtain Multiple Perspectives in Domestic Violence Focused Couples Treatment. Paper presented at the Society for Psychotherapy Research Conference, Barga, Portugal.

Schlee, K. A., Heyman, R. E. & O'Leary, K. D. (1998). Group treatment for spouse abuse: Are women with PTSD appropriate participants? *Journal of Family Violence* 13 (1), 1-20.

Shir, J. S. (1999). Battered Women's Perceptions and Expectations of Their Current and Ideal Marital Relationship. *Journal of Family Violence*, 14 (1), 71-82.

Sirles, E., Lipchik, E. & Kowalski, K. (1993). A consumers perspective on domestic violence interventions. *Journal of Family Violence*, 8 (3), 267 - 276.

Sprenkle, D. S. & Moon, S. M. (1996). Research Methods in Family Therapy. New York: Guilford Press.

Stith, S. M. & Rosen, K. H. (1990). Family Therapy for Spousal Abuse. In S. M. Stith & Williams, M. B. (Eds.), Violence Hits Home: Comprehensive Treatment Approaches to Domestic Violence (pp. 83-101). New York: Springer Publishing.

Strauss, A. & Corbin, J. (1990). Basics of Qualitative Research. Newbury Park, CA: Sage.

Sugarman, D. B. & Frankel, S. L. (1996). Patriarchal ideology and wife assault: A meta-analytic review. Journal of Family Violence, 11 (1), 13-40.

Thompson, L. (1992). Feminist methodology for family studies. Journal of Marriage & Family, 54, 3-18.

APPENDIX

Interview I

- * When you consider your most recent counseling session (s), what stands out in your mind?
- * Specifically, what, if anything, has been helpful?
- * What, if anything, has not been helpful?
- * Is your experience of therapy what you expected?
 - * If yes, ask: What were you hoping would happen?
 - * If no, ask: What did you hope it would be like? What would you like to happen in therapy that would make it a more satisfying (helpful, safer, etc. - - *use the client's words*) experience for you?
- * In this approach to couples' counseling, we stress the strengths of each partner. What was that like for you?
 - * Does this approach address the concerns about your relationship that brought you and your partner to therapy?
- * How well do you think this approach to therapy addresses the past violence in your relationship?

GRAPH [USE GRAPH HANDOUT W/ CLIENT]

In terms of being responsible for the violence in the relationship, please indicate where your partner is on the following line:

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

Where are you on the line?

Where would your partner say he is on the line?

Where would he say you are?

How do you account for the difference?

Where do you think your therapist would put you and your mate?

- * Do you think it is important to address responsibility for past violence?
 - * If yes, how would you like the responsibility issue addressed in therapy?
 - * If no, why?
- * How confident are you that counseling will be effective? What makes you feel that way?
- * How likely is it that you will complete the entire treatment program? What has influenced your decision to continue?
- * Do you feel that the reasons you came to therapy were addressed in session?
- * Did you feel heard in session? What would let you know that you were “heard,” that your views and opinions were considered?
- * How important is it that your partner “hear” you? (Use scaling question of 1to10)
- * What do you expect (need) in the way of a response from him?
- * How will you know he heard you?
- * You and your partner are receiving therapy with other couples in a group setting. How are you experiencing that?

Client # _____ Date _____

GRAPH

1) In terms of being responsible for violence in the relationship, please indicate where your partner is on the following line:

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

2) Indicate where you are on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

3) Where would your partner say he is on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

4) Where would he say you are on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

5) Where do you think your therapist would put you and your partner?

Not at all responsible for the violence

Totally responsible for the violence

! | | | | | | | | | | !

Interview II

- * When you consider your most recent counseling session (s), what stands out in your mind?
- * Specifically, what, if anything, has been helpful?
- * What, if anything, has not been helpful?
- * In your opinion, what are the advantages of the strength-based approach, if any?
 - * What are the disadvantages of this approach for you?
 - * What, if anything, is missing from this experience for you?

GRAPH I [USE GRAPH HANDOUT W/ CLIENT]

In terms of being responsible for violence in the relationship, please indicate where your partner is on the following line:

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

Where are you on the line? Where would your partner say he is on the line?
Where would he say you are? How do you account for the difference? Where
do you think your therapist would put you and your partner?

GRAPH II [USE HANDOUT]

In terms of the amount of “say” that you have in your relationship (for example, making decisions, where would you place yourself when you first came to therapy?

No “say” **All of the “say”**

!|_|_|_|_|_|_|_|_|_|_|!

- Client # _____ Date _____

GRAPH I

1) In terms of being responsible for violence in the relationship, please indicate where your partner is on the following line:

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

2) Indicate where you are on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

3) Where would your partner say he is on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

4) Where would he say you are on the line?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

5) Where do you think your therapist would put you and your partner?

Not at all responsible for the violence

Totally responsible for the violence

!|_|_|_|_|_|_|_|_|_|_|!

Client # _____ Date _____

GRAPH II

1) In terms of the amount of “say” that you have in your relationship (for example, making decisions), where would you place yourself when you first came to therapy?

No “say”

All of the “say”

!|_|_|_|_|_|_|_|_|_|_|!

2) Where would you place yourself now?

No “say”

All of the “say”

!|_|_|_|_|_|_|_|_|_|_|!

Client # _____ Date _____

GRAPH III

1) In terms of being able to manage your own life, where would you place yourself on the following scale when you came to therapy?

Dependent

Independent

!|_|_|_|_|_|_|_|_|_|_|!

2) Where would you place your partner on the line when therapy started?

Dependent

Independent

!|_|_|_|_|_|_|_|_|_|_|!

3) Where would you place yourself on the line now?

Dependent

Independent

!|_|_|_|_|_|_|_|_|_|_|!

4) Where would you place your partner now?

Dependent

Independent

!|_|_|_|_|_|_|_|_|_|_|!

Elizabeth (Betty) Maie Anderson

SUMMARY OF QUALIFICATIONS

I have over 10 years experience in various government policy development and program management positions. I have over 15 years experience in private and local government organizations in positions requiring expertise in supervision, communication and interpersonal relationship building. Employment experience includes liaison with high level executive and legislative agencies, including OMB, DOJ, GAO, NARA and others. Skills include statistical and policy analysis, marketing, technical writing, teaching, sign language, facilitating/mediation, Spanish translation and experience using a wide variety of current software analysis packages in Microsoft, Lotus, Applix and Corel programming.

EDUCATION

- **Bachelor of Arts/Double Major in Psychology and Sociology, Radford University.**
- **Masters of Science in Adult Education, Cognate in Research and Statistics, Virginia Polytechnic Institute and State University.**
- **Post graduate work in Mathematics and Education, Georgia State University.**
- **Near completion of Masters of Science in Human Development, Virginia Polytechnic Institute and State University - thesis defended 08/30/00.**

EMPLOYMENT

Current Position

- **Regulatory Analyst/Management Analyst
USDA Forest Service, GS-13, 1993-present.**

Former Positions

- **Public Affairs Specialist/Social Scientist, USDA Forest Service, GS-12, 1989-1993.**
- **Director - Education Department, Charterbrook Hospital, 1988-1989.**
- **Educational Therapist, Charterbrook Hospital, 1985-1987.**
- **Secondary School Mathematics Instructor, Dawson County High School, 1982-1984.**

- **Math/English Instructor, Southern Christian College, 1978-1979.**
- **Computer Programmer, educational researcher, Office of Institutional Research, Virginia Tech, 1974-1975.**

PROFESSIONAL SKILLS

Regulation/Policy Development

- **Served as Regulatory Analyst for 7 years, with clearance and certifying responsibility.**
- **Headed agency project to streamline regulations, coordinated team meetings/timelines, produced monthly updating reports and cleared regulatory documents sent to the Register.**
- **Worked closely with a variety of federal organizations to coordinate development, review and issuance of agency and interagency policy.**
- **Served routinely as Acting Branch Chief for Directives and Regulations Branch, Information Resources Management.**
- **Managed regulation and policy development and clearance for lead agency staffs.**
- **Assisted in preparation and clearance of information collection packages and Federal Register notices.**

Communication Specialist

- **Worked 3 years as public relations specialist - outstanding rating in 1992.**
- **Named Honor Graduate at Department of Defense Information School in Public Relations.**
- **Experienced in the development and presentation of briefings and training modules and in group and meeting facilitation.**
- **Lead analyst for drafting, review and clearance of agency Federal Register documents, including regulations, policy and other notices.**
- **Prepared reports and speeches presented to departmental and other governmental officials.**
- **Developed and presented seminars on a variety of subjects, including communication skills and relationship/team building.**
- **Experience as video spokesperson for agency.**

Project Manager

- **Served as regulatory specialist on the EIS team for the development, review and clearance of the proposed rule for prohibiting road building in roadless areas. Served as the primary regulatory drafter and analyst, coordinated clearances and negotiated final changes, working with top administration officials in DOJ, CEQ, SBA and OMB.**
- **Managed special projects, such as the regulation reduction project for agency. Report have been required by USDA, GAO, NPR and other governmental agencies.**
- **Developed guidelines and managed routine regulatory reports for the agency.**
- **Managed the Education Department for Charterbrook Hospital, responsibilities included marketing and budget preparation, supervision of 9 employees and accreditation review.**
- **Developed, presented and evaluated training modules for professional seminars, college and high school classes, and employee training.**

Adult Education

- **Masters in Adult Education with a focus on research. Designed and conducted a quantitative research project (thesis) to evaluate seminars and continuing education courses.**
- **Masters of Science in Human Development thesis defense - August 30. Designed and conducted a qualitative research project (thesis) to analyze the effectiveness of domestic violence treatment programs.**
- **Taught Mathematics and Computer Science at an adolescent rehabilitation center. For 5 years, served as liaison with secondary school counselors, made educational presentations for parents, provided in-service training for educators and began certification procedures for school accreditation. Directed the educational program at the center for 15 months.**
- **Taught Mathematics and Composition at a junior college, providing educational guidance and encouragement for athletes and foreign students.**