

THE IMPACT OF THE PACE TREATMENT  
PROGRAM ON FIVE PHYSICALLY ABUSIVE  
MILITARY MEN: A CASE STUDY APPROACH

by

Karstin Ann Dutch-Pfister

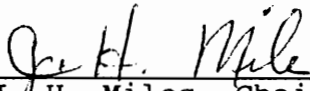
Dissertation submitted to the Faculty of the  
Virginia Polytechnic Institute and State University  
in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

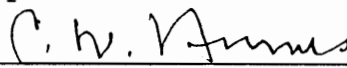
in

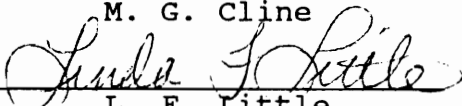
Student Personnel Services

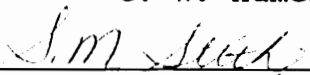
APPROVED:

  
\_\_\_\_\_  
J. H. Miles, Chairperson

  
\_\_\_\_\_  
M. G. Cline

  
\_\_\_\_\_  
C. W. Humes

  
\_\_\_\_\_  
L. F. Little

  
\_\_\_\_\_  
S. M. Stith

March, 1990

Blacksburg, Virginia

THE IMPACT OF THE PACE TREATMENT  
PROGRAM ON FIVE PHYSICALLY ABUSIVE  
MILITARY MEN: A CASE STUDY APPROACH

by

Karstin Ann Dutch-Pfister

Committee Chairperson: Johnnie H. Miles  
Counselor Education

(ABSTRACT)

In the 1985 "National Family Violence Resurvey" conducted by Gelles & Straus (1988) one out of every six couples experienced a physical assault during 1985. At this rate, 8.7 million couples experienced at least one assault during the year. Shelter and assistance for the abused wife have been viewed as important and forthcoming. However, spouse abuse will not stop until effective treatment for men, more often the abuser, is offered. In response to the incidence of abuse in the military, services and programs for both the abusers and their wives have been developed. One treatment program for the abuser which was assessable for this study was the Prevention through Anger Control and Education (PACE) treatment program.

The purpose of the research was to study the reactions and progress of abusers as they moved through the PACE treatment program. Five subjects participated in the study. Data were collected throughout the course of treatment by

interviews and questionnaires which were administered to the abuser, wife, and group facilitator. A follow-up interview was conducted with the subjects one year after treatment to collect post treatment data. Quantitative data were also collected but later used only for descriptive purposes.

Findings from the case study method showed that the PACE treatment program may have had limited impact on the abusers. While the outcomes were not strong, some changes in subjects' behavior, feelings, and thinking were evident. Abusers tended to respond with socially acceptable answers and behaviors during treatment. Interview with wives and the group facilitator were helpful in establishing the accuracy of these reports. Subjects reported a cessation of abuse, but it could not be ascertained whether coping strategies learned from the group had made a difference in the relationships because four of the five couples had divorced by the follow-up. However, they reported that the skills learned from the group allowed them to seek a divorce in a non-abusive manner. The abuser with the intact marriage did report utilizing several of the newly learned coping strategies. The abusers did report that the skills learned from the program helped them handle stress better, decrease their propensity to provocation in other situations, and expected them to help in future relationships.

## ACKNOWLEDGEMENTS

I wish to express my sincere appreciation to all those who gave their time and expertise to help me complete this dissertation and finally obtain my doctorate degree with much relief to myself.

To my committee chairperson, Dr. Johnnie Miles, who gave me the encouragement to continue; had patience to listen; and had the expertise to critique and pull my work together.

To my committee research member, Dr. Jerry Cline, who assisted me in developing a clear understanding of research methodology and helped me successfully re-focus on qualitative data instead of quantitative data when life presented unexpected change.

To the committee members, Dr. Charles Humes, Dr. Linda Little and Dr. Sandra Stith who provided information, critique, and a willingness to serve on the committee. I wish to thank all of the committee members for their professional advice and assistance.

Dr. Sheila Harmison was especially helpful in providing invaluable information on this topic which saved me a tremendous amount of time.

Colonel Newby, DSW and Director of the Social Work Department at Fort Belvoir Army Base, was receptive and encouraging when I approached him for access to family advocacy clients for my study.



Particularly helpful for her continued interest, support and availability was Gayle Wierzbicki, the family advocacy program manager at Fort Belvoir who co-facilitated the PACE treatment program along with Nancy Travis. Without her, there would have been no treatment group to study. She has become a valued professional colleague.

I also wish to acknowledge, with sincere appreciation, all those in the field of domestic violence and anger control with whom I corresponded in person, by telephone or by mail: Dr. Peter Neidig, Dr. Raymond Novaco, Dr. Kenneth Holroyd, Dr. David Tobin, Dr. Lana Stermac, Dr. Daniel Sonkin, Dr. Ileana Arias and Dr. Murray Straus.

Finally, I owe a special thanks to my husband and daughter; Bill who kept my computer in working condition throughout it's many breakdowns and to my two year old daughter Caitlin, who was the bright spot in my life during this process. It was her smiles and exuberance that gave me the motivation to complete this project.

Thank you all for your help and for your part in the completion of my dissertation. I needed you.

## TABLE OF CONTENTS

ABSTRACT . . . . .	ii
ACKNOWLEDGEMENTS . . . . .	iv
TABLE OF CONTENTS . . . . .	vi
LIST OF TABLES . . . . .	viii
LIST OF APPENDICES . . . . .	ix
 CHAPTER	
I INTRODUCTION . . . . .	1
Problem Statement . . . . .	11
Purpose Statements . . . . .	12
Research Questions . . . . .	13
Need for the Study . . . . .	13
Assumptions . . . . .	15
Limitations . . . . .	16
Definitions . . . . .	17
Organization of the Study . . . . .	20
 CHAPTER	
II REVIEW OF LITERATURE . . . . .	21
Conceptual Frameworks . . . . .	21
Psychiatric Model . . . . .	21
Sociocultural Model . . . . .	27
Social-Psychological Model . . . . .	34
Characteristics of Abusers . . . . .	37
Treatment Programs . . . . .	43
Military Families . . . . .	49
 CHAPTER	
III STUDY DESIGN . . . . .	56
Sample . . . . .	56
Procedure . . . . .	56
Treatment . . . . .	60
Data Collection . . . . .	64
Data Analysis . . . . .	66

CHAPTER

IV RESULTS . . . . .	76
Presentation and Discussion of Cases . . . . .	77
Case #1 . . . . .	77
Case #2 . . . . .	89
Case #3 . . . . .	102
Case #4 . . . . .	116
Case #5 . . . . .	128
Summary of Results . . . . .	149
Background Information Summary . . . . .	149
Individual Subject Summary . . . . .	153
Subject 1 . . . . .	153
Subject 2 . . . . .	154
Subject 3 . . . . .	154
Subject 4 . . . . .	155
Subject 5 . . . . .	155
Cross-Case Analysis Summary . . . . .	156
Minimization . . . . .	159
Denial . . . . .	159
Communication with Spouse . . . . .	160
Distancing from Spouse . . . . .	160
Interpersonal Skills . . . . .	161
Frustration and Money . . . . .	161
Guilt . . . . .	162
Alcohol Use . . . . .	163
Avoidance . . . . .	163
Insecurity . . . . .	164
Trustworthiness of Spouse . . . . .	164
Control . . . . .	164
Tension . . . . .	165
Parenting . . . . .	165
Religion . . . . .	166

CHAPTER

V SUMMARY, CONCLUSIONS AND RECOMMENDATIONS . . . . .	167
Summary of Findings . . . . .	167
Research Question One . . . . .	167
Research Question Two . . . . .	171
Research Question Three . . . . .	172
Research Question Four . . . . .	173
Additional Findings . . . . .	174
Conclusions . . . . .	175
Recommendations . . . . .	178
REFERENCES . . . . .	179
APPENDICES . . . . .	193
VITA . . . . .	213

**LIST OF TABLES**

Table		Page
1	RESEARCH TIME LINE . . . . .	59
2	DESCRIPTIVE INFORMATION . . . . .	151
3	DESCRIPTIVE INFORMATION . . . . .	152
4	CONSTRUCTS . . . . .	158

**LIST OF APPENDICES**

<b>Appendix</b>		<b>Page</b>
A	SUBJECT INFORMATION AND INFORMED CONSENT FORM .	193
B	INTAKE INTERVIEW . . . . .	195
C	QUESTIONNAIRE - HUSBAND . . . . .	204
D	QUESTIONNAIRE - WIFE . . . . .	205
E	QUESTIONNAIRE - GROUP FACILITATOR . . . . .	206
F	MAINTAINING YOUR GAINS WORKSHEET . . . . .	207
G	FINAL CLINICAL INTERVIEW QUESTIONS . . . . .	211

## CHAPTER I

### INTRODUCTION

The Federal Bureau of Investigation reported that "a woman is battered by her husband every 18 seconds" (Gelles & Straus, 1988). A large proportion of family violence is committed by people who do not see their acts as crimes against victims who do not know they are victims (The Attorney General's task force on family violence, 1984). Many wives do not report abuse because they do not consider grabbing, slapping, and pushing to be physical abuse (Straus, 1978). Other wives do not consider physical abuse a crime, but rather, as an unfortunate part of marriage (Deschner, 1984). This belief may come from a time in American history when common law gave husbands the right to "physically chastise an errant wife" (Calvert, 1974). In short, the marriage license became an implicit hitting license (Straus, 1986).

Many mental health professionals have had little training about spouse abuse and few mental health education training programs offer courses specific on this problem. While the prevalence of spouse abuse is alarming, therapists in the past have dealt with it through marriage counseling or by counseling the abused wife for anxiety, depression, or paranoia caused by the abuse.

Today, a great deal of research is being conducted on domestic violence, in particular on the psychology of the

batterer, the effectiveness of criminal justice intervention, and on the extent and scope of the problem. According to the 1975 "National Family Violence Survey" it was estimated that one out of two marriages had at least one incident of violence. In one out of five marriages the violence will be ongoing, with five or more incidents per year. At the extreme, episodes will happen monthly, weekly, or more frequently (Straus, Steinmetz, & Gelles, 1980). Straus (1978) estimated that almost two million wives are beaten by their husbands every year but even that number is thought to be underestimated. In the 1985 "National Family Violence Resurvey" conducted by Gelles & Straus (1988) on a national probability sample of 6,0002 households, one out of six couples experienced a physical assault during 1985. At this rate, 8.7 million couples experienced at least one assault during the year. However, these results are regarded as too low because of the virtual certainty that not every respondent was completely honest in describing the violent incidents. The true rates could be as much as double the estimates (Gelles & Straus, 1988). Many women who are pushed, slapped or maritally raped do not label themselves as abused and would not report it.

According to Pagelow (1981) many battered women try repeatedly to obtain help, but only a few succeed. In Pagelow's survey of 273 women, 84 percent of the abused wives returned home because their husbands had found them,

threatened them, or convinced them that they would change. It is difficult to estimate from the entire population how many succeed in breaking off their abusive relationships by leaving. There is much evidence that even those who do leave may spend years trying to avoid being harassed or even killed by their husbands (Martin, 1976; Pagelow, 1981). When women's escape tactics fail, many resign themselves to their "fate" or attempt suicide as an escape. Half of Pagelow's (1981) subjects in the study contemplated suicide, and 23 percent had attempted suicide.

According to Del Martin (1981), police did not keep records of "spouse abuse" prior to her research but instead included spouse abuse incidents with other crimes of violence such as assault, battery, aggravated assault, assault with a weapon, attempted murder, and homicide. The FBI found marital violence to be the most unreported crime in the United States. In the 1988 Uniform Crime Reports the FBI found that over half of the murders committed in 1988 were committed by relatives (15 percent) or persons acquainted with the victims (40 percent). Thirty-one percent of all female murder victims in 1988 were slain by husbands or boyfriends. Five percent of the male victims were killed by wives or girlfriends. Only three percent of these murders were committed while under the influence of alcohol or narcotics.



However, according to the 1984 Attorney General's task force on family violence, the picture is incomplete on simple assault, sex offenses and offenses against the family and children. Law enforcement agencies only report the occurrence of these crimes when an arrest is made. In addition, homicide is the only offense in which the relationship of the victim and offender are reported to the FBI. Both offenders and victims of family assault have elevated rates of violent and non-violent crime outside the family (Hotaling & Straus, 1988). The effects of physical abuse reach out further than to just the couple involved.

Police officers responding to domestic violence calls are often injured. Family members or neighbors who try to intervene may also get hurt. Women miss work because of injuries, men miss work because of arrests. Sometimes people lose their jobs. Many times women need medical care, which costs money. If medical insurance is used rates subsequently increase. If court is involved, there are attorney's fees and more work absenteeism. Children often get caught between their mother and father; in-laws may get involved and tension between family members increases. (Sonkin & Durphy, 1982, p.3)

The existence of spouse abuse affect the children in violent homes. Over time, some children learn to respond with violence in various interactions that occur. "At any point in time any participant in the system can set off a chain of interactions that both results in violence and maintains the system of violence " (White & Straus, 1981). Evidence indicates that the most severe and common type of

spousal violence that children witness is their fathers beating their mothers. Many studies indicate that abusive husbands frequently grow up in violent homes where their fathers beat their mothers and/or their siblings (Caesar, 1988; Bowker, 1983; Jaffe, 1980; Walker, 1981; Straus, 1979b). According to the power of the intergenerational transmission of violence theory, being abused as a child or witnessing violence between one's parents appears to contribute to a person being violent as an adult. (Neidig, 1988a; Harmison, 1986; Neidig & Freidman, 1984; Fitch & Papantonio, 1983; Sonkin & Durphy, 1982; Walker, 1979; and Gelles, Straus, & Steinmetz, 1979).

America is paying a huge cost for the continuance of family violence. Some findings suggest that mental health and non-medical costs may be much greater than the cost of treating physical injuries. Examples of mental health and non-medical costs are psychiatric and other psychological services, including the cost of child-abuse investigations and remedial actions; legal costs, including divorce; and the cost of the violence and other crimes committed by those abused in childhood. There is also the cost of imprisonment or other institutionalization that occurs at a much higher rate for victims of intrafamily violence than for a general population. The minimum estimate shows that the United States is paying a huge price for the violence that occurs

in American families. The tragedy is compounded by the fact that these are preventable costs (Straus & Gelles, 1987).

The primary intervention for spouse abuse focuses on anger management techniques. This treatment is based on the social learning theory of aggression. This theory states that because violence is a learned behavior, people have the capacity to change and learn new coping mechanisms to deal with anger and stress that don't include violence (Sonkin & Durphy, 1985; Sonkin, Del Martin & Walker, 1985; Neidig & Friedman, 1984; King, 1981; West, Turner, & Dunwoody, 1981). The research in this study was based on the theory that abusiveness is a learned behavior.

Sonkin & Durphy (1982) found that in fifty percent of spouse abusing families, the children were also abused. They also found that boys between the ages of eleven and twenty who commit homicide, sixty-three percent murdered the men who were beating their mothers. And they found that over sixty-five percent of the male batterers saw their fathers abusing their mothers or they themselves were abused. Clearly, this shows how spouse abuse affects children and shows that "violence begets violence". The intergenerational theory mentioned earlier suggests that abusive parents serve as role models for their children, who learn that such family behavior is normative, is an acceptable mode for dealing with anger and conflict, and has a functional value in establishing and maintaining dominance

and control in relationships (Fagan & Wexler, 1987). In these families some boys learn that violence is a legitimate way of dealing with anger, frustration, and stress. Some of the girls in these families learn that they must accept and live with it.

Abusiveness is a relationship issue, but it is ultimately the responsibility of the male batterer to control physical violence. If the abuse is conceptualized in terms of a disease or a personality defect, the abuser is relieved of responsibility and positive change is unlikely. Neidig's (1984 & 1985) studies indicate that violence is often a manifestation of stress which occurs in the context of the relationship where the couple lacks the skills necessary to achieve their objectives through more appropriate means. This study will gather informational data on skills deficits in anger management, communication and stress management of the study's participants. Abusiveness is a desperate, learned but maladaptive effort to effect relationship change according to Neidig & Friedman (1984). They have shown that violent couples often have difficulty in articulating their feelings and expressing conflict issues in terms that lend themselves to problem solving.

In 1980, Sonkin & Durphy organized a program for male batterers called "Learning to Live Without Violence". This program utilized traditional counseling techniques and

taught men to learn appropriate ways of dealing with anger, frustration, and stress. The workbook for this program was printed in 1982 and updated in 1985. Sonkin (1982) designed his program for abusers only and felt that a man's participation in same sex groups was necessary prior to participation in couples counseling. He felt a couples group initially would inhibit the wives from participating due to feared retribution from their husbands for things they said in group. Saunders (1989) felt that if wives revealed continued battering or their desire to leave during couples therapy that they were at risk for further abuse.

Neidig & Friedman (1984) developed a ten-week highly structured program called "The Domestic Conflict Containment Program". Like the Sonkin and Durphy program, it also focused on coping skills, anger control, stress management, communication skills, and sex role stereotyping misconceptions. Neidig & Friedman (1984) opposed individual treatment of the abusive husbands. They viewed treatment that separated the wife from the abusive relationship and viewed the male as the sole source of violence, unproductive. Rather, Neidig & Friedman (1984) designed their program for couples, with the goals of resuming the marital relationship and focusing on interpersonal factors. It was their experience that the interpersonal perspective fosters a sense of personal responsibility and suggests the possibility of positive intervention strategies. These

types of programs are now in existence in both public and private sector situations. Preliminary outcome studies on these types of programs indicate that they are highly successful (Neidig, Friedman, & Howell, 1983).

The outcome studies also support the position that mandatory participation can result in positive behavior change. The mandatory approach is directly applicable in the military setting where attendance can be required, such as in court-mandated programs. King (1981) felt that court-mandated treatment for batterers was one approach consistent with the criminal justice system that holds men responsible for their behavior. Carmody & Williams (1987) believe that the severity of social condemnation and legal sanctions against wife abuse will produce definitive evidence of decreased spouse abuse.

The U.S. military is ahead of their civilian counterparts nationwide in developing Family Advocacy Programs to include consistent guidance and direction about child abuse and spouse abuse cases: Marine Corps Order 1752.3A, NAVMEDCOM Instruction 6320.22 (U.S. Navy), Air Force Regulation 160-38, Army Regulation 608-18, and the Commandant Instruction 1750.7 (U.S. Coast Guard). All programs, depending upon the severity of the case, recommend disciplinary and administrative action against the abuser in addition to treatment. The commanding officer is advised to consider the financial and social well-being of family

members and the service member's potential for further service in his/her decision on how the case should be handled. Actions can include: court-martial, non-judicial punishment, entries/letters of reprimand in service member's record book, administrative discharge, denial of promotion and/or reenlistment, termination of government housing, advance return of family member to the U.S. from an overseas command, bars to entering the military installation, curtailment of the service member's military tour of duty in the overseas command, and restriction to quarters or out-of-quarters. The civilian sector does not have as much control in the abuser's career as does the military.

An abuser's military career potential can be based on his treatment outcome. For example, the Marine Corps Order 1752.3A (1988, p.5) specifically states, that "when the Marine is retained and placed in a counseling or treatment program, cooperation and participation with the counseling regimen is essential. Failure to cooperate, to progress satisfactorily, to complete the prescribed treatment, or to repeat the offense will result in disciplinary or administrative action which could include separation from the Service". Indeed, the military service is consistent with the criminal justice system in that it holds men responsible for their behavior. This is one reason why this researcher decided to utilize military participants in her study.

Age appears to be a factor in the occurrence of spouse abuse.

While data demonstrate that the occurrence of wife abuse cuts across all age, educational, and income boundaries, these and other factors do appear to affect the frequency of abuse according to a 1976 survey by sociologist Murray Straus. For example, Straus concludes that violence occurs most often in younger families. The rate of violence for husbands and wives thirty years of age or under is more than twice that of the 31 to 50 year old age group. In the military over 55 percent of active duty personnel are age 30 or younger as compared with 25.1 percent of males in the civilian population. Straus believes that this factor alone makes the military a high risk population for wife abuse. (West, Turner, & Dunwoody, 1981, pp. 5-6)

The number of active duty military personnel under age 30 has increased. In 1987 approximately 72% of the total military force was under the age of 30 years of age: 40% of the officers and 77% of the enlisted personnel (Defense Almanac, 1988).

#### Problem Statement

This study, focused on a specific treatment program, Prevention through Anger Control and Education (PACE), that was administered to a military population. The aim of the study was to gather information directly through interviews with the abusers. More specifically, this research was designed to study the reactions and progress made by abusers throughout the course of the PACE treatment program.



### Purpose Statements

The purposes of this study were to:

1. Synthesize the extant literature.
2. Note abusers' self-reported anger in a variety of everyday situations prior to and immediately following completion of the anger control group.
3. Note abusers' coping strategies in stressful situations prior to and immediately following completion of the anger control group.
4. Note the progress of the abuser throughout treatment by individual interviews with the abuser on skills learned and used from the current week's session.
5. Measure the abuser's weekly progress on skills learned from the group and used at home, marital relationship changes, and abusive activity by interviewing the abuser's wife via telephone.
6. Measure the abuser's weekly progress, changes noticed, and group participation by a brief weekly questionnaire with the group facilitator.
7. Determine if abuse changed/decreased six weeks after group completion by administration of a self-report questionnaire.
8. Determine if abuse changed/decreased one year after group completion and what, if any, coping skills were retained and utilized from the group treatment through a face-to-face interview with the abuser.

### Research Questions

The study sought to answer the following research questions:

1. In what ways do subjects who are mandated to attend the PACE treatment program respond to the program by adapting their behaviors to its purposes?
2. How does the teaching of coping skills affect subjects' decisions to be abusive?
3. In what ways does the acquisition of anger management skills contribute to the presence or absence of physical abuse in the subjects families?
4. Is there any evidence that the subjects were able to control their anger following cessation of the PACE treatment program?

### Need for the Study

According to Harmison (1986), the majority of studies regarding wife abuse were designed to: (1) establish a reliable estimate of the incidence of wife abuse; (2) identify the factors associated with wife abuse; and (3) develop theoretical models of the causes of wife abuse. Most studies obtained information about the abusive husband from his wife's perspective.

New programs for men who abuse their wives are being developed each year. However, there is little information on their effectiveness or on what components of the programs are deemed useful by the abusers. There is a direct need to

study the process that abusive men experience in these programs in order to determine the effectiveness of particular treatments.

Recent studies have examined the relationship of prior military experience to incidents of domestic violence. Rosenbaum's, et. al., 1981 study found that 77 percent of abusive men interviewed were previously enlisted in the military. In Walker's 1983 study, 58 percent of the women interviewed stated that their partners had military experience, 37 percent of whom had direct combat experience. Eisenberg and Micklow (1979) found that 90 percent of their clients had prior military experience. Although military men are subjected to similar childhood experiences of violence and sex-role stereotyping as civilians are, the military indoctrination process presents an additional dilemma: specific training in the use of violence. Enlisted personnel, who comprise the majority of military personnel, are taught in basic training to use violence during war or quasi-war situations.

In addition to this indoctrination process, military families experience numerous other stressors that increase the risk for men who already have a proclivity for acting out their anger. These stresses include: financial pressures, family separation, geographic mobility, isolation and communication barriers, cultural differences, lack of family support, living overseas, separation of work and

home, lack of privacy, job pressures, and lack of supervisor/command support. Many of the stressors listed above are not necessarily unique to the military, but occur in such frequency that they warrant discussion. These stresses are not given as excuses for wife abuse but are given as an acknowledgment that they do exist. Unless coping skills are developed, men will turn to those skills either learned in childhood or learned through the military indoctrination process to deal with their anger (Sonkin, Del Martin & Walker, 1985). Sonkin & Durphy (1985) and Neidig & Friedman (1984) believe that classes on communication skills, stress reduction, and anger management are likely to improve the domestic situations of military personnel. Hopefully, these would also improve on-the-job performance.

#### Assumptions

In order to gain a sense of consistency and common parameters within the PACE treatment program the following assumptions were established:

1. It was assumed that during the initial assessment, the Family Advocacy Representative (FAR) eliminated any abuser from the group who suffered from psychopathology or was determined to be violent to self, or a danger to members or the facilitator of the group.
2. It was assumed that the Family Advocacy Representative screened the abusers for any substance abuse and ensured successful completion of substance abuse treatment prior to

starting the treatment group. It was believed that substance abuse interfered with spouse abuse treatment and that effective treatment could not begin until the client was free from any substance abuse. It was noted that abusers frequently used alcohol in order to justify or excuse their violent behavior. Since there has been societal acceptance of "acting out" while under the influence of alcohol, the batterer is only responsible for the drinking; not the subsequent violent behavior.

3. It was assumed that abusers would admit to physically abusing their wives. Abuse was confirmed by a civilian police report, military base housing police report, hospital report, or a wife's complaint of physical abuse. It was further assumed that treatment would not be effective until the abuser admitted and assumed responsibility for his abusive behavior.

4. It was assumed that the group facilitator would not convey to the subjects that the group was marriage therapy nor that their marriage would be fixed when they completed the group. The purpose of the PACE treatment program was only to stop the abuse. The validity of this research study was contingent upon these assumptions.

#### Limitations

1. The group was limited to five men. The researcher hoped that gaining a more intensive, complete profile of the

individual and his progress would provide more in-depth information that could be generalized to other abusers.

2. The researcher acknowledged that only five of the six original group members signed an informed letter of consent to participate in the testing. Therefore, the researcher had to rely on those who were willing to participate.

3. Since the group utilized was on-going and open-ended the researcher did not include members who began at any session other than session one.

4. Attendance was mandatory for the abusive active duty member but participation could not be forced.

5. Although the facilitator had access to hospital and police reports, it was assumed that the abusive couple would be more discreet, the group facilitator had to rely on either the client or spouse to accurately self-report any further incidents of abuse during the program.

6. A non-random sample was utilized, therefore, the findings of this study can't be generalized to either the general or military population. This study focused on the process of only five men.

#### Definitions

Abuse: There are four types of spouse abuse: physical, sexual, property destruction, and psychological. For the purpose of this study, spouse abuse will only be defined as physical abuse. Sonkin, Del Martin, & Walker (1985) define physical abuse as the use of physical force to

intimidate, control, or force another person to do something against their will. This may include grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives or firearms.

Abused: An individual who is the subject of the abuse and the spouse of the abuser. Synonymous with victim.

Abuser: The person directly responsible for the abuse as defined herein. Synonymous with batterer and offender.

AMEND: (Abusive Men Exploring New Directions): Alternative title to the PACE treatment program (see PACE definition) when group facilitator ran the program at Camp Lejeune, NC. The AMEND Program has been in existence since 1984.

Coping Skills: Anger management, stress management, and communication skills techniques listed/described in the syllabus of Sonkin's "Learning to Live Without Violence" program.

Couples: Includes only married couples: not cohabitating couples.

Family Advocacy Program Manager (FAPM): A person, usually a social worker or other mental health professional, designated by the Army Community Service Director to implement and manage the Family Advocacy Program at Army Community Service, and to coordinate and provide treatment.

Family Advocacy Representative (FAR): A person, usually a social worker or other mental health professional, designated by the medical facility commanding officer to implement and manage the Family Advocacy Program at medical facilities, and to coordinate treatment and reporting for all Family Advocacy Program cases base-wide (Marine Corps Order 1752.3A, 1987).

Hot Seat: A confrontational technique utilized in Track II of the PACE treatment program whereby each member takes turns sitting in the center of the group circle while the other group members give him constructive criticism (PACE Instruction Manual, 1988).

Learning to Live Without Violence: A fourteen-week cognitive, behavior modification treatment program developed by D. Sonkin and M. Durphy and utilized in Track I of the PACE treatment program in this study.

PACE (Prevention through Anger Control and Education): The three "track" program that participants of this study were required to complete. Track I utilized the "Learning to Live Without Violence" workbook. Track II utilized the Hot Seat technique. In Track III participants co-facilitated a Track I group (see Chapter III for detailed description of PACE Program).

Spouse: A partner in a lawful marriage where one of the partners is a military member (Marine Corps Order 1752.3A, 1987).



Time Out: An anger control technique taught during Track I in which an individual leaves home for one hour when he feels his anger level escalating. Drinking and driving are discouraged during this time. Physical activity is recommended until the individual can calm down and return home to discuss the issue with his spouse (Sonkin & Durphy, 1985).

#### Organization of the Study

Chapter I outlines the problem and the need for the study. Chapter II reviews the literature and theories on spouse abuse. Chapter III outlines the treatment and methodology used in the study. Chapter IV presents the individual case study results, summary of results, and cross-case analysis summary. Chapter V presents conclusions about the study and recommendations for further research.

## CHAPTER II

### REVIEW OF LITERATURE

#### Conceptual Frameworks

In 1979, Gelles, Straus, & Steinmetz reviewed over fifteen theories about spouse abuse. These theories have practical implications because the treatment provided to both the abused women and male batterers is determined in part by the prevailing theoretical understanding of the determinants of the problem. Three general theoretical frameworks have been applied to spouse abuse: the psychiatric model, the sociocultural model, and the social-psychological model.

Psychiatric Model. The psychiatric model focuses on the abuser's personality characteristics as the determinant of abuse. It links abusive behavior to mental illness, substance abuse, and other intra-psychic phenomena. In earlier articles on male batterers, the references to psychopathology are explicit. Lion (1977) makes reference to "paroxysmal rage attacks" and the "pathologies of both partners". Faulk (1977) makes reference of "psychiatric abnormality" and the "mentally disturbed nature of the population". Shainess (1977) refers to "irrational aggressive actions" among males who are "passively aggressive", "obsessive-compulsive", "sadistic", "paranoid", and "borderline". Variations on "impulsiveness" are termed "aggressive impulses", "poor impulse control", or "impulse

to batter" (Geller & Walsh, 1978; Garnet & Moss, 1982; Star, 1983; and Goffman, 1984). Violence is termed as "uncontrollable rage", "uncontrollable aggression", "violent eruptions", "temper outbursts", or "explosive rage", (Walker, 1979; Geller, 1982; Deschner, 1984; Goffman, 1984; Coleman, 1980; Pagelow, 1981; and Weitzman & Dreen, 1982).

While these expressions seem to imply the psychopathological model, they are frequently accompanied with a denial that the male abuser is mentally ill. The batterer is presented as a normal individual who is often a good citizen and worker in society. He is not sick, but has an anger control problem.

In support of the psychiatric model two studies by Hamberger and Hastings (1986 & 1985) revealed three major personality factors: schizoidal asocial/borderline personality disorder, narcissistic/antisocial personality disorder, and passive dependent/compulsive personality disorder. Combinations of the three factors yielded eight distinct and reliable subgroups. Only one group (15%) yielded no discernable pathology. Both groups found considerable dysphoria in the form of depression and anger proneness. Unfortunately, these studies and others which found "marked psychopathology" in abusers, employed no control group for comparison, and thus, are methodologically flawed (Hastings & Hamberger, 1988). In a later study, Hastings & Hamberger (1988) employed a control group.

Results indicated that "although spousal violence is not limited to men with identifiable personality disorders, such individuals seem to constitute a strong majority of the identified treatment population" (Hastings & Hamberger, 1988, p. 46). Hence, they felt the need for treatment programs to address special concerns presented by personality disorders.

Central to the earlier psychopathological descriptions and the more recent descriptions of male batterers, is the belief that the man has lost control. In the early literature, the loss of control was deemed as organic or psychogenic in origin. In later literature emphasis is placed on an undefined impulsiveness, or on a learned response to stress that is so difficult to change that the abuser is believed helpless (Ptacek, 1984). Ptacek (1984) states that regardless of origin, the batterer is seen as not fully in control, and therefore as not fully responsible.

In support of the psychiatric model, Conrad & Schneider (1980) state that compulsivity denotes that an individual's behavior is caused by forces beyond his or her control. Compulsivity, in effect, removes motivation or cause from the will and locates it in the body or mind. This "compulsiveness" is recognized in both the pathological references to irrational attacks to the recent references of "impulsiveness" and "uncontrolled aggression". The

psychiatric framework views the violence as not entirely the batterer's fault because it is not entirely under his control.

The traditional psychiatric model views the battering behavior as a sickness whereas the contemporary version of abuse perceives the batterer's violence in terms of brief irrational episodes and temporary loss of control (Ptacek, 1984). More recent articles attempt to normalize the batterer's behavior as temporary loss of control rather than psychopathic. Saunders (1982) states that "mental illness does not appear to be a factor in wife abuse. Symptoms of delusional jealousy, paranoia, and severe depression may develop from the men's fear of losing their partners rather than from a severe mental disorder". Much of the clinical literature on men who batter claim that early childhood experiences of abuse or witnessing abuse lead to psychopathic states, whether through poor impulse control or severe abnormality. In this psychopathological model, the batterer is seen as a helpless victim of an impulse disorder. This model supports the batterer's classic excuse for avoiding responsibility due to this disorder.

Many contemporary authors indicate that the batterer is responsible for his violence (Brisson, 1982; Saunders, 1982; Star, 1983; Goffman, 1984; and Neidig & Friedman, 1984).

Batterers minimize their violence and are often reluctant to accept responsibility for their behavior. Typically they blame the woman for

making them hit her or they exclaim, 'I only pushed her and she fell'. One method used to help the men accept responsibility is to stress separation of issues --- separating feelings of disagreement from violent behavior. They must come to see that getting violent is qualitatively different from disagreeing with what someone does. In every marriage both husband and wife need to make changes and compromises to make the partnership work, but no matter what the woman does that may anger the man, it does not justify getting violent. (Brisson, 1982, pp. 29-34)

The acceptance of responsibility for violent behavior is one of the premises this research study is based. This study does not accept the psychiatric model because it is the researcher's belief that it gives the batterer an excuse to avoid responsibility.

Alcohol is said to fall under the psychiatric model of spouse abuse. Although, this research study is based on the premise that alcohol use does not make a person mentally ill, it does give him the excuse to abuse and not be held responsible. There has been an abundance of literature on the relationship between alcohol and spouse abuse (Stacy & Shupe, 1983; Hilberman & Munson, 1977; Langley & Levy, 1977; Martin, 1976; and Gelles, 1974). Langley & Levy (1977) suggest that alcoholism is present in 40 - 95% of the cases. Hilberman & Munson (1977) found that 56 of the 60 husbands in their study were alcoholic. A survey of ninety-three battered women (Deschner, Geddes, Grimes, & Stancukas, 1980) indicate that substance abuse (alcohol/drug) was a cause of violence in 72% of the cases. Stacey and Shupe (1983) found

that substance abuse was implicated in 70% of battering episodes in their survey of 452 battered women. In Feazell's (1981) study, ninety counselors providing programs for batterers reported substance abuse in 70% of their battering episodes. However, in a study conducted by Neidig (1988b) of 178 abusive military couples, only 25% of the husbands and 15% of the wives reported they had been using alcohol at the time of the abusive incident.

Despite the frequency with which alcohol is included as a contributing factor and the amount of research available, there is still a good deal of uncertainty about the extent and nature of the relationship between alcohol and violence (Neidig, 1988b). An association between substance abuse and spouse abuse does not prove causation. Instead, evidence indicates that many heavy drinkers initiate their drinking in an effort to tolerate stressful situations that they feel unable to cope with (Marlatt, 1979). It has been suggested that the use of alcohol serves as a disavowal technique giving the batterer a false sense of reality. Under the influence of alcohol the batterer views that he was not responsible for his acts and therefore should be forgiven. In reality, he may subconsciously plan a violent incident and get drunk beforehand, so that he can disavow his behavior.

It also is the belief of this researcher that substance abuse does not cause physical spouse abuse but rather

provides the batterer with an excuse to justify spouse abuse. With this in mind, it is one of the assumptions of this study that batterers have been screened for and treated for substance abuse prior to entrance into the men's anger control group. The researcher wants the batterers to be free from substance abuse in order to assume full responsibility for their abusive behavior.

Sociocultural Model. The sociocultural model considers social inequality of sex roles and cultural attitudes and norms about family violence and relations. Walker (1984) doesn't feel a change in spouse abuse will result until society changes its values and sex roles which tolerate violence towards women. She feels women need to have equal status with men in political, economic social, educational, and family areas. Women have been forced into and accepted the roles of patriarchy and their roles as women. The male dominated society ascribes to: male-female roles (masculine as superior and feminine as inferior); economic constraints with men in higher paying and more powerful jobs; burdens of child care placed on the female (lack of quality child care if she works, inadequate child support if she divorces, etc.); the myth that children are better off with both parents causing women to choose to remain in abusive marriages; and sexism in society and in the male-dominated criminal justice system. In one recent study (Saunders, 1988a) 84% of the women residing in a shelter who



were financially dependent upon their partners intended to return; only 18% of those with their own income said they would return.

Dobash & Dobash (1979) state that women, in their position as wives, become relatively separated from the world and isolated in the home, where they are meant to be subordinate to their husbands and to serve the needs of others. This situation is part of the cultural legacy of the patriarchal family. There have been numerous historical changes in the status of women and in the institution of marriage. Wife beating is no longer legal and absolute patriarchy no longer exists. Most of these changes, however, have done little to modify the patriarchal ideals and hierarchical nature of the family. Patriarchal beliefs are taught to all children and there are numerous means by which society institutionalizes and legitimizes the control that husbands have over their wives. Gene Errington (1977) stated that "men beat their wives because they are permitted to do so and nobody stops them. Women are beaten because they are trained and forced and maintained into dependence and nobody helps them" (quoted in Sonkin & Walker, 1985, p. 9).

The underlying factor that breeds and perpetuates hostility between the sexes is the male-supremist, patriarchal system which depends upon the sexist structure of the family unit and other social institutions. Current

research suggests that traditional sex role conditioning teaches men to express their violent responses against their wives (Walker, 1984; Straus et. al., 1980). Males are socialized into roles that encourage both dependence on and aggression toward females (Walker, 1981). Men are taught to take the role of the intelligent, rational, strong economic provider of the family. The internalization of this sex role allows the man to develop a stable self conception of his being dominant within the family. The violent behavior pattern a man has learned will help him cope with these traditional expectations through reinforcement of his learned sex role behavior.

According to Harmison (1986) the abuser's observation of physical or emotional abuse between his parents and or his experiencing abuse by his parents taught him to use violence to establish his role of dominance in his family. Because he learned this behavior from parental role models, his identity is invested in his perception of his role. If personal or interpersonal frustrations threaten his dominant role perception, he resorts to violence in his relations with his wife. He has been socialized to believe that violence within a marriage is culturally accepted.

Female victimization has historical and cross-cultural dimensions which have perpetuated throughout time. The simplest explanation for maltreatment of women by men is the obvious fact that the majority of men are physically

stronger than the majority of women, so that when it comes to violence, women are most often the losers. Most women anticipate losing and are therefore intimidated by and make themselves subservient to men. This unequal power relationship has been recognized, sanctioned, and reinforced over time by all of our social institutions. In addition to their smaller stature and comparative weakness, women are made more vulnerable by their childbearing function (Chapman & Gates, 1978).

Femininity has become linked to submissiveness in sexual relationships, and gender identity has come to include power for men and powerlessness for women. Powerlessness can lead to feelings of helplessness and horror. Chapman & Gates (1978) states that in many cultures it is a common opinion that most women like to be overpowered and even abused by men. This belief has a self-fulfilling quality in that it encourages men to bully and brutalize women. In addition, it may cause women to be more accepting of abusive behavior than they need to be. The realities of dominance and submissiveness are themselves metaphors for power and powerlessness. Since in patriarchy men have power and women are powerless, women have not succeeded in establishing an egalitarian sexual relationship and are degraded by this realization and compliance. Helen Andelin (1975) describes the feminine and masculine roles which she believes are typical and appropriate for today.

Femininity is a gentle, tender quality found in a woman's appearance, manner and actions. It is a sort of softness, delicateness, submissiveness, and dependency upon men for their masculine care and protection. More than anything else, it is the lack of masculine ability - a lack of male aggressiveness, competency, efficiency, fearlessness, strength and "the ability to kill your own snake".

The important thing to remember is this: Men enjoy protecting women. Do not think, therefore, that it is an imposition on a man to protect a dependent, feminine woman. One of the most pleasant sensations a real man can experience is his consciousness of the power to give his manly care and protection. Rob him of this sensation, of superior strength and ability, and you rob him of his manliness. (Andelin, 1975, p. 261).

To be a wife means becoming the property of a husband, taking a secondary position in a marital hierarchy of power and worth, being legally and morally bound to obey the will and wishes of one's husband, and thus, quite logically, subject to his control even to the point of physical chastisement or murder (Dobash & Dobash, 1979).

American women are still in need of equal rights before the law. Only recently have divorce and abortion made it possible for some women to free themselves from an abusive marriage (Gates, 1978). On the other hand, the legal and economic position of most homemakers has made her dependency on her husband quite real. When she really wants to leave an abusive relationship, she may find that economically she is immobilized. Finkelhor (et. al., 1983) agrees that women are discriminated against in employment, promotions, job

titles, and pay. In addition, the double standard discriminates against women as their performance is systematically denigrated when compared to men's. In Habits of the Heart, Bellah (et. al., 1985) indicates that the majority of American wives and mothers work partly for feelings of self-worth, but mainly because many families would not survive without two incomes. Yet women's work is largely low-status work, and the differential between men's pay and women's pay is large. On top of demeaning work and low pay, working wives and mothers come home to families where men still expect them to do the housework and childcare. "Women's liberation" appears to have added additional work and roles for women.

Brownmiller (1975) reports that women are punished by men for not maintaining their traditionally powerless and passive role, particularly where sexuality is concerned. Brownmiller states that rape is "the ultimate threat by which all men keep all women in a state of psychological intimidation". She also believes that the fear of an "open season of rape", and not a natural inclination toward monogamy and motherhood, caused the first subjugation of women into protective mating and marriage. Kate Millet (1970) draws similar conclusions in her book:

Patriarchal societies typically link feelings of cruelty with sexuality, the latter often equated both with evil and power. This is apparent both in the sexual fantasy reported by psychoanalysis and that reported by pornography. The rule here

associates sadism with the male and victimization with the female. Emotional response to violence against women in patriarchy is often curiously ambivalent. (Millet, 1970, p. 44)

This suggests that violence between men and women is not only a result of polarized sex role stereotypes, but is also inextricably linked with sexuality. It suggests that male hostility and cruelty toward women bear a resemblance to the rationale used by nations at war that the enemy is an inferior type of human being, or not human at all. In other words, Gates (1978) states that the fact that women are the "other" sex makes it easy for some men to dehumanize them. It is their "otherness" that permits women to be victimized.

Breaking down sex role stereotypes could reduce hostility. Murray Straus (1977) believes that it is the presumption of male superiority that causes problems. He points out that when husbands fail to surpass their wives in personal "resources", such as intelligence, knowledge, occupational prestige, and income they may fall back on the "ultimate resource" of physical force to maintain their superiority. Another example is the fact that role differentiation between male and female has always implied a double standard of sexual conduct. A man desires his wife to be exclusively his sexually, whereas, he feels it is his prerogative to be sexually liberated outside the home. Chapman & Gates (1978) states a plausible explanation for continued violence against wives in our society today as man

punishing woman for attempting to revise the power relationship between them. The remedy for violence under this model for women to counter traditional sex role expectations.

Social-Psychological Model. The social-psychological model focuses on the impact of external environmental factors on the family. Included are models which examine stress, the transmission of violence from one generation to the next, and family patterns and interactions. It is generally hypothesized that coping and adaptation styles in marriage are influenced by an individual's social learning experiences and the frustration-aggression response. Some models included under the social-psychological model are: social learning theory, status inconsistency, frustration-aggression theory, exchange theory, systems theory, attribution theory, resource theory, and learned helplessness theory. The social-psychological framework is the largest, most diversified framework that exists to explain spouse abuse. It is the framework used by this researcher.

The original support for the idea that violence is learned came from Bandura (1973). Bandura states that children imitate models who they see as powerful and successful. Much research has been done in this area which supports that abusive behavior is transmitted from one generation to the next generation is the social learning

model (Fagan & Wexler, 1987; Neidig & Friedman, 1984; Gelles, Straus, & Steinmetz, 1979; and Walker, 1979). These studies indicate abusive men had observed their fathers abuse their mothers or were abused themselves as children, and that abused women were more likely to have observed their mothers be abused (learned victimization).

Since physical violence is used to teach the child the difference between right and wrong in abusive families, it validates the moral rightness of hitting other family members. The child soon learns that if something is important, the use of force is justified (Hauser, 1982). It suggests that exposure to violence leads to learning norms which approve or accept violence as part of family life. Men who come from homes where violence is used are likely to grow up to use violence or other dysfunctional behaviors as a way of coping with conflict, anger, stress, and/or anxiety (Straus et. al., 1980). In one particular treatment program, "Learning to Live Without Violence" (Sonkin & Durphy, 1985), seventy percent of the male batterers came from homes where they and/or a sibling were victims of physical or sexual child abuse or where their mother was abused by their father. These findings indicate a social learning model for treatment.

The frustration-aggression theory (Dollard, Miller, Doob, Mowrer & Sears, 1939) assumes there is a predictable, innate connection between frustration and aggression.



Dollard et. al.'s (1939) views state that the strength of instigation to aggression should vary directly with (a) the strength of instigation to the frustrated response; (b) the degree of interference with the frustrated response; and (c) the number of frustrated response sequences. Berkowitz (1962) proposed that frustration leads to anger which serves as a drive increasing the likelihood of aggressive behavior. According to Berkowitz (1962) frustration arouses anger and predisposes a person to respond hostilely. Averill (1982) proposes that anger usually occurs when frustration is accompanied by actions of another person, actions which are appraised by the angry individual as unjustified or at least avoidable.

When situational and interpersonal factors escalate one's frustration state, marital violence can be predicted. Lack of resources, work dissatisfaction or wife's pregnancy are sources of possible frustration. Battering during pregnancy represents the husband's attempt to terminate the pregnancy and relieve himself of the impending stress of a child (Gelles, 1975). The stress could be due to the increased financial strain and to the perceived decrease in affection and attention the husband receives from his wife.

Deschner (1984) points out that frustrations can only occur when some sort of expectation has been disappointed. Furthermore, the frustrated husband will not act aggressively unless the setting is perceived as appropriate

for the expression of hostility. Husbands are more likely to abuse their wives in a culture that regards women as men's property. Persons from violent families of origin have powerful role models to learn that aggression against frustrating family members is appropriate.

Bandura's classic analysis of aggression suggests how such an application might proceed. He argues that individuals are most likely to be violent when they are subjected to aversive stimuli, when they lack skills for non-aggressively reducing, avoiding, or escaping these aversives, and when they do not confront strong inhibitory cues as they become violent.

Socially and verbally unskilled persons, having limited means for handling discord, are likely to become physically aggressive on slight provocation, especially in contexts where violent conduct is viewed favorably. Assaultive people can therefore profit greatly from a treatment program that teaches them non-violent techniques for handling interpersonal conflicts. By enlarging their repertoire of skills, aggressors achieve greater freedom in meeting present and future problems. (Bandura, 1973, pp.255-256)

#### Characteristics of Abusers

Walker (1984) indicates that it has become more possible to identify a "violence prone personality". According to his hypothesis, characteristics of a "violence prone personality" include a history of family violence, alcoholism, criminal record, lack of assertion, conservative sexual attitudes, stress, insecurity, possessiveness, and/or

extreme traditional sex role expectations (Walker, 1984; Saunders, 1982; Sonkin & Durphy, 1982; and Rosenbaum & O'Leary, 1981). This hypothesis originates from battered wives' reports and clinical observations, but few studies exist that have directly interviewed and tested the abusive men themselves. Using the 1975 "National Family Violence Survey" results from men; high levels of marital conflict, lower socioeconomic status and greater exposure to violent role-models in the family of origin emerge as primary predictors of increasing levels of violence among intimates (Sugarman & Hotaling, 1988).

Sonkin & Durphy (1985) and Saunders (1982) found that abusive men come from all socioeconomic, racial, religious and age groups. Many characteristics have been found in abusive men but all may not be exhibited in every abusive man. Obviously, several characteristics are interrelated, but these characteristics are not sufficient indicators of men who batter. Most abusers are indistinguishable from other men except that they use violence to control and dominate their wives (Pagelow, 1984). Characteristics that have been found in common in abusive men from several studies are:

1. externalizes problems
2. jealous
3. verbally aggressive
4. minimizing and/or denying and/or lying

5. impulsivity
6. self-deprecation
7. suicidal gestures
8. depression
9. inability to sustain, express, or accept intimacy consistently
10. unable or unwilling to compromise
11. resolves problems physically
12. cannot empathize with others
13. makes unrealistic demands
14. substance abuse
15. lack of interpersonal coping skills
16. manipulative
17. social isolation
18. exhibits demeaning attitudes towards women
19. shows compulsive reference to sexuality
20. defies limits
21. violence in family of origin
22. low tolerance for stress
23. authoritarian personality
24. traditionalist

(Mott-McDonald Associates, 1985; Sonkin & Durphy, 1985; Walker, 1984, 1979; Boyd & Klingbeil, 1979; and Ganley & Harris, 1978).

One of the most prevalent characteristics of abusive men is that they tend to minimize or deny their violent

behavior and externalize blame for their violent behavior, (Hale, et al., 1988; Sonkin & Durphy, 1985; and Walker, 1979). Sonkin & Durphy (1985) state this may be due to several reasons. Some men find it embarrassing to talk about their violent behavior and avoid doing so. Those that face criminal charges find it convenient to forget certain behaviors that might implicate them further. Some forget certain behaviors due to the state of rage or distress they were under at the time of violence. Others forget their violence because they were under the influence of drugs or alcohol. Many men minimize the violent incident because they truly don't believe it was wrong.

Abusive men also tend not to take responsibility for their violent behavior, but rather, blame their wives or attribute the causes of their problems to others. The characteristics listed above may be displayed in various combinations at different times. It is rare when an abuser displays them all. Usually general themes appear. Many abusers have low self-esteem as reflected in their depression, suicidal gestures, and lack of qualitative relationships with others (Mott-McDonald, 1985). Results from a study by Goldstein & Rosenbaum (1985) support the conclusion that wife abuse is associated with deficiencies in the self-esteem of the abusive husband. Mott-McDonald (1985) states that anger and rage are key motivational forces which may result from feelings of frustration,

powerlessness, inferiority, insecurity, or an inability to identify and express non-hostile feelings.

Many abusive men are overly dependent on their partners, for not only their practical needs of cooking, cleaning and child care, but also for their emotional needs (Sonkin & Durphy, 1985). These men need a woman to build their self-esteem, their self-worth, and to feel good about themselves sexually. At the same time many are extremely jealous of their wives and go to great lengths to insure their wives faithfulness. They intimidate, control, and isolate themselves with no close friends to discuss their problems.

Many men who abuse have fixed, stereotyped ideas of what male and female roles should be, and are very traditional in their viewpoints (Sonkin & Durphy, 1985). Today's society encourages more women to be individualistic and express themselves in various non-traditional ways. This change in society seems to threaten the abuser's self-esteem and self-worth. The male may rebel and attempt to validate his masculinity through physical force (Pleck, 1976). Pleck (1976) further states that in the traditional male role, interpersonal and emotional skills are relatively undeveloped, and feelings of tenderness and vulnerability are especially prohibited. Anger, a show of strength, and impulsive behavior are encouraged as particularly validating of masculinity. The traditional male expects his wife to

acknowledge and defer to his authority and sees the marital relationship as lacking the contemporary concept of intimacy.

A recent study by Hale et al. (1988) administered the Minnesota Multiphasic Personality Inventory to 67 abusive men in an attempt to develop an MMPI profile that could be called a "batterers profile". The outcome supported the previously cited studies that stated abusers tend to feel inadequate, have low ego strength, are overly dependent on their wife, are impulsive, lack respect for social standards, have frequent difficulty with the law, have a tendency towards substance abuse, and are often situationally depressed. Overall, 75% of Hale's study was consistent with the findings of Straus et al. (1980) that shows that abusers tend to be a heterogeneous group and are undistinguishable from the general population. Therefore, there is no support for an MMPI profile that could be called a "batterers profile", (Hale et al., 1988).

Several authors have written about the strong correlation between a man's violence toward his wife and his witnessing, as a child, violence between his parents or experiencing abuse as a child (Fitch & Papantonio, 1983). Arias & O'Leary (1986) found that physical aggression was related to exposure to interparental violence in their families of origin. Abusive behavior is learned and leaves the male with no other, more appropriate way to express

himself (Roberts, 1984). Unfortunately, it may be difficult to determine whether the man was abused as a child when questioning him because many men believe any physical punishment they received as a child was "deserved" and as adults now believe that spanking a child is necessary for childrearing. Anger control training has become one of the most recommended treatment interventions (Deschner, 1984; Goffman, 1984; Neidig & Friedman, 1984; Sonkin & Durphy, 1982; and Margolin, 1979).

#### Treatment Programs

This study represented an attempt to examine the process of abusers in a command-mandated treatment program for military personnel. The research study participants were required to participate in the anger control group titled "PACE" at Fort Belvoir's Army Community Services. The PACE treatment program utilized Daniel Sonkin and Michael Durphy's "Learning to Live Without Violence" (1975) workbook in Track I. In order to provide support for anger control as an effective treatment modality the researcher will provide a background on treatment programs in existence for batterers.

Treatment groups for male batterers originated from public pressure on the criminal justice system to respond more effectively to the problem of wife abuse. Shelters and counseling for the abused wife developed in the 1970's in response to this problem. The idea of treating the male



batterer did not spread until the late 1970's and early 1980's (Sonkin, 1988). As Dutton (1980) pointed out, the goals of treatment groups for the batterers were twofold. First, the groups were seen as a means of improving protection for women who opted to remain in a relationship with a husband who would not seek treatment voluntarily. Second, Dutton (1980) pointed out that by providing a viable sentencing option for judges, treatment groups could create a salutary "ripple effect" throughout the criminal justice system by making judges more willing to convict, prosecutors more willing to proceed with cases, and police more willing to proceed with charges. Both of these goals were based on the expectation that treatment groups would be effective. Treatment groups represent an addendum to probation that could provide convicted men with a means for managing anger (Novaco, 1975).

Arias & O'Leary (1987) believe that the cognitive-behavioral approach to physical abuse is more effective than other methods. Cognitive-behavioral approaches to physical abuse typically employ anger control, stress management, and behavioral marital therapy techniques such as problem-solving and communication skills training. Sonkin, Martin, & Walker (1985), Neidig & Friedman (1984), Jacobson & Margolin (1979), Ganley & Harris (1978), Meichenbaum (1977), Meichenbaum & Turk (1976), and Novaco (1975) all believe

that cognitive-behavior modification is a means of resolving conflict.

Anger control and stress management techniques are used to teach the abuser to recognize physiological and cognitive cues which for that particular client, are associated with physical aggression. Upon recognition of these cues, the abuser is encouraged to engage in behaviors other than physical violence (Arias & O'Leary, 1987). Given the high level of stress usually experienced by abusers, relaxation techniques are often taught. Relaxation techniques must be coupled with reality testing such as Neidig & Friedman's (1984) A-B-C model which addresses the antecedent event, irrational self-talk, and consequent anger.

Some programs (Sonkin & Durphy, 1985; and Neidig & Friedman, 1984) utilize a daily anger control log in which abusers rate the degree of anger different events arouse. These same cognitive-behavioral programs also include problem-solving skills and communication skills to encourage couples to be very clear, specific and objective in identifying their concerns and problems (Arias & O'Leary, 1987).

A study of 92 abusive men (Saunders & Hanusa, 1986) indicated that a short-term (20 week) cognitive-behavioral approach holds promise. Results showed a significant decrease in frequency of violent episodes after treatment and 68% of the wives attributed positive change in the

marriage to the treatment. Adams (1988) also found the cognitive-behavioral approach useful.

The cognitive-behavioral model has provided many useful insights and interventions for battering behavior. It has identified some of the self-reinforcing aspects to violence and also recognized the need for stronger social and legal consequences. (quoted in Response, 1988, p. 19).

However, as the number of clients seeking services increases, the need for evaluation of programs becomes more urgent. The past decade has seen a proliferation of court-mandated treatment groups for men convicted of wife abuse. Browning (1984) and Eddy & Meyers (1984) reviewed 24 Canadian and 54 U.S. treatment programs for male batterers. Both agreed on the need for an evaluation of treatment effectiveness. Pirog-Good and Stets (1985a) estimate that over 103 programs for abusers exist in the U.S. that are somehow associated with the criminal justice system. Their survey results indicated that of every 100 men who enroll in a treatment program, an average of 60 men complete. An estimated 42 to 53 of those 60 men will not return to battering within the year following treatment. Recently appearing in the literature were large group studies with follow-up reports from the victims (Saunders, in press). Three of these studies were conducted at the Minneapolis Domestic Abuse Project. After a six month follow-up with the victims, 67%, 68% and 59% reported no repeated abuse.

Programs with the highest completion rates have organizational characteristics which include short program participation, high referral rates and free services (Pirog-Good & Stets, 1985a and 1985b). The PACE treatment program utilized in this research study contained all three characteristics. It was approximately 18 weeks in duration. Abusers were mandated into treatment by their command and the program was free. Dutton (1986) lists four subgoals of treatment to include: (a) recognition of one's personal responsibility for the use of violence, (b) termination of externalizing causes of violence to one's wife and minimizing the destructive effects of one's violence, (c) improved ability to detect the warning signs of violence, such as increased arousal or anger, and (d) an expanded behavioral repertoire for dealing with conflict. Dutton stated the hazard of treatment groups lies in their offering false hope of "cure" to the wives. Therefore, he also indicates a clear need to assess the effectiveness of court-mandated treatment for wife abuse.

Treatment for men who batter is an evolving field. Over the past eight years, as programs for offenders have proliferated, there has been increasing variation in the treatment approaches these programs have offered which include group, marital, individual and family counseling (Sonkin, 1988). While a variety of approaches are being explored, the primary model is based on the social learning

theory of aggression. This theory states that since violence is a learned behavior, men have the capacity for changing and learning new coping mechanisms to deal with anger and stress (King, 1981). To date, no studies have indicated that any one approach or modality is more effective in stopping violence than others (Sonkin, 1988).

In a study of 146 victims, Bowker & MacCallum (1981) found that the wives reported that their husbands decreased physical abuse in direct proportion to the power of social sanctions that the strategy or source of help implied. Formal help-sources are more likely to contribute to a reduction in wife-beating than informal help-sources or the wife's own efforts (Bowker & MacCallum, 1981). This outcome further supports King's (1981) statement that the treatment approach must be consistent with the criminal justice system that holds individuals responsible for their behavior. Men who batter are influenced by their fear of social disapproval and sanctions from the criminal justice system (Saunders, 1988 and Carmody & Williams, 1987). By taking a firm stand that battering is a crime which will be punished, prosecutors can provide victims with an enforceable right not to be beaten, and communicate to abusers that family violence will no longer be treated as a private matter (Lerman, 1983). The treatment approach utilized in this study is consistent with the criminal justice system in that

all batterers were mandated into the treatment group by their respective military commands.

### Military Families

During the 1970's an increasing number of women were reporting to others that they were being physically abused by their husbands. Along with gathering more information on the incidence of wife abuse as well as prevention and treatment in the general population; researchers are identifying special populations within the general population that have differing needs and require specialized responses (West, Turner, & Dunwoody, 1981). One such population is the military. This population involves a highly structured and demanding lifestyle and environment different from that of the general population.

Since the end of World War II, the number of servicemen who are married has steadily increased. Currently 70% of all officers in the military are married and 51% of all enlisted personnel are married. There are 2,846,203 dependents of active duty members (Defense Almanac, 1988). These statistics show that the majority of the military community are women and children; therefore Family Advocacy concerns are paramount. Secretary of Defense Casper W. Weinberger (Military Family, 1986) strongly supports Family Advocacy concerns. He recognizes that healthy, productive families and lifestyles have a positive impact on retention, quality performance, readiness, and the ability to

accomplish the military mission. In that vein, the Family Advocacy Programs in the military attempt to address the domestic violence issue.

While data collected by Murray Straus (1980) demonstrates that spouse abuse cuts across all age, educational, and income boundaries, these and other factors do appear to affect the frequency of abuse. Straus (1980) concludes that one such factor is age. The rate of violence for husbands and wives 30 years of age and younger is more than twice that of the 31 to 50 year old age group. The military is different from the general population with 72% of the total force under 30 years of age: 40% of officers are under 30 years of age and 77% of enlisted personnel are under 30 years of age (Defense Almanac, 1988). Straus believes that these figures alone make the military a high risk population for wife abuse.

According to the Military Family Resource Center (1988) there were 13,582 substantiated cases of spouse abuse in the combined Armed Forces; 17 resulted in death, in fiscal year 1987. This statistic equals 11.9 cases of spouse abuse per one thousand in the military population. As in the civilian community, more cases probably exist but have not been reported to the authorities. The military responded by setting up shelters and special services for abused wives and children in the 1970's, just as the civilian sector began doing the same.

In 1978, the military established its Child Advocacy Program to protect children from abuse and to help turbulent families learn to cope in less violent ways (Schwabe & Kaslow, 1984). About a year later the concept was expanded to also include those involved in spouse abuse and sexual assault, and was renamed the Family Advocacy Program. The program was tasked with prevention, identification, treatment, and follow-up care. In 1981 the Department of Defense (DOD) established a comprehensive Family Advocacy Program which applied to Army, Navy, Air Force, Marine Corps, and Coast Guard. This program requires mandatory reporting of spouse abuse cases in the military. The civilian sector only requires reporting of child abuse.

Schwabe and Kaslow (1984) contend that the military has a considerable advantage over the civilian population because the military has the ability to order the husband into evaluation and treatment. Schwabe and Kaslow found that the coercion of the husband into treatment combined with his initial lack of motivation do not preclude successful therapy. It has been their experience that people who use force frequently respect force, and after an initial resistance, can become engaged in a successful therapeutic alliance. The impression that initial resistance is often a good prognostic sign is consistent with military studies that show draftees do better than volunteers as members of the Armed Forces.



As the military changed from being composed predominately of single men to predominately families; the traditional roles of the military husband, dependent homemaker-wife and children have also changed. Reflected in these families are contemporary trends in marriage, divorce, single parenthood, dual-career patterns, and voluntary childlessness (Carr, Orthner, & Brown, 1980). Changing family roles, differing values, inadequate income and environmental pressure on military families cause the same potential for frustration and stress that exist in the general population (Harmison, 1986). However, other frustration factors are considered to be unique to the military family. Bowen, Woolley, & McGaughey (1983) note some of these factors as:

- The periodic cycles of separation and reunion of families because of special assignments, sea duty, or unaccompanied tours;
- Major changes in residence as often as every two or three years;
- Social and cultural isolation of families on bases in remote areas or overseas;
- The possibility of injury, captivity or death in war or in potentially dangerous environments;
- The subservience of family needs to military objectives and requirements;

- The lack of family control over when or where to relocate;
- Long term separation from extended family and friends;
- Financial pressure caused by low pay in the lower enlisted pay grades;
- The high concentration of foreign-born wife marriages in the military;
- The prevalence of alcoholism and drug abuse.

Army Lt. General M. C. Ross (1981) emphasized the contributing role that age plays within the military family: "The average military family is younger than the average civilian family today. Many of our soldiers have teenage wives and many are away from home for the first time. . . not just the soldier, but also his wife". Ross listed other factors as:

- Young parents with children are quite often not equipped to handle their own problems, let alone those found in parenting;
- Economic pressure and handicaps confronting young military families, with many having to seek food stamps, subsidized housing and other public relief;
- Family separation in which young women and mothers, sometimes less than 20 years old, stay at home during the day, and particularly in overseas

stations, "totally divorced from the family back home, from parental advice and support;"

- Fear of reporting spouse abuse and other family violence problems because it may interfere with the soldier's career.

Also as the number of dual career couples increases in the military, more wives are expressing their reluctance and unwillingness to relocate with their military husband. Wives are no longer content to stay at home but are becoming fulfilled with their own careers. Wives become frustrated at giving up their careers in order to move with their military husband only to find that they must start all over in a new job while their husband experiences no setback (Humes & Pfister, 1987).

Recently, while conducting large sampling surveys for both the Army and the Marine Corps, Neidig & Cuny (1987) found relatively high rates of interspousal violence among service members who have been carefully screened and trained for very stressful billets. They found a tendency for the marital conflict and violence to increase with the length of time served in placement (Neidig, 1985). Neidig & Cuny (1987) also found a positive relationship between Type "A" Personality and scores which suggest a perfectionistic, workaholic level of involvement. It seems reasonable to conclude from these findings that, in many cases, episodes of domestic violence may be related to the high stress

experienced by those service members who have been chosen for responsible duties because they are outstanding, rather than inferior, performers.

Attitudes, values, and behavior of a good soldier and that of a good husband and father often conflict. Characteristics of a good soldier are listed by Neidig (1984) as: authoritarian, obedient, punisher, strong and decisive, criticizer, issuer of orders, dictator, impersonal, and closed. Characteristics of a good husband and father are: democratic, independent, rewarder, human and responsive, complimenter, requester, encourager, intimate, and sharer. Research studies on wife abuse in the military population are limited (Bowen et al., 1983). Information on the male abuser within the military population is even more scarce. Because of this, the researcher decided to draw the study sample from the military population.

## CHAPTER III

### STUDY DESIGN

The material in this chapter includes an overview of the sample, procedure, treatment, data collection and data analysis.

#### Sample

The sample studied contained five active duty men in the military who were mandated into the PACE treatment program during the period February 1988 to May 1989 at Fort Belvoir Army Base, Fairfax County, VA. Three of the subjects were stationed at Ft. Belvoir Army Base; one was stationed five miles away at the Coast Guard Station in Alexandria, VA; and one was stationed 35 miles away at Vint Hill Farms Station Army Base, Warrenton, VA. The participants were between the enlisted ranks of Private First Class to Staff Sergeant (E2-E6) and were 20-36 years of age. The participants had been referred to the Family Advocacy Program Manager (FAPM) either from base hospital reports of an abused wife or from the base military police who had responded to the domestic violence incidents in progress.

#### Procedure

To gain approval for the study, the researcher contacted the Director of the Social Work Department at Dewitt Army Community Hospital. The researcher requested permission to involve the subjects in the 1987 Spring and

Summer Men's Anger Control Groups in the dissertation research. The director was a lieutenant colonel (LTC) in the Army, had earned a doctorate in social work, and facilitated mens anger control groups for several years. However, there were not enough subjects to begin a group at the appointed time. He gave his verbal permission to begin the research with the next group scheduled to begin in January 1988. Because no one had ever requested permission to involve military members at the hospital in a study, the director asked the researcher to apply to the head of Dewitt Army Community Hospital for permission.

The researcher applied for permission in September 1987 and provided the additional paperwork necessary to the credentials committee in October 1987. The credentials committee did not convene on a regular schedule which delayed approval for the study until March 1988.

However, during the interim that the hospital credentials committee took to make the decision; the LTC transferred and control of the men's anger treatment group moved from the hospital to the Family Advocacy Program Manager at Army Community Services. The transfer of the program negated the requirement for official permission to conduct the study. It was necessary only to obtain approval from the co-facilitators and members of the group. The study began in February 1988, almost one year from the

initial contact with Army officials. A research time line was developed and shown in Table 1.

Initially the study was designed as quasi-experimental due to the larger number of subjects anticipated. It was designed to be quantitative and measure the change in pre- and post-test scores on part of the subjects. However, due to the passage of time and small number of subjects available, the study changed from a quantitative to qualitative design in consultation with committee members. The decision was made to shift the focus of the study to process dimensions; what happened to the subjects during and after the course of treatment, rather than on the change in scores of subjects. Quantitative data was collected as originally planned but used only for descriptive purposes. A case study was developed on each subject. In addition, a follow-up interview was added to collect post-treatment data.

Table 1  
RESEARCH TIME LINE

Research Design and Administration							Research Data Collection						
Initial Request	Verbal Permission Granted	Written Permission Requested	Facilitator & Treatment Change	Began Research on PACE	Received Permission from Hospital for former treatment now non-existent	Intake	Pretests	Track I	Posttests	Track II	Track III	6 week follow up to Track I	1 Year follow up
Spring 1987	Summer 1987	September 1987	January 1988	February 1988	March 1988	2/19/88 and 2/23/88	2/23/88	2/23/88 to 4/19/88	4/26/88	4/26/88 to 6/21/88*	6/26/88 to 7/26/88*	Received 6/25/88 to 8/22/88	March to May 1989
			Verbal Permission for Research on PACE Granted			Consent Form Intake Interview	CTS NPI CSI MCSDS	Abuser Questionnaire Spouse Questionnaire Facilitator Questionnaire	CTS NPI CSI MCSDS Participants Self-Report	Hot Seat	Group Process Cofacilitate Track I	Maintaining your Gains Questionnaire	Final Clinical Interview

\* Dates appear longer than actual length of tracks due to cancellation of a few classes by the facilitator.



### Treatment

The Army Family Advocacy Program was established in 1979 and provided policies for handling child abuse/neglect, spouse abuse and sexual assault among Army personnel. The Family Advocacy Program at Fort Belvoir Army Base had two treatment components. The first treatment component was offered through the Department of Social Work of the Mental Health Unit at the base hospital. It included individual counseling, assessment, and a women's support group for abused women. A couple's group for domestic violence was also available originally but was discontinued primarily because civilian wives could not be mandated into the group. The second treatment component was the men's anger control group, entitled "Prevention through Anger Control and Education" (PACE) designed by Gayle Wierzbicki in 1988. This program was developed for men reported to have been abusive by the Family Advocacy Program Manager located at Army Community Services. Participants were mandated into the PACE treatment program by the FAPM's evaluation via the individual subject's commanding officer.

Group leaders. The groups were facilitated by co-leaders who remained constant throughout the program. The co-facilitators were well trained and experienced in treating individuals involved in abusive situations. The Family Advocacy Program Manager (FAPM) had an MSW and was a certified sex education counselor (AASECT). She had been a

social worker for eleven years and was the Family Advocacy Program Manager at Camp Lejeune, NC Marine Corps Base prior to this position. She also facilitated the Abusive Men Exploring New Directions Program (AMEND). A co-facilitator assisted the FAPM in the PACE treatment program. The co-facilitator was also well trained. The co-facilitator received her BS degree in criminal law and was a courtroom advocacy worker for a women's shelter in Hampton, VA. She became the director of a domestic violence shelter and program for abused women in Dumfries, VA after completion of this PACE treatment program. One facilitator was white and one was black.

PACE Treatment Program. The PACE treatment program was divided into three phases termed "tracks". All sessions began with clients completing a check-in sheet, contained in the PACE Instruction Manual, 1988, by Gayle Wierzbicki, that noted the client's self-report of weekly incidents of violence, alcohol consumption and/or drug use, and Time Outs utilized. Track I was both educational and group process oriented. Track I lasted nine weeks and ran from 10:00-12:00 a.m. on Tuesdays commencing on 23 February 1988 and concluding on 19 April 1988. Daniel Sonkin and Michael Durphy's (1985) workbook entitled "Learning to Live Without Violence" was used in Track I. Much of the anger control treatment consisted of cognitive and behavioral techniques. The program was didactic and consisted of identification and

recognition of personal anger patterns, techniques for controlling and modulating anger, effective listening techniques, stress management, feelings and communication techniques, substance abuse awareness, knowledge of the criminal system and maintaining new skills learned in the group.

Track I was open-ended and on-going. Each of the nine sessions had a set format to allow the abuser to begin the group as soon as he had been identified as an abuser. This was viewed as more helpful than to require him to wait until the entire 18-24 week program completed and a new one began. An abuser completed the program by completing all three tracks. The five subjects in this study all began in session I of Track I on the same date and went through the same nine session sequence.

Track II lasted six weeks and was scheduled from 2:00-4:00 p.m. on Tuesdays the immediate week following the completion of Track I; April 26, 1988. Track II was group process oriented and used the Hot Seat technique (PACE Instruction Manual, 1988). One to two members a week volunteered or were designated by the facilitator to take the Hot Seat in the middle of the group. Each group member told the Hot Seat member something positive and something negative (constructive criticism). While in the Hot Seat the individual could say nothing. At the conclusion of the Hot Seat, he then brought his chair back into the circle and

was able to respond to the entire group or to individual group members regarding their comments. Track II concluded when everyone had been in the Hot Seat.

Track III lasted five weeks. It was conducted from 2:00 p.m.-4:00 p.m. on Tuesdays the week immediately following the completion of Track II. Track III was less structured. Group members were more responsible for issues they wished to discuss. This track was used to recapitulate what they learned in Tracks I and II, to reinforce the skills learned to maintain non-violent behavior, and to emphasize that these changes could be permanent. Each member of the group also co-facilitated another Track I group for one session on Tuesdays from 10:00 a.m.-12:00 p.m. Members could either volunteer for a specific session or be randomly assigned by the group facilitator. Track III group was used to discuss minimization, denial, or justification for the abusive incident from new group members in another Track I session that the group member co-facilitated.

Upon completion of the PACE treatment program the facilitators were required to write a final report to each group member's command noting their progress, completion of the program, and if they were at risk for violence in the future.

### Data Collection

All participants were identified as abusers by either the FAR or FAPM and mandated into the group by their representative service. Although the PACE treatment program was mandatory, participation in the research was on a voluntary basis. A Subject Information and Informed Consent Form was administered to the subjects to sign to gain their permission to participate (see Appendix A). Six enrolled in the program but only five were willing to participate. Three additional abusers began Track I in session four but were not used in this study due to the time sequence.

The researcher gave the intake interview, pre-test and post-test assessment measures, weekly questionnaires, and follow-up questionnaire so that she could keep the data confidential. Having an external person collect the data allowed the group facilitators to remain unbiased during treatment as they were unaware of individual member's inventory results and questionnaire responses.

The Subject Information and Informed Consent Form and the Intake Inventory were administered individually in face-to-face interviews by the researcher prior to the first group session. Two subjects were interviewed on 19 February 1988 and three subjects were interviewed on 23 February 1988.

Quantitative data were collected by the use of self-administered questionnaire and inventory instruments which

were The Marlowe Crowne Social Desirability Scale, The Modified Conflict Tactics Scale, The Novaco Provocation Inventory, and The Coping Strategies Inventory. In addition, the Participants Self Report was included in the group post-test.

The pre-tests were administered one hour prior to commencement of the PACE treatment program on February 23, 1988 and the post-tests were administered one week after completion of Track I of the PACE treatment program on April 26, 1988. The questionnaires and inventory instruments were administered to the abusers during group and each abuser completed them individually. Only the instructions were read orally by the researcher.

Short, weekly questionnaires were completed via telephone by the abuser and his wife, and by the group facilitator via mail during Track I. None of the results were shared with subjects. Information regarding the abuser's progress and changes made during the weekly sessions was sought on the questionnaires.

Six weeks after completion of the PACE treatment program a follow-up questionnaire, Maintaining Your Gains Worksheet was mailed to the abusers to complete individually and mail back to the researcher in a self addressed envelope. These were returned to the researcher by the subjects from 25 June-22 August 1988. One subject declined to return his.

One year after completion of the PACE treatment program a follow-up, face-to-face interview, called the Final Clinical Interview, was conducted by the researcher with the abuser. The interview was conducted to assess the progress, elimination of physical abuse, and any permanent changes noted by the abuser resulting from his attendance in the PACE treatment program. The interviews took place from March to May 1989. One subject declined and one was unavailable for the Final Clinical Interview.

#### Data Analysis

The case study method was utilized for the presentation and analyses of data in this study. Three major factors contributed to the case study as the method of choice. First, because the primary objective of the research was to look at the process by which the subjects dealt with, adapted to and responded to the PACE treatment program. Second, the research looked at each subject as a holistic unit with a great range of factors. These factors made up the collectivity of lives and relationships with spouses. The research did not view the subjects as merely carriers of a few variables. Third, an experimental design could not be applied to the available sample size of five willing subjects. The limited number of subjects restrained the research from including statistically oriented tests of hypothesis. The quantitative test instruments implemented in

the research were used as a measure of description to be added to the larger body of qualitative data.

According to Robert Yin (1989), a case study format is the preferred strategy when the focus of research is on a contemporary phenomenon within a real-life context. Spouse abuse was such a phenomenon in which the case study could be explanatory, exploratory and descriptive. Further, according to Yin (1989) the case study allows an investigation to retain the holistic and meaningful characteristics of real-life events such as processes and behaviors. Qualitative data were a source of well-grounded, rich descriptions and explanations of processes occurring in local contexts (Miles & Huberman, 1984). Miles & Huberman (1984) stated that qualitative data could preserve chronological flow, assess local causality, and derive fruitful explanations. Further, they stated that words had a concrete, vivid meaningful flavor that often proved far more convincing than pages of numbers found in quantitative research.

In this study 71-92 pages of data were collected per subject depending on the wife's participation. Data collection directly from the subjects lasted approximately 16 months. Data collection took longer due to the time spent gathering information and waiting for access to an appropriate group. The researcher felt this was time well spent in order to provide more meaningful insights to the



subjects process and interaction in the group treatment than statistical analysis could provide.

Once the collection of data was complete, the data were coded using an inductive, intuitive first level process such as the "constant comparative method" as defined by Glaser (1978). Data were coded into meaningful patterns and recoded into broader underlying themes. Recurring themes were then developed into the major constructs. All the information gathered on a subject was coded and recurring themes were identified and compiled into groups and formulated as a construct. For example, the denial construct was formulated from phrases such as, "I lied somewhat in group", "I covered up a lot during the first track" and "It's my wife's fault, she needs to be there [in group], not me". It consisted of the subject denying the extent of the abusive incident and denying prior abuse even when the wife testified to on-going and more extensive abuse. Miles and Huberman (1984) stated that constructs pull together data and reoccurring themes to explain related but puzzling phenomena. Steps used to explain the phenomena studies are: (a) establish the discrete findings, (b) relate the findings, (c) name the pattern, and (d) identify a corresponding construct (Miles and Huberman, 1984). The constructs of each case study were presented individually and interdependent of each other in Chapter IV. The constructs from each case study were also integrated and

presented in Chapter IV. Sixteen constructs were delineated. All of the constructs did not appear in each case.

The following inventories, questionnaires, and assessment tools were utilized.

1. A nine page Intake Inventory developed by Peter Neidig (1984) for the Domestic Conflict Containment Program was utilized to gain demographics, characteristics, family background, and family violence history. It was administered during a face-to-face interview with the researcher prior to the first session of Track I. (See Appendix B).

2. Novaco Provocation Inventory (NPI) (Novaco, 1975). This 80-item inventory was designed to measure an individual's self-reported anger in a variety of everyday types of situations. Subjects rated their own degree of anger that they would experience if that event should occur on a Likert-type scale from 1 (very little) to 5 (very much). Novaco (1985) stated that the NPI could be used as a dependent measure index for assessing pre-post intervention changes in anger propensity, as a preliminary screening instrument in selecting candidates for treatment programs, and as a guide for structuring a clinical interview. The instrument was found to have high internal consistency ( $r = .95$ ). Internal reliability coefficients were consistently high ( $r > .93$ ) across samples. Test-retest reliability with

university student samples ranged from  $r = .83$  for a one month interval to  $r = .89$  and  $r = .90$  for one week intervals. Selby (1984) showed that a 25 item subset of the NPI discriminated between violent and non-violent criminal offenders with 90% accuracy. Other research studies used the NPI and obtained a high degree of accuracy in measuring anger (Novaco, 1985; Novaco & Robinson, 1984; and Selby, 1984).

3. The Coping Strategies Inventory (CSI) (Tobin, Holroyd, & Reynolds, 1982). This measure was designed to determine the types of strategies an individual used in coping with stressful situations. The inventory contained six subscales with a total of 76 statements that the subject rated on a Likert-type rating scale ranging from 1 ("I did not use this strategy at all") to 5 ("This is the main thing that I did"). The primary subscales consisted of specific coping strategies people used in response to stressful events. These included: problem-solving, cognitive-restructuring, social-support, express-emotions, problem-avoidance, wishful-thinking, social-withdrawal, and self-criticism. Cronbach's alpha was the most frequently reported coefficient of reliability for measures of coping process. The alpha coefficients for the CSI range from .71 to .94 ( $m = .83$ ). If subjects responded to the same situation of their own choosing on two occasions (test-retest reliability), then Pearson correlations closely

approximate the alpha coefficients ranging from .67 to .83 ( $m = .73$ ). Both alpha coefficients and the Pearson correlations indicated the scale reliably assesses coping process (Tobin, et al., 1984). Criterion validity of the CSI was shown in the successful discrimination between symptomatic and normal samples from several different populations which supported CSI's clinical utility (Tobin, Holroyd, Reynolds, & Wigal, 1985a and Tobin, Holroyd, & Reynolds, 1982). The CSI has also been shown to have high construct validity (Tobin et al., 1984 and Tobin et al., 1983).

4. Marlowe Crowne Social Desirability Scale (Crowne & Marlowe, 1964). This scale was designed as a measure of the personality trait of defensiveness as well as a measure of response bias. This scale was used to judge the truthfulness of the subjects answers on the other test instruments and inventories. This scale was chosen because of its high test-retest and internal reliability ( $\alpha = .88$ ). The subjects of this study were asked to complete an 18-item version. The sub-set of items used here correlated .95 with the 33-item version using 54 group therapy clients (Saunders, 1979). This scale asked the respondent whether the item was true or false as it pertained to them. The conventional response was designed by the author of this scale. The Marlowe Crowne Social Desirability Scale was

used in other studies involving abusive behavior (Arias and Beach, 1987; Saunders and Hanusa, 1986; and Saunders, 1986).

5. Conflict Tactics Scales (CTS) (Straus, M., 1979). The Conflict Tactics Scales were designed to measure the use of Reasoning, Verbal Aggression, and Violence within the family. The use of rational discussion, argument, and reasoning-an intellectual approach to a dispute, which for purposes of this instrument was called the "Reasoning" scale. The use of verbal and nonverbal acts which symbolically hurt the other, or the use of threats to hurt the other, were, for purposes of this instrument, included in the "Verbal Aggression" scale. The use of physical force against another person as a means of resolving the conflict was, for purposes of this instrument, called the "Violent" scale.

The study used the Modified Conflict Tactics Scale developed from Form N and used by Neidig (1984) in his Domestic Conflict Containment Program for spouse abusers. It utilized the husband-to-wife and wife-to-husband questions of CTS and was administered via questionnaire. There were 25 questions to be answered in two parts (Have you discussed the issue calmly? - Has your spouse discussed the issue calmly?). The response category ranged from 0-6 (never, once, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times).

Straus (1979) obtained the internal consistency of the items with a Cronbach's alpha by an item analysis to determine the correlation of the items making up the CTS with the total score. The item-total correlations for the husband for the reasoning scale was .74, for the verbal aggression scale was .73 and for the violence scale was .87. Thus, it appeared that this measure had moderate reliability. Straus (1979) and Bulcroft and Straus (1975) also reported evidence of concurrent validity. The Violence items had a degree of "face" or content validity since they all described acts of actual physical force being used in the husband and wife relationship.

6. Short, weekly, questionnaires about the abuser's progress and changes were given individually to the abuser, his wife, and the group facilitator. The researcher administered the abusers' and wives' questionnaires via telephone during Track I. The group facilitator was given enough blank questionnaires prior to the first session to cover the entire program. She filled out a questionnaire after the conclusion of each week and mailed it to the researcher. (See Appendices C, D, and E).

7. The Participants Self Report was designed to identify things that increased the risk of being violent, specific danger signals that helped identify that tension was building, contribution of alcohol or drugs to the violence, things the abuser was doing presently to prevent

another violent episode, and additional things the abuser needed to learn or practice to prevent violence from occurring in the future.

8. Maintaining Your Gains Worksheet (Neidig, 1985) was utilized as a follow-up to assess what the abuser had learned and maintained from the PACE treatment program six weeks after the group's completion. It asked what positive changes the abuser noticed in himself and in his wife since beginning the program and what additional positive changes he was committed to make. It listed the problems he must be alert to in the future, the danger signals which signaled the return of the problem, and his best coping strategy for dealing with the problem. Additional questions were added, with the permission of Dr. Neidig, to ask what the abuser had learned from each track of the PACE treatment program and how had it effected him. (See Appendix F).

9. The Final Clinical Interview was designed by the researcher. It was designed to elicit more complete qualitative information from the subjects when it was decided, after the initial study design, that utilization of case studies would be the most useful approach to present both the process and content data of the subjects progress during treatment. It consisted of nineteen open-ended questions. (See Appendix G).

Results of each case study were presented individually and interdependent of each other in Chapter IV. Information

obtained on each subject was grouped according to constructs (recurring themes). The constructs from each case study were then integrated and presented in Chapter IV and the interpretive conclusions in Chapter V were based on this. Recommendations for further research were based on both the individual and the integrated interpretive conclusions.



## CHAPTER IV

### RESULTS

This chapter presents the results of both qualitative and quantitative analyses of data collected for the study. Emphasis was given to qualitative information following the shift in design. Data were gathered from the Intake Interviews; weekly questionnaires from the subjects, their wives and the group facilitator; the subjects Self Report; Maintaining Your Gains Worksheet; and from the Final Clinical Interview with each subject.

Results from the quantitative pre-test and post-test inventories came from the Novaco Provocation Inventory, Coping Strategies Inventory, Marlowe Crowne Social Desirability Scale, and the Modified Conflict Tactics Scale. These results were used as descriptive data to augment the qualitative data.

The Final Clinical Interview took place 8-10 months after completion of the formal PACE treatment program or over one year after the reported abusive incident. The purpose of the interview was to gather follow-up data and a more complete picture of the impact of the PACE treatment program on behavior of participants. More specifically, the researcher sought reactions to which elements of the program were viewed as most helpful, and least helpful. The researcher also wanted to know the impact of the program on

the subjects and to observe their progress throughout the treatment program.

Of the subjects, three met with the researcher for the Final Clinical Interview. The Final Clinical Interviews were held in settings of the subject's choice. One subject chose his work site because he was able to have the use of a private office; one subject chose the group treatment site because he had no privacy at the work site; and the third subject chose his home (sat at the dining room table) as he had no privacy at his work site and the group treatment site was a 45 minute drive. All three allowed the researcher to audio-tape their interview. One subject had been transferred out of the country and was unable to be contacted for the Final Clinical Interview. One subject was in the area but elected not to participate in the Final Clinical Interview. The case studies are presented with basic descriptive data first and then followed by the constructs which were culled from the data.

#### Presentation and Discussion of Cases

##### Case #1

Subject 1 was a 26 year old black male. He had a rank of E-5, had been in the Army for five years, and reported he was "satisfied" in his current position as administrative clerk which was "slightly stressful". The subject was a high school graduate.

His wife was a 25 year old black female with two years of college. She was employed full-time in a shoe store as a salesperson and reported the job was "very stressful" but that she was "satisfied". She stated that she "enjoyed work because employees were real close and understanding". They both reported that their Baptist religion was "important" to them but neither reported attending church or being involved with any religious activity.

Both husband and wife were very verbal, willing to participate and accessible by phone at work whenever the researcher called for weekly interviews. They were inaccessible at home because their phone had been disconnected in order to "save money". Subject 1 had been transferred to Germany in October 1988 so was unavailable for the Final Clinical Interview Spring 1989.

Abusive Incident. Subject 1's wife came with him for the Initial Intake Interview. They were friendly and sat together and both felt free to disagree. Their report on the domestic violence incident was similar but not exact. It did not appear that any rehearsing had taken place prior to the Intake Interview. The subject was originally mandated into the program for an abusive incident which occurred in April 1987 when he had given his wife a black eye with a closed fist. He started another treatment group but missed twice, thus, he had to wait until the PACE treatment program began in February 1988. After this

incident the wife received 9-10 individual counseling sessions for self-esteem at Army Community Services which she reported as beneficial. She reported that nothing was offered for women who were also violent, suggesting perhaps that the spouse abuse in her marriage was mutual.

During the interim another abusive incident occurred in December 1987 when they argued about what time to go to a party at the wife's friend's home. Neither agreed on a time, so they went at different times. Upon returning home from the party together they continued the argument. He reported that he threw her across the bed, slapped and choked her. She tried to stab him with a knife and then left. Her report was similar to his with the exception that he had also spit in her face and she had kicked and slapped him but had only threatened him with a knife. Neither required medical treatment for injuries. They both reported to have been drinking a lot at the party prior to the incident. Both were violent but minimized part of the violent behavior. The wife reported that she was "very upset" after the incident and blamed herself for not leaving her husband alone when they had both been drinking. He reported that he was also "upset" and blamed her and the alcohol.

Family Relationship. Subject 1 was raised by his mother and his older brother who were both physically, verbally, and emotionally abusive to him. Initially he

reported that he did not know his father but later disclosed in group that his father was serving a life sentence in prison for murder and had already been in prison for 20 years. He reported that his mother used to compare him to his father a great deal. He reported that he heard his mother and her live-in boyfriend verbally and physically abuse each other.

Subject 1's wife was raised by both her parents whom she reported were neither physically or emotionally abusive to her or to each other. She did report that they both yelled at her "often" and her mother "sometimes" slapped her face for talking back.

They had two sons, ages two and five years old. She had become pregnant by him at the age of 19. They had been married for 2 1/2 years. She was 21 years old and he was 22 years old at the time of the marriage. Neither had been previously married.

The subject reported on the Intake Interview that alcohol did not contribute to their marital problems. His wife disagreed and stated that alcohol did contribute to their marital problems (see "alcohol as a mediator" construct).

Subject 1 reported that he didn't have any problems with his sons. He reported that his relationship with his sons was "lovely" and that he "played a lot with them". He felt that the domestic violence with his wife had only

slightly affected them. This feeling did not vary throughout his interviews.

During her weekly interviews, the wife reported just the opposite. She consistently expressed concern over their sons' behavior. She reported that the two year old was aggressive and "was shouting and picking fights with the older children at the babysitters", "cries a lot", and "asks where his daddy is". She reported that the five year old was "quiet and withdrawn", and kept asking her "why Daddy isn't home a lot", "why he isn't in bed with Mom", and "if Daddy hurts Mom's feelings because she cries at home when Daddy is not there". She reported having difficulty answering either of her sons questions about their dad and stated that "I will do what I have to do to keep the kids together even if it means leaving my husband and raising them alone". She expressed the desire to take the children to a child counselor but did not do so nor did she report any change with their behavior and feelings toward their dad by the end of Track I.

Constructs. Final analysis of all the information gathered on Subject 1 revealed five constructs: minimization, guilt, communication with spouse, distancing from spouse and alcohol as a mediator.

Minimization. Subject 1 minimized the frequency and extent of the abuse and his responsibility in it (see "abusive incident"). He minimized the extent of alcohol use

and reported that alcohol did not contribute to their marital problems. His wife did not agree and felt that alcohol contributed to their marital problems (see "alcohol as a mediator" construct). During the pre-test of the Modified Conflict Tactics Scale Subject 1 admitted that he had "tried to control his spouse physically", "choked or strangled his spouse" and "beat up his spouse" once in the past year. He reported that he had "thrown, smashed, hit or kicked something", "pushed, grabbed or shoved his spouse" and "slapped his spouse" 3-5 times in the past year. He reported that his wife had "threatened him with a knife or gun" and "pushed, or shoved him" once and had "thrown something at him" and "thrown, smashed, hit, or kicked something" 3-5 times in the past year. He had minimized her violence in the pre-test, but on the post-test reported that she had "threatened him with a knife or gun" twice, "kicked, bit, or hit him with a fist" 3-5 times and had "pushed, grabbed or shoved him" 6-10 times in the past year. The subjects change in report supports the research findings that husbands rarely report their wife's violence due to embarrassment.

Subject 1 did not minimize verbal abuse on the Modified Conflict Tactics Scale. However, he did minimize the extent of verbal abuse during the weekly interviews. According to his wife verbal abuse was continual. He reported only three times that there was occasional verbal abuse (name-calling)

during an argument but "it lasted only 2-3 minutes and then we could sit down and calmly talk about it".

During the interviews he never doubted the stability of his marriage. His wife had continually stated that she was undecided if she would stay with her husband, and in May 1988 (midway through treatment) had taken their two sons home to her mother's in North Carolina in preparation to separate from him and let him go to Germany alone. She returned to Virginia to work until her husband left for Germany in order to take care of bills before she returned to North Carolina to find a job and stay. Her husband still believed she and his children were transferring to Germany with him in the Fall and minimized his wife's obvious actions.

Guilt. According to his family background the subject admitted his mother's abusive behavior toward him but denied that it was abusive and denied that he had been punished unfairly. This would appear to indicate that he felt guilty about being a bad child and deserved this punishment. Perhaps he also felt guilty that his mother was right and that he was just like his father. He had also reported using a gun at age 12 to threaten someone. His background suggests that abuse may have been learned and transmitted from one generation to the next in his family. The use of violence within the family was perceived as justified.



The wife's family background seemed to support her actions in her own marriage. She did not feel she deserved the abuse, and reported both incidents immediately and requested counseling. Her parents intact marriage also supported her efforts to trying to make her marriage work. Yet, because she was raised in a non-violent home she was making preparations to leave her own marriage if her marriage didn't improve. "I'm willing to stay in the marriage if he shows progress in the group but otherwise I'll leave. I want consistency for myself and children".

Communication with Spouse. Reports from Subject 1, his wife and the group facilitator all varied. It appeared that even though Subject 1 was verbal in class he still was not open. Throughout the weekly interviews he reported that the group was useful when the topic was communication or listening. He reported improved communication and openness with his wife during the treatment. He stated that all other topics didn't pertain to him. On the Participants Self Report he reported that he seldom used the communication techniques but that he expected to use them in the future. He reported that he planned that his wife and he would "understand and communicate on the same level". He did report that there was verbal abuse between self and wife once in a while but it only lasted 2-3 minutes and then they could "calm down and talk about it".

During the weekly interviews Subject 1's wife consistently reported verbal abuse. "He brings up the fact that he's in class because of me and that it's my fault". He "says he doesn't want to be married but later changes his mind and tries". "Our relationship is like a roller coaster. I don't know what to expect from one day to the next". She stated that he would call her "Miss Perfect" sarcastically and say "fuck you" and call her other "ugly names". She admitted that sometimes verbal abuse was mutual. She told the researcher that her husband was "an asshole" and "real narrow-minded". During week 3 of the group she reported that he said the "reasons that men beat up their wives in the film in class were funny". "He isn't open and doesn't discuss anything" with her. She had read the entire workbook by week 2. The wife reported that he would tell her what they discussed in class sometimes. Twice she reported they had a nice week but that she "doesn't trust him" and is "worried his change isn't permanent". Our last interview revealed that the verbal abuse was still on-going and that she felt her new attitude of "not giving a shit" helped her cope because she "doesn't let him get me upset anymore".

It would appear that he was able to sound sincere in the group when he communicated. The group facilitator said that Subject 1 told the group that "his relationship with wife was improving and he was working on bettering his

communication with his wife". The group facilitator felt that he was "very open" and "participated well". "He has taken responsibility for his violence from day one". "He is the only one who hasn't said anything negative about his wife". It appeared to the facilitator that because he had good interpersonal skills in the group, she could believe what he reported while the wife's impression was quite different. It appeared that Subject 1 was very skilled saying what the facilitator wanted to hear and what he was "supposed to say".

Distancing. A related construct to "communication with spouse" was Subject 1's "distancing from spouse" both emotionally and physically. Emotionally he lacked good communication skills with his wife as discussed in the previous construct.

He reported during the Intake Interview that he and his wife went out twice a month and he also went out with his friends alone twice a month. His wife presented a completely different picture stating they went out together less than once a month and she went out alone with her friends even less because she stayed with their children. In addition, on the weekly interviews she reported he went out drinking at the club a couple times a week after midnight and sometimes called to say he was staying overnight with a friend due to his excessive drinking. She suspected that he might also be having an affair because of

this. However, there was no proof beyond this suspicion which would cause her to feel jealous and give him the "third degree" whenever he came home late according to his reports to the group and facilitator.

She felt that he used the Time Out technique as an excuse to leave the house. He reported playing basketball, jogging and lifting weights during Time Outs. According to both reports, he was out of the house at least three nights a week distancing self from wife and children.

On the Modified Conflict Tactics Scale (CTS) he admitted to utilizing the following tactics which contributed to the emotional and physical distancing from his wife: "sulking and/or refusing to talk about it", "stomping out of the room or house (or yard)", "doing or saying something to spite his wife" and "threatening to leave the marriage". These same examples also supported the inadequate communication construct with wife.

Alcohol as Mediator. Alcohol as a mediator seemed related to all other constructs. The researcher believed it influenced all the other constructs. The group facilitator had been unable to assess the extent of his alcohol problem even when he reported drinking a six-pack of beer every Friday and Saturday night during treatment. Apparently, he had answered all the questions "right" prior to treatment and was not seen as needing alcohol treatment. During the weekly interviews with the researcher he only mentioned once

that he had gone to the club. During the Intake Interview and Participants Self Report the subject reported that he did not feel alcohol contributed to their marital problems nor did he ever have an alcohol problem.

On the other hand, his wife reported on the Intake Interview that alcohol contributed to their marital problems and that they had both been drinking at the time of the abusive incident. According to the weekly interviews with the wife, alcohol was a significant problem. "He uses Time Outs to his advantage to get out of the house twice a week to go clubbing with his friends". "He gets an attitude when he drinks". "He gets angry and talks ugly to me when he drinks". Throughout treatment his drinking did not abate and his wife was able to report new incidents weekly.

In conclusion, Subject 1 did not appear to show any positive progress during treatment. This conclusion was supported by the information obtained from Subject 1's wife during weekly interviews. This conclusion was not supported by the group facilitator who felt "his participation in the program was excellent and he exhibited significant behavioral change". However, his Marlowe Crowne Social Desirability Scale results indicate that he tends not to answer honestly but according to what he perceived the right answers to be.

The researcher found no support that he had made any improvement in any of the five constructs that he was found

to be exhibiting: minimization, guilt, communication with spouse, distancing from spouse and alcohol as a mediator. Due to his continued use of alcohol, his childhood background, continued verbal abuse and his wife's previous threats with a knife; the researcher believes this family to be at high risk for future spouse abuse and possible child abuse if they remained married.

Case #2

Data on Subject 2 were limited as the subject's wife was not accessible for interviews, nor did the subject make himself available for the Final Clinical Interview.

Subject 2 was a 25 year old white male. He had a rank of E-5 and had been in the Army for four years. He reported that he was "very unsatisfied" in his current position of three months as a terrain analyst and reported the job as "not at all stressful". He was promoted to E-6 October 1988, a few months after he completed treatment. He obtained a second job after work on week nights and on the weekends after he separated from his wife. He had completed two years of college.

His wife was a 22 year old white female who had completed the eighth grade. She reported to the family advocacy counselor that she hoped to obtain her GED one day. She was not employed outside the home until after they separated when she and the two children moved back home to live with his mother. She obtained a minimum wage job to

supplement the child support of \$400.00 per month that the client sent. By the end of the PACE treatment program she and the children were living on their own. He reported that they were Southern Baptist but that his religion was "not at all important" to him.

Subject 2 agreed to participate in the study but did not readily provide information, was not very open and was difficult to contact. The researcher had to call several times each week for a response. He never returned the researchers calls when she left messages (see the "avoidance" construct). The researcher attempted to contact the subject for the Final Clinical Interview from February 1989 to August 1989 and was unable to do so. The group facilitator also attempted to contact the subject for the researcher but was told by his officer in charge that the subject was divorced and was being transferred to another duty station. Any information received on Subject 2's wife was obtained from the intake the family advocacy representative obtained from the wife immediately following the incident. The subject did not offer any information concerning his wife. His wife returned to Kentucky immediately following the reported incident and was unable to be contacted as the nearest phone to her was several miles away and she did not have a car.

Abusive Incident. The abusive incident that brought Subject 2 into the group occurred 19 November 1987. On the

Intake Interview Subject 2 reported that he and his wife had been arguing over lack of money. He "smacked" [slapped] his wife once and she kicked him. He left on his own accord and his wife reported it to the family advocacy representative and received money from Army Emergency Funds to fly home. He stated he was "very upset" over the incident and blamed himself for 3/4 of the incident. The wife reported to the family advocacy counselor that an argument ensued and her husband "just went off and began hitting her about the head with his fist". She reported that "he hit and pinched her several times on the arm". She claimed "violence had occurred every 2-3 months for the past seven years". At that time Subject 2 admitted to the violence to the family advocacy counselor although he did state the violence was mutual.

Family Relationship. The couple were both raised in poverty. Subject 2 was raised by his mother because his parents never married. He reported being on his own since the age of eight because his mother worked. The group facilitator reported that Subject 2's upbringing was like the "Hatfields and McCoys" because of the constant feuding between the families in his home area (Kentucky hollows). His wife's family and his own were on opposite feuding sides. The group facilitator reported that:

He talked about his violent past. He was beaten by his mother and grandfather severely. There appears to have been a lot of emotional abuse too.



He commented today that he was told he'd never amount to much and he guesses he never will. He related that his wife's relatives told him something on the phone that he didn't like so he went over there with his 9mm gun, backed them all against the wall and said, "now, you take that back".

The group facilitator stated that she felt that the violence he witnessed and experienced as a child was too culturally ingrained as a "way of life" for the group treatment to make a significant change in his behavior. All of the information reported during the group by the subject was not reported by the subject to the researcher. When Subject 2 spoke to the researcher, he denied being abused as a child, and denied abusing his wife except for the slap. Subject 2's wife was raised by her mother and was physically and verbally abused.

Subject 2 and his wife had been married for three years when this study began but had lived together prior to marriage for four years. She had become pregnant by him at the age of 14 and moved in with him and his family.

Alcohol was not viewed as contributing to their marital problems nor had it been used during the reported abusive incident. He reported that his wife did not drink at all. His wife reported to the family advocacy counselor that neither one of them drank or used drugs.

They had two children, ages two years and six and one-half years old. Parenting did not appear to be an issue as

reported in the Intake Interview. Subject 2 felt the children had only been "slightly" affected by the violence between him and his wife. He felt his wife disciplined "too easy" and that he disciplined "just about right". The family advocacy counselor reported that the wife told her that "although the six year old had witnessed the violence her husband never physically hurt the children". At the time this study began Subject 2 and his wife had already separated and she and the children had moved back to Kentucky and were living temporarily with his mother. Army Emergency Relief had provided a grant to the wife to fly her and the children home to Kentucky.

Constructs. Final analysis of all the information gathered on the subject revealed five constructs: denial, avoidance, guilt, money as a contributing factor and distancing.

Denial. The major construct throughout this case study was denial, which was consistently supported by several sources. On both the pre-test and post-test of the Modified Conflict Tactics Scale Subject 2 only reported that he "pushed, grabbed, or shoved his spouse" and "slapped his spouse" once. On Maintaining Your Gains Worksheet he also only admitted to "smacking" [slapping] his wife once after an argument. He denied any further physical abuse to the researcher.

Subject 2's wife's report to the FAR revealed additional information in support of his violence previously denied by her husband. The report was as follows:

According to Mrs. \_\_\_\_, their six year old son threw up on the floor. When she began cleaning it up, her husband "just went off and began hitting me about the head with his fist". She reported that he hit and pinched her several times on the arms. Bruises were noted by the counselor on her arms as well as on her right temple. Mrs. \_\_\_\_ states that the violence occurs every two to three months and has for the last seven years. During the last incident she claimed he took a knife and scraped all of her make-up out of their containers. She stated he's a jealous type person. She further related that she came from a poor background and he tells her that she's not going to amount to anything without him. She further related that he threatened to kill her if she ever left him. Mrs. \_\_\_\_ seems to be the victim of ongoing physical spouse abuse. This is indicated due to the bruises as well as her overall demeanor, i.e., apologetic attitude which is sometimes characteristic; not wanting to get her husband in trouble; and by also taking responsibility for his violence.

During her interview with the family advocacy counselor, the wife completed a domestic violence inventory on which she reported her husband had hit her with a book and a screwdriver once; banged her head against the door and threw objects at her twice; pushed her to the ground, bit her, twisted her arm and threatened her with a gun 3-5 times; and slapped, grabbed, pushed, punched, pushed, kicked, and spit on her; pulled clumps of her hair out; threatened to hit or abuse her; threatened to destroy property; expressed extreme jealousy; acted intimidating;

tried to frighten her; was verbally aggressive; threatened to kill her; acted controlling towards her; and verbally insulted, degraded or humiliated her more than five times. Subject 2's wife reported she had suffered bleeding, swelling, a black eye, scratches, bruises, hair loss, torn clothing and a bloody nose but had never reported it or received medical treatment because she "didn't want to get her husband into trouble".

Verbal abuse was not denied on either the pre-test or post-test of the Modified CTS. The subject reported he had "insulted or sworn at his spouse", "sulked or refused to talk about it" and "threatened to leave the marriage" more than 20 times in the past year. He also reported he had "stomped out of the room or house (or yard)", "done or said something to spite his spouse" and had "gotten information to back up his side".

On the Maintaining Your Gains Worksheet Subject 2 reported he had problems with jealousy, name calling, arguing and temper. He also reported he was able to identify the danger signals leading to one of his problems and what coping strategy he had learned from the treatment group that he planned to utilize. The subject's report, wife's report and group facilitator's report all confirmed that the subject was the jealous partner in the marriage, and that he was verbally abusive. The group facilitator stated that Subject 2 "minimized the extent of the abuse

with his wife. There was no mention of injuries sustained by his wife following the last incident".

The facilitator reported that "he's our 'Good Ole Boy' in the group, but I think he could be very dangerous if pushed. He maintains that 'don't mess with me attitude'". She also stated that he was a "con artist" and could lie to you while looking you in the eyes and smiling. She didn't think he believed what he was doing was wrong. She stated that while he was "very talkative" in the group he was also "very capable of extreme violence".

At the end of Track I the facilitator felt Subject 2 "exhibited significant behavioral change" and that "his attitude is changing a slight degree. He actually stated if he were to get in a fight with his wife now he would actually stop, think about this class and would not be violent". The facilitator stated that during Track III he "exhibited much personal growth in being able to recognize when other group members were in denial, minimization and justification. His comments to the group were very helpful and appropriate. He was able to relax and give some very constructive comments". It appeared that Subject 2 had gained insight into his problem with verbal abuse and had even provided insightful comments to others in the group. Yet, he still remained in denial concerning his involvement with physical abuse with his wife. Outwardly he appeared to verbalize the correct or socially desirable answers, but

because he and his wife had separated, it was difficult to access if he had made any behavioral changes.

Avoidance. The researcher had difficulty contacting the subject during treatment and locating him for the Final Clinical Interview. Even the group facilitator was unable to make contact with the subject through her Army network. In February 1989 the researcher made contact with Subject 2 via telephone to arrange a time for the Final Clinical Interview. Subject 2 was both pleasant and cooperative and agreed to the interview that same week. He failed to show up for the interview. After that time he was unable to be contacted at the BEQ or work. At the BEQ his roommate was polite but consistently said "he was out or at his second job". At work the researcher was told "a message would be taken and given to him" or no one answered at all. In July 1989 the researcher requested the group facilitator assist in locating Subject 2. The group facilitator was also unable to contact him and was told by his First Sergeant that "he had divorced his wife and was due to transfer". Subject 2 appeared to avoid contact with the researcher whenever possible and even appeared to enlist the help of others at home and others at work to avoid further contact.

On the Maintaining Your Gains Worksheet, Subject 2 reported that he would change the topic in the future to avoid an argument. Thus he felt avoidance was a useful tactic. He could avoid an argument and avoid further

discussion on particular areas which might have been important to his wife. This would seem to indicate that he avoided any deeper, interpersonal contact with his wife or in any future relationship. Avoiding further discussion with the researcher about his abusiveness appeared to be his way of protecting himself from his responsibility and the possibility being labeled a "bad person". Several group members stated he was entertaining and funny. It would appear that he was not ready to shed this perceived facade of a "good ole boy". Additionally, he may have avoided further emotional hurt by avoiding any deeper, interpersonal relationships. Both reasons would appear to have been developed during his childhood as a coping strategy for the abuse he endured (see "guilt" construct).

The results on the Coping Strategies Inventory indicate that the subscale "avoidance" is highest. Additionally Subject 2 failed to answer one of four pages of the inventory on the post-test. It was either an oversight or a tactic to avoid being open with the researcher. This supports the notion that he is a denier.

Guilt. Subject 2 did not consider himself to have been punished "too severely" or "unfairly" nor did he consider himself to have been either physically or emotionally abused when asked by the researcher (denial). However, he reported to the group facilitator and group members that he had a violent past and that he was beaten severely by his mother

and grandfather as a child. He commented to the group that he "was told he'd never amount to much and he guessed he never will". Perhaps he denied his abusive behavior with his wife because he felt guilty. He may have felt that his mother was right that he'd never amount to anything and that he might be a "bad" person just like he had been a "bad" boy deserving the abuse. His background suggested that abuse might have been learned and transmitted from one generation to the next in his family. The use of violence within his family may have been perceived as justified. He appeared to gain some insight into his childhood abuse during treatment as he did admit to being severely abused by both his mother and grandfather to the group.

Money as a Contributing Factor. Lack of money appeared to be a contributing source of frustration in Subject 2's marriage. Subject 2 and his wife both grew up in poverty in their childhood. As an E-5 he was still experiencing financial problems living in the Washington, DC area, due to the high cost of living. During a weekly interview, he stated that he felt that "financial pressures were the main cause of problems in our marriage here in Washington, DC. We had no problems while stationed in Germany for the past three years" (also fits under the "denial" construct). Subject 2 reported during the Intake Interview that the abusive incident was due to an argument about money. He reported having almost no furniture for his family and that



they were sleeping on mattresses on the floor. On the Participants Self Report he also reported having money worries. He did not report any other problem on that report. Failing to report other problems was consistent with the denial and avoidance construct. Subject 2 had told the facilitators he was unsure of bringing his family back and reuniting because he was enjoying his freedom and extra money now that he was living in the BEQ and had a second job. He consistently reported during his weekly interviews that he planned on obtaining a divorce. He stated that he no longer loved his wife. He stated that if he obtained a divorce he could then buy a car and his wife wouldn't be able to have any claim on it.

Distancing. The construct "distancing" was inter-related to Subject 2's "avoidance" construct. His skillful use of avoidance tactics distanced him from his wife, the researcher and people in general. Subject 2 distanced himself from his wife by utilizing physical and verbal abuse (see "denial" construct). Separating immediately after the incident with no plan to reunite allowed him to distance further. His wife went to rural Kentucky without access to a telephone. He had very little communication with her after the separation and divorce. In addition, the wife's reports to the family advocacy counselor about her husband's abusive behavior also support the "distancing" construct (see "denial" construct for abusive behavior).

Overall, Subject 2 appeared to have made no significant progress. He continued to deny the extent of physical abuse in his marriage from the Intake Interview to the Maintaining Your Gains Worksheet after completion of treatment. He stuck to his story that he had only slapped his wife once. Thus, it appears that even after completion of treatment Subject 2 still had not accepted responsibility and was still in denial.

He was not very verbal or open during the weekly interviews and avoided contact with the researcher when possible. It would appear that the subject did not have another physical abusive incident because he and his wife immediately separated and obtained a divorce. He had no access to her because she set up residence several states away. Subject 2 did mention that he had "cussed at her" (verbal abuse) on the phone when they did speak, which would indicate the possible intensity of anger remaining unresolved. He didn't appear to personalize any tactics from treatment during the weekly interviews. He gave socially acceptable answers stating that the films and techniques each week were interesting and could be useful to people. Not once did he say he needed to utilize a new technique himself or that he had a problem. He appeared careful not to say anything negative about the facilitator, treatment program or anyone (avoidance). Subject 2 was skillful when answering the researcher's questions without

saying anything of consequence ("con artist" as the facilitator termed it).

If any progress was made it would be based on a few statements made on the Maintaining Your Gains Worksheet and on the Participants Self Report. Subject 2 reported that he was able to identify his danger signals: shouting matches, false accusations, cursing, blood pressure shooting up and nervousness. He reported that in future relationships he "planned to communicate better and be a more open listener" and would "think of the group and utilize Time Outs". He felt the program gave him "a chance to see how other people saw me, and they gave me some useful comments on how they perceived me". These comments might indicate an increase in self-awareness, but overall Subject 2 appeared to progress very little. He might greatly benefit from long term individual counseling at this time, but because he is in the military, he would not be considered "fit for duty" if long term therapy was indicated.

### Case #3

Subject 3 was a 19 year old black male. He had a rank of an E-2 and had been in the Coast Guard for 13 months, 10 of those at his current duty station, and reported he was "satisfied" in his current position as an honor guard at the White House which he considered "very stressful". He had been promoted to an E-3 by the time of the Final Clinical Interview. The subject was a high school graduate.

His wife was a 20 year old black female. She was not working outside the home when the study began but was occupied as the mother of their two children ages 23 months and 8 months. She was a high school graduate.

Subject 3 reported they were Baptist and that his religion was "slightly important" to him. He did not report attending church or other religious activities.

Subject 3 was difficult to contact via phone due to his work assignments but, once contacted, was always open and verbal. Immediately following the abusive incident on January 26, 1988, Subject 3 moved into the BEQ and his wife moved to a local woman's shelter with their two children. She returned temporarily to their apartment until March 1988 and then moved to her mother's home in New Jersey. Due to her move out-of-state she was unable to be contacted for this study. Therefore, Case #3 was based on the subject's report only.

Abusive Incident. The domestic violence incident that came to the attention of his command occurred on January 26, 1988. Subject 3 reported that his wife continued to "get in his friend's business" who was having problems with his girlfriend. She had also "taken their two children outside in the cold when they had colds". Subject 3 reported that they argued about it and then he slapped her once on the face. His wife then kicked, scratched and threw objects at him. He slapped her six more times on the face. He

sustained scratch marks. His wife reported the incident to Subject 3's boss who then assigned him to the BEQ and contacted the family advocacy counselor.

Family Relationship. Subject 3 was raised by his mother and his older brother (5 years older) who were physically and verbally abusive. His parents had not married. He did not consider himself to have been physically abused. He minimized the impact of the abuse by stating "my brother got beat worse". He stated that perhaps he was emotionally abused by his mother in his senior year. After graduation his mother met and married a man within three weeks and made him move out of the home.

He did not know if his wife had been abused. She lived with her mother in New Jersey until age 13 and then in Georgia with her father. He stated that he knew she "admired her dad" but that "her mother had no time for her" as she [wife's mother] was "fast on the streets and liked to party". During the Final Clinical Interview Subject 3 stated that his wife's mother was presently using drugs and lived in a high drug use area. The researcher believes that, if not abused as a child, the wife was neglected emotionally and exposed to the drug scene.

The couple had known each other since 1983 and she became pregnant in the eleventh grade with their first child. The graduated from high school and got married because she was pregnant with their second child. He also

joined the Coast Guard due to this, according to his reports. After completing basic training his wife and children moved to his current duty station. At the time of the Final Clinical Interview, 17 months after the abusive incident, his wife and children were living near her father in Georgia. She was employed and receiving \$700.00 a month child support from Subject 3. Their divorce was final April 1989; exactly two years from when they were married. They never reunited after the abusive incident. They only lived together as a family for eight months before they separated.

Substance abuse was not reported by Subject 3 as a contributing factor to their marital problems, as he reported that he doesn't drink. In the Final Clinical Interview there was concern that his wife might currently be using drugs.

He did not feel that their children had been affected by the conflict and violence in their marriage. He reported that he didn't discipline their children but that his wife did. He felt she disciplined them "just about right" and was not worried about giving custody to her. During the Final Clinical Interview Subject 3 reported that both his mother and lawyer felt his wife was "on drugs" but he minimized this by stating, "I just think she's mentally unbalanced". "Kids are safe if she stays where she is now in Georgia" with her father. He did not feel his children would be safe if his wife chose to move back to her mother's

in New Jersey. "I couldn't take care of my kids now because of my school and everything". The researcher believes Subject 3 minimized his wife's possible use of drugs or other problems since he felt unable to gain custody of their two children and assume responsibility.

Constructs: Final analysis of all the information gathered on Subject 3 revealed eight constructs: minimization, guilt, frustration, communication with spouse, trustworthiness of spouse, interpersonal skills, insecurity and distancing.

Minimization. Subject 3 minimized the frequency and extent of the abuse. He stated that they both been physically, verbally and psychologically abusive to each other. This was supported on the Modified Conflict Tactics Scale. He did report that he had been physically abusive to a somewhat greater degree.

Subject 3 admitted in the Intake Interview that he had slapped his wife once on the face when they were "going together" because he was angry that her father didn't like him. At the time he blamed his wife (externalized) for the incident.

The subject minimized the extent of the abuse. The counselor spoke to the wife who reported that the incident included shoving, punching and slapping. She received bruises during the reported incident and reported that violence had been ongoing prior to marriage. Subject 3

admitted to physical abuse, but omitted the shoving, punching and bruises from the last reported incident. He admitted to one abusive incident prior to marriage, but not to the fact that violence had been "ongoing" since then. He also externalized both incidents and blamed his wife.

Initially he didn't feel he needed to be in the group. He externalized his problem by placing the blame on his wife. During the Final Clinical Interview he reported:

At first I really didn't want to be there. I thought I could handle it on my own. I didn't feel there was a problem and that it was just that one person [my wife] that really knew how to get to me. I felt if I got away from that person that I wouldn't have to worry about it.

The Novaco Provocation Inventory indicates that Subject 3 is easily provoked to anger. This is not, however, consistent with reports from the weekly interviews from the subject and group facilitator nor with the Final Clinical Interview which suggest that Subject 3 may be able to control his anger more at present than in the past.

Guilt. The subject reported during the Intake Interview that his mother sometimes slapped him and beat him with a belt and yelled at him often. He did not have a father figure at home, however his brother, who was five years older, sometimes hit him, yelled at him, and beat him with closed fists. Yet he did not consider himself to have been physically abused nor punished unfairly and added that his brother "got beaten worse by his mother". Subject 3 was



unable to make the distinction between discipline and abuse, and felt guilty about being a bad child and deserving of whatever punishment he received. Violence was justified within the family.

Frustration. During the Final Clinical Interview Subject 3 stated that he was angry and frustrated with his wife for: financial difficulties; for not being open and honest with him (see "communication with spouse" construct); and because he felt obligated to marry her. "I got married at the age of 18 because she was pregnant. I also joined the Coast Guard because of that". The facilitator reported that the subject stated in group that he "didn't want to marry his wife anyway, but was pressured to do so by his family".

The group facilitator noted at the start of the group that "he is a young 19 year old who is inexperienced in most things. He seems to have unrealistic expectations of marriage. At present he is planning to divorce his wife". Towards mid-treatment the facilitator noted that "he is very embittered toward marriage and relationships". The facilitator reported that Subject 3 told the group that:

He no longer loves his wife, but she is sending him mixed messages. She sends him "love letters", on one hand, but then calls his commanding officer and tells him that she has no food in the house. Subject 3 produced receipts that he's given her money.

He reported the same information the researcher during the weekly interviews. He reported how frustrated he would become because of his wife's lies. Subject 3 consistently reported his plans for a divorce throughout the research and was divorced by the Final Clinical Interview. He never stated ever loving his wife.

Subject 3 was also frustrated with financial difficulties and angry that his wife told his friends. He listed having financial worries often on the Participants Self Report. They used food stamps while they were married and lived in government housing and earned \$300.00 every two weeks. He continued to be angry and frustrated about his financial situation after the divorce as child support was \$700.00 per month.

Communication with Spouse. Throughout the weekly interviews, Participants Self Report and Final Clinical Interview Subject 3 stressed that the communication skills were the most positive and useful skills learned from treatment and that communication had been a major problem in their marriage. He also stated:

You can abuse your spouse mentally by denying them a chance to voice their opinion. Not acknowledging what they do. My wife was very shy and not the type to open up and tell you how she really felt. It was hard for me because a lot of times I would want her to open up to me. She kept a lot inside and I wondered what she was thinking. It would get to me so I started acting the same way (closed) and that was abusive to her. Then she started turning to others for feedback. We'd

always bring up the past when arguing and those type of things hurt more than anything.

This was further substantiated on the Maintaining Your Gains Worksheet when the subject stated that "the problems of frustration/stress, lack of communication and insecurity (see insecurity construct) were the main reasons for the physical violence".

Trustworthiness of Spouse. Trustworthiness of spouse went hand-in-hand with communication. Under the communication construct, Subject 3 stated that his wife withheld a lot of information and her feelings from him and that he didn't listen to her so she turned to others to talk. During the initial weekly interviews Subject 3 reported that his "wife seems secretive" and that she would only talk about money or tell him that she expected him to find housing for them. She kept from him her plans with his children and where she planned to live. She was caught lying repeatedly to his boss saying he wasn't providing for her when he was able to show receipts and copies of checks to her.

One specific incident he reported during the Final Clinical Interview was that he had been sending her checks to Georgia but that she reported never getting one of them.

I went down to her and she played it off. I got back here and sent her more money. I went to disbursing here and the U.S. Treasury Department had traced the check with her signature and fingerprints on it. That hurt more than anything.

If she can't be honest about that how can she be honest about anything.

He admitted to physically abusing her when he found out. He stated that she always "kept a lot inside and I wondered what she was thinking".

"I also can get her for adultery. I was notified by the health department that she had a disease and it wasn't from me. She's never admitted anything to me". The theme of "trustworthiness of spouse" was re-emphasized in both the Participants Self Report and Maintaining Your Gains Worksheet when he reported that "being lied to", "trickery", "untrustworthiness" and "deceit" were potential danger signals that caused him to become angry. Subject 3 felt his wife was exhibiting these traits especially when she refused to talk or would deny things.

Insecurity. Subject 3 stated in both the Participant's Self Report and the Maintaining Your Gains Worksheet that one of his major problems was his insecurity. He reacted to this feeling by becoming angry and frustrated. He didn't like "being left out", "being lied to", "being tricked" and not knowing what his wife was thinking or planning. In the Participants Self Report and weekly interviews he stated his wife was often jealous of him but he didn't know why. He denied any affairs during marriage. He was insecure about his feelings and what to do when she was pregnant in high school, and let his family push him into a marriage he

didn't want. The subject appeared insecure about taking control of his life and being forceful about his decisions. The group facilitator supported the insecurity construct.

The subject appeared to gain strength and insight to this problem due to treatment. "A lot of the things in the workbook I didn't want to believe or see where she [wife] was coming from. I didn't know that till I read the workbook. It enlightened me on how insecurity comes about". During the Final Clinical Interview he stated he separated after the incident and never reunited. "She's been hassling me and wanting me to come back. I just don't want to go through it any more. I'm pretty confident in myself now. I don't think she's changed at all. She withheld a lot of things and it made me upset". The subject seemed to have improved his confidence and self esteem due to the treatment group.

Interpersonal Skills. The group facilitator reported in her weekly interviews that Subject 3 "so much wants to please", "participates well", "does the assigned homework and more", "participation during the Hot Seat was very enthusiastic", "was open and generated a great deal of significant insight to others", "was very constructive and insightful with his comments to others in the Hot Seat". Overall the facilitator stated that his participation in the program was excellent and he exhibited significant behavioral change. His attendance was above average.

These comments were further supported during his weekly interviews with the researcher. At the initial session he stated, "I felt open about talking" and "it felt good to get it out". Other comments during treatment were, "I was happy how group went", "I feel comfortable with others in the group", "I felt pretty good", "I talked about a lot", "I was open and honest", and "I was just open ears to everyone's encounters and advice".

During Track II he reported that the group members "pretty much said I had been truthful and open". Subject 3 stated in the Final Clinical Interview that "a lot of times when we had conversations in the group I would be the first one to voice my opinion". He felt he had been open and honest during the group and had never misled or lied to the facilitators. This was supported by the previous comments of the facilitator, the subject himself and group members. Subject 3 appeared to be a very needy person who benefitted from group interaction and having someone to listen and help. At the same time he admitted to being somewhat disappointed in the group members because they weren't honest and in the facilitator because she wasn't forceful enough. In the Final Clinical Interview he stated "I might have been more open if they [facilitators] had been more forceful" and "I would've benefitted more if everyone opened up more".

He also believed that the wives should be invited to Track II when their spouse is Hot Seated to "give their opinion on what happened and what's going on right now. There should be a policy if she comes and talks that no harm will come to her". He also felt that he should not have co-facilitated a session during Track III; "I didn't consider myself to be a professional to be in there with them. I think it should be eliminated". Subject 3 also felt he "could've been more confrontive to the other guys" during Track II. Clearly from all reports Subject 3 benefitted greatly from the group interaction but had higher expectations from the group members, facilitator and self that weren't met.

Distancing. Distancing from spouse was exhibited in his poor "communication with spouse" construct and the fact that he immediately separated from spouse after the reported incident with no plans to reunite or encourage her to move back home. This was further supported in the Intake Interview by his statement, "we knew each other five years but our relationship never seemed more than boyfriend and girlfriend; definitely not a marriage".

Overall, Subject 3 "exhibited significant behavioral change" according to the group facilitator. For him, positive change meant following through with his own feelings and obtaining a divorce from someone he never wanted to marry, but felt pressured to marry. No further

incidents of abuse were reported with his wife during visitations with his children. He was able to accurately recognize and define his problems and what increased his tendency for abuse. In the Maintaining Your Gains Worksheet he reported his positive changes as: "adapting to the opposite sex's way of thinking", "acknowledge the other person's way of thinking", "to be more generous and attentive", "show more appreciation" and "dedicate myself to someone as I would have them treat me". He seemed to have gained significant insight into himself due to the group and developed a commitment to maintain the progress he had made, and to utilize various techniques he learned from the program in situations other than marital. In the Final Clinical Interview he stated that:

The communication and listening to others were the most important techniques. When I get mad I think of those techniques first now. They help me cope. Later down the line it would benefit me because who knows who I might meet or what situation I might get in and be mad and I'll have something to fall back on. After Track II I really learned how to talk to one another. I enjoyed Track III. They [the new group he co-facilitated] didn't sound so together. They were mixed up. I could see where I came from by looking at them. That's when I felt I belonged in the group. The films in Track I were pretty good. It made me feel guilty when I saw a guy hit a female. It was like looking at yourself and I said how could you do something like that. It was embarrassing.



Case #4

Subject 4 was a 20 year old black male. He had a rank of E-4 and had been in the Army for 20 months. He reported that he was "very satisfied" in his current position as a supply specialist which was "slightly stressful". The subject was a high school graduate.

His wife was a 20 year old black female. When this study began she was eight months pregnant with her second child. She was working as a cashier at McDonalds until the baby was born and reported that she was "satisfied" at her job although it was "stressful". She was a high school graduate.

Subject 4 reported he was Baptist and that his religion was "important" to him though he never reported attending church services. His wife reported that religion was "not at all important" to her nor did she claim any religious preference. This was not an issue at any time throughout the study with either spouse.

Both subject and his wife agreed to participate in the interviews but were quiet, hesitant and did not readily supply information. Only the husband was mandated into the PACE treatment program. At times the wife giggled on the telephone and sounded quite shy.

Abusive Incident. The abusive incident that brought the subject in to the group occurred on the evening of 28 January 1988 and was reported virtually the same by both the

husband and the wife even though they were interviewed separately. The wife accused her husband of having an affair because she found a telephone number in his wallet. She then started pushing and slapping him to wake up so she could confront him. He tried ignoring her but finally woke up and backhanded her once across the face. She called the military police who came and confined him to the enlisted barracks on base overnight. He did nothing to prevent her from calling. She was seven months pregnant with their second child at the time. She received a cut and swollen lip but required no medical attention.

Family Relationship. Subject 4 was raised by both his parents. His father was "distant" in his relationship as he neither punished or comforted the subject. Subject 4 was physically abused by his mother but did not consider himself to have been abused verbally or physically nor punished "too severely" or "unfairly". The subject did not mention any injuries resulting from the abuse. In the Initial Intake Interview he denied witnessing spouse abuse but in the Final Clinical Interview he recalled that he did see his parents fight once. He did not elaborate but tended to minimize that statement. This revelation also contributed to the construct of denial.

Subject 4's wife was raised solely by her mother who verbally and physically abused her. Like her husband she did not perceive herself to have been punished "too

severely", nor did she admit to having been verbally or physically abused. However, she did feel she was punished "unfairly" and that she did not deserve it; unlike her husband. She did not witness spouse abuse as there was no father or father figure at home. She did report that she had been physically abused by another boyfriend at the age of 15 but did not elaborate on the severity of the violence.

This couple had been dating each other since tenth grade. They graduated from the same high school and married at age 18 after he completed Army basic training. In the Final Clinical Interview the subject stated that he felt forced into the marriage because she became pregnant in the eleventh grade.

Neither Subject 4 nor his wife reported any alcohol/drug use or abuse prior, during, or after treatment. Thus, alcohol and drug abuse did not appear to be a contributing factor to the abusive incident.

Subject 4 felt that his wife disciplined their child "too easy". His wife felt that he was "too harsh" when disciplining their child. Both denied child abuse but neither expanded on their responses. Neither felt they needed parenting classes. Their childhood background showed a lack of distinction between strong discipline and abuse. The use of violence within the family was perceived as justified by the subject.

Constructs. Final analysis of all of the information gathered on Subject 4 revealed six constructs: denial, guilt, frustration, interpersonal skills, communication with spouse and distancing from spouse.

Denial. The major theme throughout this case study was denial. This construct was supported in many ways and finally verified by the subject one year later in the Final Clinical Interview when he stated:

I lied somewhat in group. I just wanted to have them [facilitators] go on when they came to me so I would say we didn't do anything over the weekend when we had an argument. I told them [facilitators] we were starting to get along. I covered up a lot during the first track.

This denial construct was supported throughout the description of the abusive incident. In the Final Clinical Interview he mentioned that during the encounter he had tried to get away from her and had gotten out of bed and that she had fallen backwards into a chair when he backhanded her across the face. It appeared that the subject had initially denied the extent of the abuse. They both blamed each other for the incident and denied any other instances of abuse during the Initial Intake Interview, during the weekly questionnaires and immediately following completion of the group.

One year after the incident, during the Final Clinical Interview, when asked about how he would now define spouse abuse he stated that "I used to think it [abuse] had to be

when you almost kill each other". Now he considered even "slapping and calling each other names" to be abusive but that he "wouldn't consider restraining or pushing as abuse" because it could be "self defense". This was supported in the Modified Conflict Tactics Scale when he stated they had both "insulted or swore at their spouse" before and that he had "tried to control his spouse physically" a few times. It seemed that he learned from group treatment that abuse was wrong but that if he was attacked (like the reported incident) he would be justified in restraining her.

During the Final Clinical Interview, Subject 4 also admitted that "his wife threw knives and things at me all the time. Nothing ever hit me because she was bad at it. She's changed and hasn't done it in a long time". Her abusive behavior was noted in both the pre and post-Modified CTS when he reported that his wife had "thrown something at him", "slapped him", "kicked, bit or hit him with a fist", "pushed, grabbed, or shoved him" and "used a knife or gun on him". She had denied abusing him except during the reported incident. Perhaps she minimized or didn't realize it was abuse unless the injuries were severe as her husband had also originally thought before the group treatment. This information would substantiate the necessity of including the wife in group treatment also as the husband had stressed. His awareness grew during treatment as verified by his statement during the Final

Clinical Interview that threats were psychological abuse, and that name calling was verbal abuse.

Subject 4 initially needed to see the abusive incident as unrelated to self and externalized the problem by blaming his wife rather than accepting responsibility for his behavior. He viewed his behavior as self defense. He denied his part in the incident to the interviewer initially. This externalization was further supported throughout Phase I when he repeatedly asked the facilitator and interviewer if he could get out of the group because it was his wife's fault, "she needs to be there, not me".

Guilt. The subject reported during his family background that his mother sometimes slapped, hit and beat him with a belt yet he did not consider himself to have been physically abused. His relationship with his father was "distant" as his father neither punished nor comforted him. He did not consider this emotional abuse. Subject 4 was unable to make the distinction between discipline and abuse, and felt guilty about being a bad child. He felt he deserved whatever punishment he received.

Frustration. Subject 4 felt that he couldn't get out of his marriage and that his wife was a barrier to his independence. He felt trapped and blamed his wife. He stated "I felt I got married pretty young. You see, she forced me into marriage. She got pregnant in the eleventh grade in high school. I don't think I would've married her

the same way I did". The group facilitator noted that "he doesn't seem to like his wife very much". He reported that he was "frustrated" and trapped during the abusive incident that led him into the group because "she woke me up when I was tired. I was irritated. I was trying to walk away" but she kept after him. Throughout Track I of the treatment, Subject 4 felt frustrated and trapped in the group by his wife. During the researcher's weekly interviews with Subject 4, he kept saying he "felt group was a waste", and that he was angry he had to be there. He repeatedly asked "can I quit since it was my wife's fault?" This was also an indicator of externalizing blame (denial). During the Final Clinical Interview the husband stated, "I thought the group was stupid at first but it started me thinking. I thought my wife [all dependents] should've taken the course". "I thought about the others in the group saying they got married for the wrong reasons". It was the group interaction that caused him to think about his marriage and give him courage to "come to an agreement" about divorce. Subject 4 and his wife separated at the end of January 1989.

Interpersonal Skills. Subject 4 also felt inadequate in group interpersonal skills. He stated that group members felt he was quiet and didn't speak much, but he commented during the Final Clinical Interview that "I've always been that way". This was supported by the weekly questionnaires by the group facilitator.

During Track I of the group he avoided interacting as much as possible. The facilitators stated that after 8 of 9 sessions that "he still does not do his homework and is not an active participant. He exhibits passive-aggressive behavior by his continued tardiness to class". He avoided as much contact with the group as possible by being late to 4 of 9 sessions, and was absent from one session during Track I. He attended a total of 11 of the 18 sessions (Track I - Track III). Subject 4 admitted during the Final Clinical Interview that "I lied somewhat. I just wanted to have them [facilitators] go on when they came to me so I would tell them we were starting to get along". The group facilitator stated that "he appears to be very angry, but seems to stuff a lot of it until it explodes".

He didn't feel comfortable in the group until the end of Track I when the topic of communication was discussed. He then stated that he could finally relate to the group because he knew his problem was poor communication with his wife. He stated that he opened up to the group members during Track II and Track III and enjoyed these two phases and on a scale of 1-10 for seriousness about the group he rated Track II as a 9 and Track III as a 10 and one year later the entire group as a 10. Initially he stated he rated Track I as a 1. "I hated Track I at first but liked it near the end. The other two tracks were pretty good". When he was Hot Seated during Track II he was very receptive



and the facilitator reported that "he had a very positive response to all the comments made about him" by the other group members. During that session and later the facilitators reported that he turned in his homework, was very attentive and participated a great deal. The facilitators stated he "has made adequate progress in being open in the group. He was able to share more of his real feelings in this session (Track II) than in past group sessions". Subject 4 stated he liked Track III when he co-facilitated a session for new group members. "I felt good about trying to talk to other people since I had gotten some understanding from the earlier part of it [group]. They [group members] were thinking it was a waste of time like I did and were angry". He felt it would be good to have a former member like himself co-facilitate the entire Track I of a new group, not just one session. Yet stated he would have been mad at the time if it were required of him due to the extra time it would have required. According to the subject's reports, group reports and facilitator reports, his group interpersonal skills significantly improved due to this treatment.

Communication with Spouse. Subject 4 initially lacked communication skills with group members, as well as with his wife. During Track I the group facilitator stated that Subject 4 "had very little communication with his wife" and that "once in a while he would take her to a movie, but that

still didn't require communication". As mentioned previously, it wasn't until the end of Track I when the topic of communication was brought up that the subject could relate and see any relevance of the group for himself and his wife personally. When asked one year later what was the most positive thing he learned from the group, Subject 4 stated:

Communications and stuff like that. My wife and I didn't get along too good before. I will listen to her side of the story now. Before, both of us didn't want to be wrong. It [group] showed me how to sit down and talk to her about things - better communications.

He stated "I thought about what others in the group had said about marrying for the wrong reasons" and after he completed the group felt more confident and comfortable talking to his wife about their marriage and why they had gotten married. "Both of us came to an agreement" and separated at the end of January 1989 without any verbal or physical abuse. Communication skills from the group enabled him to discuss his feelings about marriage and divorce with his wife openly and honestly for the first time. She is now living with her mother and two children in Georgia. He pays her \$300.00 a month support and they communicate regularly about the children.

Distancing. The final theme noticed was that he distanced himself emotionally and physically from his wife. Emotionally he didn't share his feelings or communicate with

his wife as mentioned previously under his inadequate communication skills. Physically, he reported going out "2-4 times per week without your spouse to socialize or to have fun" with his friends. His wife reported that they went "out to socialize or have fun" together only twice a month and that she never went out alone with her friends. He tried to avoid his wife as much as possible. Subject 4 told the group facilitator that his wife worked from 8 p.m.-4 a.m. with two nights off per week. He played basketball two nights and lifted weights at the gym three times a week. He also stated that he pursued these activities on his wife's days off and when he was home watched television until it was time to go to bed. He stated that whenever he worked late or went out with friends she became jealous and accused him of having an affair. Both during the intake and final interview he denied ever having an affair while he was married and didn't leave his wife for another woman. On the Maintaining Your Gains Worksheet he stated that he realized that lack of togetherness and jealousy were sources of problems in their marriage and that he now realized it was his busy work schedule and going out without her and lack of communication that caused her to feel jealous and get upset.

On the Modified CTS he admitted to utilizing the following tactics which contributed to the emotional and physical distancing from his wife: "sulked and/or refused to talk about it", "stomped out of the room or house (or yard)

and "refused to give affection or sex to your spouse". These same examples also supported the inadequate communication theme with his wife.

The results on both the pre and post Coping Strategies Inventory revealed that the score on the subscale "avoidance" was higher than on the other five subscales. These results further support the themes of poor interpersonal and communication skills and distancing from his wife. He avoided getting close physically or emotionally to people in the group and kept to himself, as was also reported by the facilitator.

According to the Novaco Provocation Inventory, Subject 4 appears to be easily provoked. This is not consistent with the subjects's weekly questionnaires, his wife's reports, the group facilitator's reports, nor with the Final Clinical Interview. Perhaps this reflects his passive-aggressive nature as noted by the facilitator, and his tendency to fantasize acting out.

Overall, Subject 4 made significant progress in all constructs. He appears to be more open and honest, realized when he was not being honest, realized how denial slowed his progress; improved interpersonal and communication skills with both the group and his wife; and realized what abuse is. His final word of advice for future abusers about to enter treatment was "tell others to be honest. Get serious about it [the group]" from the start. "It was a bit too

long but overall, I thought it was pretty good. I wouldn't change nothing. All of it was good. Keep everything the same".

Case #5

Subject 5 was a 36 year old white male. He had a rank of E-6 and had been in the Army for 13 1/2 years. He reported that he was "very unsatisfied" in his current position as an administrative supervisor and stated that the job was "not at all stressful". He also worked a second job as a security guard weekends and on several nights during the week. During treatment he quit his second job and took another one as a security guard but only on M-W nights from 6 p.m.-2 a.m. The subject had completed two years of college.

His wife was a 26 year old white female. She did not work outside the home and stated that her occupation as a housewife was "stressful" because she took care of their one daughter, age 2 years 8 months, by herself, and because her husband worked up to 16 hours every day. She was "unsatisfied" as a housewife. She completed the eleventh grade.

Subject 5 reported he was Catholic and that his religion was "slightly important" to him. His wife reported she was Protestant and that her religion was "very important" to her. The subject did not attend church. His wife attended church weekly and Bible study several times

during the week. The wife's religion definitely produced conflict in their marriage (see "religion" construct).

Both the subject and his wife agreed to participate in the interviews and were very open and verbal about information. The wife seemed to look forward to the interviews and would talk about other topics in addition to the questions asked by the researcher.

Abusive Incident. The abusive incident that brought Subject 5 into the group occurred late September 1987. Subject 5 reported that he had slapped his wife once because his daughter had fallen down the stairs and he felt his wife hadn't been "keeping an eye" on her properly. The wife reported that she could not remember what the argument was about but that he "pushed her against the wall" and there had been "slapping". The subject minimized the physical aspect of the situation while his wife minimized the verbal aspect of the incident. During the Final Clinical Interview the subject recalled the incident the same as he had initially.

Family Relationship. Subject 5 was raised by both his parents and reported that he was verbally, emotionally, and physically abused by his father. He also witnessed his father abuse his mother and his other siblings. A couple of times he struck his father as an adolescent. His father "backed off a little since he realized I was getting older and wouldn't take much of his B.S.". Yet, the subject also

minimized and appeared to justify some aspects of his childhood abuse as he did with certain aspects of spouse abuse. "I think the strict attitude that I was raised with helped me out as far as being more respectful to people and of things".

Subject 5's wife was also raised by her mother and father. She was emotionally, verbally, and physically abused by both her parents. She left home at the age of 17 to avoid further abuse. She was last abused at the age of 18 when her father kicked her during a visit home. Since the age of 15 she had to pay her parents \$60.00 per month during the school year and \$160.00 per month during the summer to be allowed to stay home. She denied seeing her parents physically abuse each other but stated she had seen or heard them "argue or fight very often". Their family background suggests that abuse might have been learned and transmitted from one generation to the next in this family. The husband learned to be the aggressor and the wife learned to be a victim.

Subject 5 and his wife had been married five and one-half years. Neither had been married previously. Both reported many irritating characteristics about their spouse. They mentioned very few positive characteristics about each other. Neither spouse reported loving the other, but neither mentioned the possibility of separating or obtaining a divorce.

Neither spouse reported any drug use. The wife did not drink. The subject reported drinking scotch or beer once in a while but did not feel he had an alcohol problem. His wife reported he had an alcohol problem because he was sometimes verbally abusive when he drank. Neither reported alcohol use during the reported abusive incident.

They had one daughter age 2 years, 8 months and did not plan to have any more children. Parenting was a major area of conflict in their marriage (see "parenting" construct). According to Subject 5, parenting was the area of conflict that caused the reported abuse. The subject was protective of their daughter while the wife was neglectful, and verbally and emotionally abusive. The wife's neglect was substantiated and she had to attend a parenting class. The wife consistently complained about her daughter and described that her interactions with her daughter were negative during the interview. The couple agreed to stay married for the "sake of their daughter".

Constructs. Final analysis of all the information gathered on Subject 5 revealed ten constructs: alcohol as a mediator, religion, parenting, minimization, frustration, interpersonal skills, communication with spouse, distancing, control and tension.

Alcohol. Neither spouse reported any drug use. The wife felt her husband had an alcohol problem and clarified it further by stating "he sometimes drinks and says bad



things". She felt this contributed to the verbal abuse, although she reported that her husband was verbally abusive many other times while not under the influence of alcohol. Neither spouse reported alcohol contributing to the reported abusive incident or any other physically abusive incident. Subject 5 did not feel he had a problem with alcohol. He reported drinking scotch once and beer once during Time Out when he got angry at home during treatment. The facilitator made no mention of alcohol as a problem. It is possible that the wife's religious beliefs influenced her perception of alcohol use as a problem.

Religion. The wife's religion caused conflict in their marriage. She spoke of AIDS being God's curse for evil wrongdoers; how angry she was that sex education was being taught in school; how government interfered in people's lives; lack of justice in society; and other controversial issues. She stated that she believed children needed to be disciplined and that society was too lenient on them. She also said her "husband was not a Christian" but justified her marriage to him by saying that she "was an immature believer when she married him". During the Final Clinical Interview Subject 5 reported "she goes to church every Sunday and reads the Bible a lot, and goes to Bible meetings. She's very religious. I haven't been to church in years. Any time I want to talk to Him upstairs I just do it".

The wife told the researcher that she desired to complete her GED and obtain a job. However, when the researcher asked about concrete plans, the wife expressed concern about child care and transportation. The wife did manage to attend Bible study during the week and attend church. Subject 5 reported in a weekly interview that "she won't do anything but Bible school. She doesn't practice what she preaches. She's too religious". He reported one week how nice it had been at home since she "stopped talking about religion so much".

Parenting. Parenting was a major area of conflict in the marriage. It was the area of conflict that caused the reported incident of abuse. Their daughter fell down the stairs, which the subject stated was caused by his wife's lack of proper supervision. The subject blamed his wife's poor parenting skills for his reaction of anger and his abusive behavior. His fear of her neglect was substantiated. Due to this incident and several others the wife was involved in a seven week parenting skills group at the base for neglect. During the weekly interviews with the wife, she constantly complained about her daughter and made many negative comments. The wife never made positive statements about her daughter, nor did she say she loved her daughter. The wife did state that she'd "put her in a boarding school if we could afford it". She denied abusing her and stated she only spanked her on the bottom with an

open hand. She stated "the problem was that the government interferes and parents can't discipline enough so kids don't respect parents". She stated that she "was stressed out and wanted to leave and hide where no one can find her". It did not appear to the researcher that the classes made her more tolerant or understanding of her daughter. The researcher did feel that the classes taught the wife what abuse was so she could prevent it. Her preferred technique of discipline when she "couldn't reason with her [daughter]" was "making her [daughter] stay in the bedroom until she stopped crying". It appeared that the wife repeated the pattern of poor parenting that she experienced as a child. She seemed to be emotionally distant and had poor communication skills with her daughter as well as with her husband.

During the Final Clinical Interview, when asked about more children, Subject 5 said "No. She doesn't want more and I don't either. I don't think she could go through it again. I wouldn't want her getting frustrated again". He commented that she was a better parent now that their daughter was older. Initially in the "Intake Interview" both spouses felt the other disciplined "somewhat too harsh". He felt he disciplined "just about right" and she felt she was "too easy". They both felt their daughter had been "slightly" affected by the conflict and violence in their home.

Minimization. Subject 5 did not deny abusing his wife, but rather, minimized the frequency and extent of the abuse and his responsibility in it. The Modified Conflict Tactics Scale supported his verbal and physical abuse.

The wife stated that the abuse was more extensive than the subject reported. The wife reported during the Intake Interview that he slapped her in the face and pushed her every week during their first two years of marriage. She reported that she was pregnant at that time of the violence and that it was very stressful for both of them. The third year of marriage was abuse free because he was away on an unaccompanied tour in Korea. When the subject returned from Korea, and until this incident, the wife reported that the abuse decreased to slapping approximately twice a year. During the Final Clinical Interview the subject still minimized the frequency of abuse and reported he had only slapped his wife several times throughout their marriage.

During week 5 of Track I the group facilitator stated "I suspect he has substituted psychological abuse for physical abuse". This was substantiated by the subject that same week. "When I stopped physical abuse I started more name calling, but hadn't realized it until the facilitator mentioned it again". He also mentioned that "we stop and take a long look and listen to us when we're arguing and how it appears to our daughter. That shuts us up right away now". Initially he minimized verbal abuse but it appeared

that he just wasn't clear at the time what it consisted of. During the Final Clinical Interview Subject 5 stated "we still argue but we can't do it as often because my daughter picks it up. I can kick myself when she hears it [bad word] and repeats it". However, throughout the treatment his wife denied any verbal abuse. She also minimized or appeared not to know what verbal abuse was.

Subject 5 still minimized the severity of physical abuse in the Final Clinical Interview. When the researcher asked the subject what abuse was to him, he stated

I could be out of line but I think spouse abuse is like the movie "The Burning Bed". I think real spouse abuse is when the partner comes home and for no reason hits, insults, or kicks her for no reason. He is under no pressure from an argument and just decides to whack her over the head for no reason. There's no heads up or warning and he just comes in and belts her on the mouth and enjoys it. I now tell my wife- "look, don't bother me now. Either I go upstairs or you go someplace because I'm feeling a lot of pressure now".

It appeared the subject had significantly curtailed his verbal abuse and no longer was physically abusive. However, he does not believe the man is always responsible and in some cases is justified in his violence. He stated "I have to be honest. Some women I've seen I don't think it would hurt to give a good belt. Women shouldn't press a man's button; that's spite. She sees trouble and heads right toward it". He felt his wife pushed his buttons but he could now utilize the Time Out technique learned in the

treatment. The group facilitator commented that Subject 5 "still blames his wife for the violence" during the earlier part of Track I. It appears that he continued to minimize the man's responsibility for abuse and externalized the blame on the wife for pushing the wrong buttons.

Frustration. Subject 5 seemed to be frustrated with his choice of a spouse. He was verbally critical of his wife as a mother, a wife and an individual throughout treatment. During the final interview with the facilitator the subject mentioned that he admitted to still "being critical of his wife frequently and verbally putting her down". During Track I of treatment he stated that he "would try not to put wife down so much". He "realized what an idiot I look like" when he does. This report was not consistent with the facilitator's final report after treatment completion.

The subject was frustrated that his wife didn't ask him about what he learned during treatment or read the workbook. Yet, he felt his wife learned and changed her attitude and behavior by noticing his changes due to the PACE treatment program. He reported feeling less frustrated and more relaxed as he "put more techniques from class into effect". As he became more respectful of his wife, she became more respectful of him and there was considerably less frustration and stress noted at home.

During the Final Clinical Interview the subject gave his wife a lot of credit for losing 40 pounds, exercising daily, and going to Weight Watchers. She was now about 138 pounds and was 5'2". He had been sexually frustrated before her weight loss and had not been attracted to her. Subject 5 was also frustrated due to the rural setting of the base. "I miss the city. I grew up in Los Angeles. I may sound stupid but I'll just take a drive to Washington, DC and ride around and get the feel and smell of the city. I need to smell the bus fumes". However, the subject appears to have accepted the situation and to have dealt with his need since "DC is only 35 miles away". Subject 5 also commented on being frustrated in his abusive behavior. "I was frustrated that I got that angry and I saw myself copycat my old man and I didn't want that to happen".

Tension. The construct "tension" seemed to go hand-in-hand with the previous construct "frustration". Whenever the subject became frustrated he became agitated and commented on the tension and stress he felt. He felt his tension level decrease as his wife's parenting skills increased. He initially felt tension during treatment as he didn't know what to expect. During the weekly interviews he noted that treatment was helping. He felt less tension at home between his wife and himself. He mentioned becoming stressed and angry at his wife but was able to "put ideas and techniques from the group into effect when the situation

called for it". He reported using the Time Out technique often and still utilized it a year later. During Time Out he would run or go to sleep. He stated he used sleep as a technique so he could deal with the problem the next day when he was more relaxed. The group facilitator felt he was not using Time Out properly. The facilitator felt sleep was an avoidance tactic.

Following completion of treatment he stated that he could identify specific danger signals so that he could take proper preventative measures in time to avoid abuse. On the Participants Self Report and on Maintaining Your Gains Worksheet he noted tension building signals as "heart beats faster", "shaking hands", "voice getting louder", and an "irritable feeling". He felt the most useful techniques to deal with his tension building signals were Time Out and "rational self talk".

Control. The ability to maintain control over his personal and family life as an adult were very important to Subject 5 as he lacked control as a child. The subject felt very comfortable in the controlled military setting because he liked the structure and sense of knowing what to expect. Conversely, it gave him a sense of control over his own life.

Subject 5 requested the PACE treatment program instead of the open-ended community group that he was originally mandated into and attended once a week for three months. He



commented during the Final Clinical Interview that he preferred the PACE treatment program because "you knew how much time you had to complete the class. You sort of had a goal. The group had sufficient time. It was broken down into phases and you knew exactly what you had to do. You get to plan and adjust your schedule". He stated that he "was a careful planner". He saw himself losing control of his temper and striking out as his father had done. He wanted to get his life under control. The researcher felt that this need for control could be destructive when he became rigid and over-controlling.

Neither he nor his wife mentioned love. During the Final Clinical Interview he stated that "I don't think we'll get separated. I don't like broken marriages. Even if I wanted a divorce I wouldn't do it because I wouldn't want my daughter to live like that". The use of "I" might convey that it was his decision how the marriage would operate and his wife's opinion did not matter.

Initially, his wife had no access to a car. They had one car which he took to both jobs during the day and evening. The car had a standard transmission which the wife couldn't drive. She could not obtain a job or go to school if she wanted to. She commented during a weekly interview that since she didn't have access to a car home was "like a prison". She was "stuck at home". During week 8 of Track I the subject traded in his standard car for an automatic car

so that his wife could drive it when he was home (still maintaining some control). The wife reported feeling more freedom and the husband reported feeling more understanding and was calmer when he gave his wife driving lessons.

The group facilitator substantiated this construct when she commented during treatment that "he speaks in a very controlled voice almost as if he measures what he is about to say" and "he appears to be a very controlling individual". On the Participants Self Report the subject that he wanted to "master a game plan that would work every time" in order to stay free of further violence. This might reflect his lack of flexibility to adjust to separate situations accordingly. In addition, he stated that his wife was often uncooperative and that this increased his risk of being violent. His lack of control over his wife appeared to increase his lack of control over himself.

After completion of treatment the family advocacy counselor at the subject's base commented to the group facilitator that the "wife was prevented by her husband from having contact with any of the family advocacy personnel". This gives further support to the construct of his having control over his wife's actions. Following completion of treatment the facilitator spoke with the subject and stated that

He still seems to need to be in control of his wife and 2 years 8 month old daughter. He follows his daughter around the house constantly because

he doesn't want her to get hurt. He doesn't think his wife watches their daughter as closely as she should. His mother was just as protective over him; she wouldn't let him cross the street by himself until he got quite old. (See "parenting" under "other areas of conflict" construct).

It appeared that while the subject didn't want to be like his father; he seemed to have learned from his upbringing to be controlling of his own wife and child. The construct of control did not appear to lessen significantly after treatment.

Interpersonal Skills. Subject 5 reported he felt uncomfortable and inadequate in group interpersonal skills though he actively participated. He felt Track I was positive because "it was more instructional" and there was a "format" and a "workbook to read". Yet he reported that he felt embarrassed during week 7 when they were to identify "feelings" words. Even though the group facilitator consistently rated him above average in participation each week, she did not feel comfortable with his involvement or seem to believe him. "He is guarded in what he says and appears to be saying what he thinks sounds acceptable". Even after 7 weeks in group she stated "he is still one of the most active participants, but something about him bothers me and I can't put my finger on it". During week 9 the group facilitator appeared to feel he was finally being honest with them. "This session was very revealing. He appears to be very controlling and rigid, just like the man

in the movie". During the Final Clinical Interview he stated:

He didn't like Track II [the Hot Seat] or felt it did any good. I think it made people more tense. We [group members] shouldn't be asking or telling each other our feelings about each other. I think it made people want to be more inward with their feelings. The [group members] don't want to open up to people in the same boat with them.

This was supported during a weekly interview. The group facilitator stated that he "was not receptive to the concept of the Hot Seat. He was only willing to give positive comments to the other group members". Yet when he was in the Hot Seat the facilitator commented that just the opposite occurred. "He had a very positive response to the comments made towards him by the other group members".

Regarding Track III he stated "I'm not a qualified instructor to answer their [new members] questions". "We should have been asked if we would feel comfortable or learned enough to come forward. It shouldn't have been mandatory".

Throughout the group, the subject consistently reported to the researcher that he felt relaxed with the other group members and was "able to differ on issues with both the members and the facilitators without a confrontation". He felt he was "able to discuss [his] feelings with something the facilitator said "rings a bell" as related to my situation" at home. Yet he was somewhat guarded with the

group. Subject 5 stated he "just went along with the group" unless something impacted and related to his situation. He stated "I will say my opinion to the group rather than holding it in. But if it might sound stupid I won't say it". This statement seemed consistent with the facilitator's report that he wouldn't say anything negative to another group member. It appears he respected others feelings and felt inadequate to pass judgement when he had so far to go himself. He felt he "went into group with a positive attitude to get help on what I was doing wrong and to correct it. I belonged when I first got there". Weekly reports from the subject's wife were consistent with his own reports of improving and utilizing techniques learned from the treatment, and with the facilitator's reports of his participation and homework completion. It appeared he was serious about the treatment but was "irritated at the facilitator because she insinuated I'm making a story up about the situation getting better". Even though he was uncomfortable discussing feelings he was able to sense accurately what the facilitator had told the researcher. Subject 5 was hurt that he was trying so hard but that the facilitator didn't believe him.

In her final report (August 24, 1989) after treatment completion, the facilitator did not feel the subject improved in this construct. "His participation in group was

well guarded and he kept himself pretty well insulated during group discussions".

Communication with Spouse. Even though the subject was very verbal, he lacked the interpersonal skills to effectively communicate his deeper feelings with group members and his wife. He seemed to get more in touch with his feelings and understand his situation more in group, yet didn't effectively resolve the communication issue with his wife even upon follow-up. He seemed to be embarrassed about opening up with anyone. The researcher felt that she was the only person he had ever shared his feelings with. When asked during the Final Clinical Interview if he had tried to share his feelings with his wife he said "not really" and asked "have you tried to sit down and talk with her?" He stated that the researcher knew more about him than his wife.

I think she should know more about me than she already does. We never sit down like this [he and the researcher]. We get distracted with our daughter. I could talk about my feelings to her if she would get serious. A lot of times she makes a joke of it. When I want to talk to her like this she considers it a lecture.

The wife's comments and actions seemed to effectively shun his attempts to communicate his feelings with her.

The researcher believes that due to the wife's childhood background of verbal and physical abuse, that she was unable to focus on feelings until the verbal and

physical abuse had stopped in her own marriage. When her husband managed to stop the physical abuse and decrease the verbal abuse, she became uncomfortable with sharing her "deeper feelings" with him. It was a new experience. In time the researcher believes the wife will be able to communicate better with her husband and adjust when she can trust that his changes are permanent.

Distancing. The husband distanced himself emotionally and physically from his wife. As discussed earlier, the husband had emotionally cut himself off from sharing his deeper feelings with his wife.

Subject 5 had very little time to spend at home with his wife and daughter. During the Intake Interview he reported working a second job as a security guard on weekends and on several nights during the week. He did report that he didn't need the money and was able to put it in the bank. It appeared that the subject tried to avoid his wife as much as possible. He became cognizant of this during treatment and quit the second job to obtain another so that he could have the weekends free. He felt the need to keep a second job because the extra money gave him a sense of security and control he felt he needed in his life.

Sexually, the subject reported a lack of desire for his wife as she was 5'2" and about 180 pounds. During the Final Clinical Interview he reported her weight was no longer a problem in their marriage, because she had already lost 40

pounds and was still exercising and dieting. It appears that when the subject changed his behavior his wife made notable improvements in her desire to spend more time together.

The Coping Strategies Inventory indicates that this subject has weak coping strategies. At the same time, the subject reports utilizing appropriate coping techniques learned from the group, specifically Phase I. However, his higher scores on "problem-centered items" and on "cognitive-restructuring items" were consistent with his reports of having a plan that works and being in control of a situation. His lower scores in the areas of "social-centered items" and "emotion-centered items" were consistent with his reports of being uncomfortable discussing and expressing feelings and the constructs of poor interpersonal and communication skills.

In conclusion, the Ft. Belvoir Family Advocacy Program Manager who facilitated this group, assessed this family to still be at high risk after her final interview with Subject 5 on 24 August 1988.

This family is a very closed family system. The family appears to be isolated in part due to the violence within their family. It is the opinion of this Family Advocacy Office that the violence is ongoing. The family still seems to be at high risk. The service member purchased a gun (for work) which he says is not loaded, but yet it is most likely very intimidating to Mrs. \_\_\_ just having it in the house. Our office to this date has been unable to reach Mrs. \_\_\_ by phone. The service members base Family Advocacy Program



office has been unable to reach her by phone. Mrs. \_\_\_ may be at high risk for suicide if she is unable to free herself and her child from this abusive relationship. Homicide or suicide or both is a realistic concern that the Fort Belvoir office has for this family.

Fortunately, none of these predictions had taken place by March 1989 (seven months after the facilitator's summary) when the researcher spoke with the subject in his home for the Final Clinical Interview. Subject 5 did not hesitate to be interviewed at any time nor did he avoid any questions. His wife was easily accessible and verbal whenever the researcher called by telephone. The wife had lost 40 pounds and the couple was on diet and exercise program together. She was still active in church activities and he was pleased with the changes she had made in parenting their daughter. They still argued but could "catch" themselves when it was getting out of hand and take a Time Out so their daughter wouldn't learn bad language. It appeared that Subject 5 had gained a greater self-awareness from the group and still utilized techniques he learned. His wife, in turn, seemed to learn from observing from his behavior and stopped provoking him and seemed to respect him more. This couple appeared to have carried a lot of "baggage" from their childhood into the marriage that was dysfunctional. The researcher felt that the couple would have benefitted further from marital counseling and the wife from individual counseling. The subject stated during the Final Clinical

Interview that they did not intend to seek further counseling.

### Summary of Results

#### Background Information Summary

The case studies consisted of five enlisted men; four in the U.S. Army and one in the U.S. Coast Guard. Their military rank ranged between E2-E6. Two have been promoted since treatment concluded. Two had been in the service between one to two years and were 19 and 20 years old respectively. Two had been in the service four and five years and were 25 and 26 years old respectively. One had been in the service 13 1/2 years and was 36 years old. Two reported being "very unsatisfied" in their current job; two "satisfied"; and one "very satisfied". Three had completed high school and two had completed two years of college. Three were black and two were white. Three were raised by single mothers who had never married their fathers. Three reported no alcohol/drug problem which was supported by their wives. Two reported using alcohol but did not feel they had problems because of it. However, these subjects' wives reported that their husbands' drinking caused problems in their marriage.

Three of the subjects had divorced by the time the study concluded. One could not be contacted but all indications were that he had obtained a divorce. One remained married but reported he would remain married for

the sake of his child. Four of the five subjects married their wives because they were pregnant or already had a child by him prior to marriage. These four couples each had two children. The oldest subject had been married two years before his wife had a child. They did not plan to have more children and they were the only couple whose marriage remained intact when the study concluded. Two wives had not completed high school but stated they hoped to complete their GED. Two had graduated from high school and one had completed two years of college. Two wives were employed outside the home, earning near minimum wage. Three were not employed outside the home. Four subjects admitted to financial problems and one denied financial problems, but was working a second job. Four of the wives were of similar age as their husbands and one was ten years younger. Four subjects stated their religion was Baptist but did not engage in any religious activity. One wife did not claim any religious preference. One subject was Catholic but did not engage in any religious activity. His wife was Protestant and was very involved in religious activity. Religion was a conflict in this marriage. No child abuse was indicated by either the subjects or their wives. One wife had been to a parenting class for lack of supervision of their child. (See Tables 2 and 3)

Table 2  
DESCRIPTIVE INFORMATION

	<u>Subject</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Descriptors</u>					
Age of abuser	26	25	19	20	36
Years of educ	12	14	12	12	14
Religion	Bap	Bap	Bap	Bap	Cath
Race	B	W	B	B	W
Years married	2.5	3	1	2	5.5
Marriage intact after PACE	N	N	N	N	Y
Pregnant-kids before marriage	Y	Y	Y	Y	N
Number of kids	2	2	2	2	1
Financial problems	Y	Y	Y	Y	N
Military rank	E5	E5	E2	E4	E6
Military rank after PACE	E5	E6	E3	E4	E6
Military service	USA	USA	USCG	USA	USA
Years in service	5	4	1	1.7	13.5
Current job satisfaction	S	VUS	S	VS	VUS
Alcohol use	Y	N	N	N	Y
Raised by mother only	Y	Y	Y	N	N
Abused as child	Y	Y	Y	Y	Y
Witnessed spouse abuse as child	Y-boy- friend of mom	Y-fam members	N	Y	Y

Table 3  
DESCRIPTIVE INFORMATION

	<u>Wife</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Descriptors</u>					
Age	25	22	20	20	26
Years of educ	14	8	12	12	11
Religion	Bap	Bap	Bap	None	Pro
Race	B	W	B	B	W
Employed outside of home	Y	N	N	Y	N
Raised by mother only	N	Y	Y	Y	N
Abused as child	N	Y	Y	Y	Y
Witnessed spouse abuse as child	N	Y-fam members	?	N	Y

Individual Subject SummarySubject 1

Subject 1 displayed the constructs minimization, poor communication skills with wife, distancing from wife, guilt and alcohol as a mediator. Due to his continued use of alcohol he could not accept responsibility for his behavior. He continued to minimize problems in his marriage throughout treatment and felt his marriage would remain intact even though his wife reported continued verbal abuse, alcohol problems, poor parenting skills, and increased time away from the home. Subject 1 reported to the researcher that their marriage was improving even though all indications supported otherwise. His wife sent their sons home to her mother at the end of the school year so they would be in place when the new school year began. She planned to remain with her husband throughout the summer in order to pay off the bills and pack before also moving home to her mother's. She stated she had no intention of transferring to Germany with her husband. The researcher believed that if the wife chose to go overseas with her husband, he would continue to misuse the Time Out technique as an excuse to go out and drink, and would continue to minimize his problems at home and justify the verbal abuse.

Subject 2

Subject 2 displayed the constructs denial, distancing from wife, guilt, avoidance and money as contributing factors. Subject 2 continued to remain in the denial stage and did not accept any responsibility for his behavior. He avoided being direct or truthful with the researcher. His wife made the decision to separate from the abusive relationship. If the wife had not chosen to leave the relationship, the researcher believed that Subject 2 would have tried to socially isolate his family more and become more obsequious in his behavior.

Subject 3

Subject 3 displayed the constructs of minimization, poor communication with wife, distancing from wife, poor interpersonal skills, frustration, guilt, insecurity and trustworthiness of wife. His low self-esteem and insecurity appeared to keep him in an unwanted marriage and increased his frustration and aggressive behavior. It appeared that, as he learned new coping strategies in treatment, he gained greater self-awareness, self-esteem and security in his own wishes. The researcher believed that this gave him the confidence to acknowledge an unwanted marriage and follow through with a divorce. He continued to apply skills learned from the group in his everyday life. He recognized his weaknesses and was working to improve himself. He was the youngest member of the group. The researcher felt that

Subject 3 had a strong potential for having future non-violent relationships.

#### Subject 4

Subject 4 displayed the constructs denial, poor communication with wife, distancing, poor interpersonal skills, frustration and guilt. Subject 4 continued to engage in denial and externalization throughout Track I (didactic phase) of treatment. He admitted to lying during treatment. It wasn't until Track II and Track III of treatment that he felt any connection to the group and made improvement. It appeared that he broke through his denial in Track II and Track III when he was confronted by other group members and when he co-facilitated a new group that allowed him to see where he was coming from. His greater self-awareness and communication skills from the group gave him the confidence to peacefully separate and obtain a divorce from his wife. The researcher believed that Subject 4 would be more cautious in future relationships and had a high potential to remain violence free.

#### Subject 5

Subject 5 displayed the constructs minimization, poor communication with wife, distancing from wife, poor interpersonal skills, frustration, control, tension, alcohol use, and conflict with wife's poor parenting skills and wife's religious involvement. Subject 5's abusive behavior fell into both the frustration-aggression and social-



learning theories. He was frustrated with his work, his choice of a wife, and his lack of control. He had been severely abused as a child and learned to react to his frustrations aggressively. He reported that he didn't want to be like his father and felt ashamed when he reacted violently. The group gave him the needed coping strategies and skills he needed to handle his frustrations. The researcher felt Subject 5 made the most progress from the treatment but still needed help overcoming his need for control and belief in a male-dominated society. This was the only couple whose marriage remained intact. They both reported actively making changes to improve their marriage. Subject 5 still reported lack of intimate communication with his wife because she was uncomfortable with his changes. He was the oldest subject and she was ten years younger. The researcher felt this couple had a reasonable chance of constructing a non-violent marriage if they continued with their current reported progress, obtained marriage counseling for better communication, and if he tried not to be so controlling and dominating.

#### Cross-Case Analysis Summary

After careful analysis of each case study, eight constructs emerged which were shared by two to all five of the subjects: minimization, denial, communication with spouse, distancing from spouse, interpersonal skills, frustration, guilt and alcohol use. Another seven

constructs emerged as independent from other subjects:  
avoidance, insecurity, trustworthiness of spouse, control,  
tension, parenting and religion. (See Table 4)

Table 4  
CONSTRUCTS

	<u>Subjects</u>				
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
minimization	X		X		X
denial		X		X	
communication	X		X	X	X
distancing	X	X	X	X	X
interpersonal skills			X	X	X
frustration			X	X	X
guilt	X	X	X	X	
alcohol	X				X
money		X			
avoidance		X			
insecurity			X		
trustworthiness			X		
of spouse					
control					X
tension					X
parenting					X
religion					X

### Minimization

Three of the five subjects initially minimized the frequency and extent of the abuse in their relationship and their responsibility for the abusive incidents. Treatment would appear to account for the subjects greater awareness and responsibility of all aspects of abusive behavior because they were able to admit to engaging in a wider range of abusive behavior (verbal, throwing things, emotional abuse, pre-marital abuse, etc.) after treatment completion. Two of the three subjects continued to engage in verbal abuse after treatment completion. The third separated immediately after the reported incident but engaged in arguments when talking with wife on the phone. This also would be supportive of the research that verbal abuse is continued or escalates once physical abuse ceases. Two of these three wives also engaged in physical abuse toward their husbands but the extent was minimized by both husband and wife. This finding supports the research conclusions that husbands rarely report their wife's violence towards them.

### Denial

Two of the five subjects engaged in denial but to different degrees. One admitted after treatment completion that he had lied during treatment but later admitted to additional abusive behavior by both his wife and self prior to treatment. The other subject remained in denial

throughout treatment, only admitting to a minor extent the one incident that was reported by his wife which brought him into the group. His wife reported many injuries and incidents throughout their relationship which he did not report. While both subjects engaged in denial to externalize their responsibility in the behavior as the research reports, only one subject learned to accept responsibility due to treatment. These results are typical of other research findings that found abusers deny, minimize or justify their abusive behavior initially.

#### Communication with Spouse

Four of the five subjects reported poor communication skills with their wife and that communication skills were the most useful skill learned from treatment. One subject engaged in denial of almost all problems. However, since his wife was unable to be contacted poor communication skills could not be verified. The other four subjects reported that during treatment the other subject reported arguing via telephone each time he spoke to her. All indications also support the one subject also had poor communication skills. Poor communication skills was a common finding in studies on domestic violence.

#### Distancing from Spouse

Distancing from spouse was a recurring theme with each case study. Distancing from spouse involved verbal abuse (emotional distancing); staying away from home due to an

extra job, extracurricular activities with friends (physical distancing); or not engaging in sexual activity with wife (emotional and physical distancing). Distancing from spouse was further supported because four of the five subjects separated or divorced their wives when this study concluded.

#### Interpersonal Skills

One subject responded in group only when addressed. He stated he felt inadequate in this area and would lie or give a socially acceptable answer when addressed so the group facilitator would move on to someone else. He had always been quiet. One subject was consistently seen as very talkative, needy and open. Another subject was talkative, but only responded when he felt his answers wouldn't be viewed as stupid by other group members. Two other group members were very talkative and engaging. These were the two with the least improvement. Participating seemed to be utilized by the two as a means of covering up the issues close to home.

#### Frustration and Money

Only enough data were gathered directly from three subjects to develop the "frustration" construct and only enough data were gathered directly from one subject to develop the "money" construct. However, the researcher noted frustration in all subjects for several reasons. Four of the five noted financial problems; the fifth was working a second job to avoid financial problems. Four of the five

felt obligated to marry their wives due to a pregnancy before marriage. The fifth stated he felt frustrated because his wife was stupid, fat and a poor parent. Therefore, the choice of their spouse led to their frustration. These research results support the frustration-aggression theory that states when situational and interpersonal factors escalate ones frustration state, marital violence can be predicted.

### Guilt

All five of the subjects were abused as children. Three were abused by their mother; one by his mother and grandfather; and one by his father. The four that were abused by their mother did not feel that they were punished unfairly or too severely. They felt they were deserving of such abuse, and thus, felt they were guilty of bad behavior or labeled as a bad child. They did not feel they were abused. The one subject abused by his father did not feel guilty as he felt he was punished unfairly and too severely. He did feel he was abused. The abuse they received as children would support the social learning theory that abuse was learned from the family of origin and accepted as a normal part of family life. These research results support the theory that abusive behavior is learned and transmitted from one generation to the next generation.

### Alcohol Use

Alcohol use was viewed as a problem by two of the wives. Both husbands admitted they drank but denied any problem resulting from it. One wife stated that her husband drank for an excuse to verbally abuse her and sometimes was under the influence when he physically abused her. This problem was not addressed by the group facilitator. The other subject drank and sometimes, this drinking contributed to the verbal abuse. He had not been drinking when he physically abused his wife. The extent of his drinking problem might have been exaggerated due to the wife's strong religious belief that any alcohol use was wrong. There was a clear link between alcohol use and spouse abuse for the one subject. However, three of the abusers didn't drink alcohol and only a weak link existed in the fourth.

### Avoidance

One subject avoided contact with the researcher; avoided admitting abusive behavior; and avoided close interpersonal relationships with his wife or others. It would appear that by avoiding these areas he could continue to deny any responsibility for bad behavior or problems. He could externalize and justify his behavior to himself so he could see himself as "okay".



### Insecurity

One subject felt that he became angry because of his insecurities. He was insecure about his relationship with his wife; insecure about taking control over his own life and being forceful about decisions. Insecurity was an interpersonal factor leading to personal frustration and dissatisfaction which supports the frustration-aggression theory.

### Trustworthiness of Spouse

The same subject that was insecure about his relationship with his wife felt so because he was unable to trust her. She had been caught lying about money on several occasions, avoided being open, and had given him a venereal disease.

### Control

Control was an important construct with one subject. It was important for him to maintain control over his personal and family life as his father had maintained control over his life as a child. He felt he had control of his work life by being in a controlled military environment. Yet, it was this military environment that imposed controls over his adult life as his father controlled his childhood. He maintained control over his wife because she did not work outside the home and could not drive. He continued to maintain control after treatment completion and even though he taught his wife to drive, he used their one car to drive

to his jobs leaving little opportunity for his wife to use the car. This strong need to maintain control over self and family ascribed to the sociocultural model that supports the patriarchal system, traditional sex roles and the male's need to be dominant.

### Tension

This same subject also experienced tension and stress when he felt he wasn't in control. He was tense when he began the group because he didn't know what to expect. He experienced tension with his wife when she exhibited poor parenting skills. He reported continually being angry and tense with his wife. He also reported being very unsatisfied at work. This construct supported the frustration-aggression theory which assumes that there is a predictable connection between stress, frustration and aggression.

### Parenting

It was this same subject that reported problems with parenting. He chose to remain in the marriage so his child would have both parents. He reported abusing his wife because she was a poor parent and because his child wasn't properly supervised when he wasn't home. The other four subjects reported no close bond with their children and gave custody of their children to their wives when they separated and divorced. These research results supported the

sociocultural model of traditional sex roles which view childrearing as the mother's responsibility.

### Religion

They were all reared with religious preferences. However, four of the five subjects and their wives did not actively participate in any religious activities. The fifth subject did not participate either, but had a difficult time with his wife because he considered her to be a religious fanatic. Religion was a source of conflict in this marriage, as the wife involved herself in religious activities outside the home and preached to her husband inside the home. The subject stated that his wife didn't practice what she preached and was a hypocrite. The wife felt the subject was a non-Christian.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purpose of this research was to study the reactions and progress made by abusers throughout the course of the PACE treatment program. The study sought to answer the following research questions: (1) In what ways do subjects who are mandated to attend the PACE treatment program respond to the program by adapting their behaviors to its purposes, (2) How does the teaching of coping skills affect subject's decisions to be abusive, (3) In what ways does the acquisition of anger management skills contribute to the presence or absence of physical abuse in the subjects families, and (4) Is there any evidence that the subjects were able to control their anger following cessation of the PACE treatment program? This chapter presents the summary of findings, conclusions and recommendations for further research.

#### Summary of Findings

Following is a summary of the major findings of the study:

#### Research Question One:

In what ways do subjects who are mandated to attend the PACE treatment program respond to the program by adapting their behaviors to its purposes?

The subjects tended to respond with socially acceptable answers and behaviors during treatment. However, there was

a difference in reports of progress by subjects and others. Abusers' self-reports varied from their spouses' self-reports of abuse in the family, before, during and after their participation in the PACE treatment program. Subjects still engaged in denial, justification, minimization, avoidance, blaming others, and game-playing during treatment.

Subject 1 and his wife reported the abusive incident as very similar. However, during treatment, Subject 1 reported a stable, good relationship with his wife and sons. He reported that he was more open, had no arguments and had excellent communication with his wife. The group facilitator reported that Subject 1 sounded sincere, participated well, was open, accepted responsibility from the start and never said anything negative about his wife. His wife reported that their relationship was like a "roller coaster". Her husband made fun of the PACE treatment program, continued to blame her for his being in the group, and escalated his verbal abuse.

Reports by Subject 2 and his wife were in conflict. He continued to deny his behavior and responsibility for his behavior throughout treatment. His wife was not available for comment, though her reports to the family advocacy representative prior to the subject's treatment negated his denial of abuse.

Subject 3 appeared to be the most truthful throughout and his reports were most in agreement. He admitted to verbal, psychological and physical abuse by both he and his wife and admitted to physical abuse prior to marriage. His wife was not available for comment.

Subject 4 and his wife reported the abusive incident very similarly. Although they initially denied other incidents, the husband later admitted to other incidents when he learned that slapping and "name calling" were also abusive. He also reported more abuse on her part prior to treatment. She only admitted to one incident. The group facilitator was not aware of these other incidents as the subject was not very verbal during Track I.

Subject 5 and his wife reported the incident differently. He minimized the physical abuse and she minimized the verbal abuse. Their reports on abuse during their marriage were also different. During treatment the subject and his wife reported the same progress. The facilitator doubted that the husband's progress reports were accurate, but did not contact the wife for verification.

Findings indicated that the group facilitators' client progress reports were not an accurate predictor of progress and should not be relied on solely to make the evaluation. More alternate forms of data collection and more in-depth interviews with both the husband and wife are needed. It was very apparent that it was necessary to interview the

subject, wife and group facilitator for a more accurate picture of the subjects' progress. To have relied on one person's report would have resulted in a different and perhaps inaccurate description. All subjects tended to give socially acceptable responses so that they would be seen as successfully completing treatment and making significant progress. They hoped that reports to their respective commands would reflect their improvement.

After initial completion of the PACE treatment program, all the subjects reported on the Participants Self Report that they utilized communication and listening skills, Time Outs, relaxation techniques, problem solving, rational self talk and anger logs.

Maintaining Your Gains Inventory was administered six weeks after completion of group treatment. Four subjects advised others to be more honest; three reported Time Outs were useful; two reported communication and listening skills; one reported using relaxation techniques on the inventory.

Two of the subjects could not be contacted for the Final Clinical Interview. The three remaining subjects all reported that the most useful skills learned from the PACE treatment program were communication and listening skills. They continued to use these skills one year after treatment. Two subjects reported using Time Outs; two emphasized the

importance of being open and honest with people; and one emphasized using techniques to control anger.

Research Question Two:

How does the teaching of coping skills affect subject's decisions to be abusive?

It could not be ascertained whether coping strategies learned from the group would have helped eliminate physical abuse from the marriage because four of the five couples had divorced. They did report that the skills learned from the group allowed them seek a divorce in a non-abusive manner. The subject with the alcohol problem continued to be verbally abusive to his wife. The subject with the intact marriage did report utilizing coping strategies learned from treatment; primarily the Time Out technique. This subject recognized that he was still engaging in verbal abuse after completion of treatment, but to a lesser degree. He and his wife were both committed to eliminating verbal abuse and were continuing to work on its elimination because they didn't want their daughter to learn "bad words" and repeat what she heard. The subject was able to "catch himself" as his anger was building and would stop to take a Time Out. He felt his wife was also learning to handle her anger by learning from his actions. All subjects reported being able to cope and handle stress better due to the PACE treatment program.



The change in subscale scores on the pre- and post-Coping Strategies Inventory were not able to provide additional support to the constructs noted in each subject. Due to the small sample size the results of the Coping Strategy Inventory could not be used as intended.

Research Question Three:

In what ways does the acquisition of anger management skills contribute to the presence or absence of physical abuse in the subjects families?

The researcher was unable to determine if the acquisition of these skills would have contributed to the lack of further physical abuse within the families. Four of the five subjects had separated and divorced. Verbal abuse was still present in the one remaining intact marriage although the subject did report he was aware of it and was trying to eliminate it from his marriage. No physical abuse was reported after treatment began. All reported that the skills learned in the PACE treatment program helped them to decrease their propensity to be angry when provoked in other situations and would help them in future relationships.

The Modified Conflict Tactics Scale was not an accurate measure of whether the acquisition of anger management skills would eliminate physical abuse. The increase in post-test scores merely reflected the subjects' acknowledgement of former abusive behavior that they had not admitted to initially. The Conflict Tactics Scale was not a

useful test instrument as it merely accounts for the frequency of abusive behavior during the previous year. It doesn't consider the reasons, circumstances, injury or consequences of such behavior.

The results obtained on the pre-test and post-test of the Novaco Provocation Inventory did not measure the increased use of more adaptive skills and alternatives to anger taught during treatment. The NPI should reflect the treatment intervention changes in anger propensity. However, since it is a normative inventory it could not accurately reflect changes in individuals.

Research Question Four:

Is there any evidence that the subjects were able to control their anger following cessation of the PACE treatment program?

The cessation of abuse continued after completion of the group, as measured by both the Maintaining Your Gains questionnaire and the Final Clinical Interview. No abuse occurred in four of the five couples because they physically separated and divorced. Therefore the cessation of abuse could not solely be attributed to the group treatment. One couple's marriage remained intact with no reported physical abuse by either spouse. Verbal abuse remained in this marriage. Although all the subjects reported that they were able to handle stress better due to the PACE treatment program and felt that they would remain non-violent in

future relationships. However, this would present an inaccurate prognosis as the findings of this study indicated that Subject 1 and Subject 2 made minimal progress and all five subjects tended to respond with socially acceptable answers.

#### Additional Findings

All five of the wives had engaged in mutual abuse with their husbands prior to and including the reported incident. There were clear indications that four of the five wives had been abused as children. This would support the social learning theory. (Fagan & Wexler, 1987; Arias & O'Leary, 1986; Sonkin & Durphy, 1985; Neidig & Friedman, 1984; Roberts, 1984; Fitch & Papantonio, 1983; Walker, 1981; Gelles, Straus & Steinmetz, 1979). Also, the fact that they had married an abusive spouse would support the theory of learned helplessness or victimization. (Gelles & Straus, 1988; Walker, 1981; Dobash & Dobash, 1979; Chapman & Gates, 1978; Errington, 1977; Andelin, 1975; Brownmiller, 1975; Millet, 1970). All four of the wives who had been abused as children declined counseling offered in response to the reported abusive incident. The one wife who had not been abused as a child did attend a few individual counseling sessions for assertiveness and chose not to continue in the abusive marriage. She did not learn to be a victim as a child nor to be one as an adult.

### Conclusions

Based on the procedures and the data derived, several conclusions can be made. . Four of the five subjects whose marriages dissolved reported similar characteristics that may have had a strong impact on their relationships: more children at home, financial problems, less time invested in the marriage, wives pregnant before marriage, and both spouses being relatively young. Thus, there may be a strong relationship between lack of personal resources and high levels of stress, frustration and spouse abuse in the family. This supports the frustration-aggression theory. (Deschner, 1984; Averill, 1982; Gelles, 1975; Bandura, 1973; Berkowitz, 1962; Dollard, Miller, Doob, Mowrer & Dears, 1939).

The opposite was noted in the subject whose marriage remained intact. He had more time invested in the marriage, 8-12 more years invested in his military career, had no reported financial problems, was 10-17 years older than the other subjects, was married a few years before his wife became pregnant, and accepted responsibility and requested help for his abusive behavior. These findings would suggest that the more a person has to lose, or the more he has invested in the relationship, the greater the likelihood there is of the marriage remaining intact. However, verbal abuse did remain after the PACE treatment program concluded.

The subject recognized this and was continuing to take steps to eliminate verbal abuse from his marriage as well.

A third conclusion that can be made concerns the strong association between being abusive as an adult and having either witnessed abuse as a child and/or having experienced abuse in early childhood. Four of the five subjects had witnessed spouse abuse in their family of origin and all five had been abused as a child. This would support both the social learning theory (Fagan & Wexler, 1987; Arias & O'Leary, 1986; Sonkin & Durphy, 1985; Neidig & Friedman, 1984; Roberts, 1984; Fitch & Papantonio, 1983; Walker, 1981; Gelles, Straus & Steinmetz, 1979) and role theory (Sonkin & Durphy, 1985; Walker, 1984, 1981; Straus et. al., 1980).

From the abusers' perspective, a treatment program for their wives to learn similar coping skills would be helpful. This would help the wives to understand the changes in the abuser due to the PACE treatment program and would also help them eliminate their abusive behavior. All five of the wives had participated in abuse in these relationships. Four of the five wives had been abused as children.

All the subjects reported that the PACE treatment program had helped them cope with their anger, eliminate physical violence from their marriage, and that it gave them useful coping skills and relationship skills that they could utilize in future relationships. However, this may not be an accurate indication of their progress or the impact of

the PACE treatment program as they all tended to respond with socially acceptable answers and behaviors during treatment.

They reported varying preference for Tracks I and Track II. None reported liking Track III but did report the usefulness of what they had learned. It could be concluded that the PACE treatment program met the basic criteria of eliminating physical abuse from the marriage and teaching new coping skills. However, the program was limited in scope for the two subjects that had been engaged in more extensive abuse as adults as they made the least progress throughout the PACE treatment program. A supplemental therapeutic program to the PACE treatment program might be beneficial for these and similar subjects. It might be concluded that short-term treatment programs are most useful for those that had not been engaged in extensive forms of abusive behavior.

A final conclusion is that the case study approach is the most viable method to use to study the impact of a treatment program because of the changing nature of the group and the inability of current test instruments to yield stable individual change scores. Standardized test instruments were not suitable for a small sample population or for individuals and are less useful without a large sample for normative comparison. Case studies and follow-up are the most effective methods to utilize.

### Recommendations

The following are recommendations for further research:

1. More non-traditional, alternate forms of data collection should be utilized and less emphasis should be given to traditional methods using tests which can only measure group change. Several methods of assessment (in-depth interviews, case studies) and several sources of information (abuser, his wife, group facilitator, outside researcher) should be utilized to study the process by which an individual progresses through a treatment program and to study the impact that a treatment program has on an individual to gain a more accurate and complete picture of the individual because the individual will respond with socially acceptable answers and behaviors. To rely on one method and one source would be irresponsible and inaccurate. The group facilitator should not be the only individual to make the evaluation of the client's progress.

2. Research should be conducted on other types of treatment programs (i.e., couples, victim and abuser, therapeutic, didactic, ongoing, specific time length, short-term, long-term) to note the impact of various treatment components.

3. An investigation involving follow-up with couples who divorced after treatment would be valuable to note any long-term progress and to note future marital patterns and behavior.

## REFERENCES

- Adams, D. (1988). Counseling men who batter: A profeminist analysis of five treatment models. In R. Tolman & D. Saunders, The case for the cautious use of anger control with men who batter. Response, 11(2), 15-20.
- Air Force Regulation 160-38. (1981). Family Advocacy Program. Department of the Air Force. Washington, DC.
- Andelin, H. (1975). Fascinating womanhood. New York: Bantam Books.
- Arias, I., & Beach, S. R. (1987). Validity of self-reports of marital violence. Journal of Family Violence, 2(2), 139-149.
- Arias, I., & O'Leary, K. (1987). Cognitive-behavioral treatment of physical aggression in marriage. In N. Epstein, S. Schlesinger, & W. Dryden (Eds.), Cognitive-behavioral therapy with families. New York: Brunner-Mazel.
- Arias, I., & O'Leary, K. (1986). Prevalence, correlates and development of spouse abuse. In R. DeV. Peters (Ed.), Marriage and families behavioral treatments and processes. Illinois: Research Press.
- Army Regulation 608-18. (1987). Family Advocacy Program. Department of the Army. Washington, DC.
- Averill, J. R. (1982). Anger and aggression. New York: Springer-Verlag.
- Bandura, A. (1973). Aggression: A social learning analysis. Englewood Cliffs, NJ: Prentice-Hall.
- Bellah, R., Madsen, R., Sullivan, W., Swidler, A., & Tipton, S. (1985). Habits of the heart. Berkley: University of California Press.
- Berkowitz, L. (1962). Aggression: A social psychological analysis. New York: McGraw-Hill.
- Bowen, G. L., Woolley, S. F., & McGaughey, T. A. (1983). Department of the Navy family advocacy program: Service need and service response. Phase I report: Reconnaissance. Arlington, VA: Office of Naval Research.



- Bowker, L. H. (1983). Beating wife-beating. Lexington, MA: Lexington Books.
- Bowker, L. H., & MacCallum, K. (1981). What works? A study of husbands' and partners' reactions to strategies and help-sources utilized by battered women (Grant No. 1 R01 MH 33649-01). Washington, DC: National Institute of Mental Health.
- Boyd, V., & Klingbeil, K. (1979). Behavioral characteristics of domestic violence. Group Health Cooperative Medical Center. Seattle, WA.
- Boyd, V. (1978). Domestic violence treatment alternatives for male batterers. Seattle, WA: Group Health Cooperative Medical Center.
- Brisson, N. (1982). Helping men who batter women. Public Welfare, (Spring), 29-34.
- Browning, J. (1984). Stopping the violence: Canadian programs for assaultive men. In D. G. Dutton, The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. Violence and Victims, 1(3).
- Brownmiller, S. (1975). Against our will: Men, woman and rape. New York: Simon and Schuster.
- Bulcroft, R. A., & Straus, M. A. (1975). Validity of husband, wife and child reports of conjugal violence and power. Mimeographed paper. Family Research Laboratory, University of New Hampshire.
- Caesar, P. L. (1988). Exposure to violence in the families-of-origin among wife-abusers and maritally nonviolent men. Violence and Victims, 3(1), 49-63.
- Calvert, R. (1974). Criminal and civil liability in husband-wife assaults. In S. K. Steinmetz & M. A. Straus (Eds.), Violence in the Family. New York: Harper and Row.
- Carmody, D. C., & Williams, K. R. (1987). Wife assault and perceptions of sanctions. Violence and Victims, 2(1), 25-38.
- Carr, R., Orthner, D., & Brown, R. (1980). Living and family life patterns in the Air Force. Air University Review, 31, 75-96.

- Chapman, J. R., & Gates, M. (Eds.). (1978). The victimization of women. Beverly Hills: Sage Publications.
- Child and spouse abuse statistical report FY87 for the armed forces. (1988). Military Family Resource Center, Arlington, VA.
- Coleman, D. H., & Straus, M. A. (1986). Marital power, conflict, and violence in a nationally representative sample of American couples. Violence and Victims, 1(2), 142-157.
- Coleman, K. H. (1980). Conjugal violence: What 33 men report. Journal of Marital and Family Therapy, 6 (April), 207-213.
- Commandant Instruction 1750.7. (1988). Family Advocacy Program. Washington, DC: Commandant of the U.S. Coast Guard.
- Conrad, P., & Schneider, J. (1980). Deviance and medicalization: From badness to sickness. St. Louis: C. V. Mosby.
- Defense Almanac. (1988). Washington, DC: Department of Defense.
- Deschner, J. P. (1984). The hitting habit: Anger control for battering couples. New York: Free Press.
- Deschner, J. P., Geddes, C., Grimes, V., & Stancukas, E. (1980). Battered women: factors associated with spouse abuse. In J. P. Deschner, The hitting habit: Anger control for battering couples. New York: Free Press.
- Dobash, R. E., & Dobash, R. (1979). Violence against wives. New York: Free Press.
- Dollard, J., Miller, N., Doob, L., Mowrer, O. H., & Sears, R. R. (1939). Frustration and aggression. In Sheila McCabe Harminson (1986), Social learning, personal frustration and psychosocial characteristics of abusive husbands as compared to non-abusive husbands, DSW Dissertation, Washington, DC: Catholic University.
- Dutton, D. G. (1986). The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. Violence and Victims, 1(3).

- Dutton, D. G. (1980). The criminal justice response to wife assault. In D. G. Dutton, The outcome of court-mandated treatment for wife assault: A quasi-experimental evaluation. Violence and Victims, 1(3).
- Eddy, M. J., & Myers, T. (1984). Helping men who batter: A profile of programs in the U.S. Arlington, TX: Texas Council on Family Violence.
- Eisenberg, S. E., & Micklow, P. (1979). The assaulted wife: Catch-22 revisited. Women's Rights Law Reporter, 3, 138-161.
- Errington, G. (1977). Family violence-is it a woman's problem? In D. Sonkin, D. Martin, & L. Walker, The male batterer. New York: Springer Publishing Company.
- Fagan, J., & Wexler, S. (1987). Crime at home and in the streets: The relationship between family and stranger violence. Violence and Victims, 2(1), 5-23.
- Faulk, M. (1977). Men who assault their wives. In Maria Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.
- Fezell, C. S. (1981). Status of services for men who batter their living partners with suggested implications for program development. In J. P. Deschner, The hitting habit. New York: The Free Press.
- Finkelhor, D., Gelles, R. J., Hotaling, G. T., & Straus, M. A. (Eds.). (1983). The dark side of families. Beverley Hills: Sage Publications.
- Fitch, F. J., & Papantonio, A. (1983). Men who batter: Some pertinent characteristics. Journal of Nervous Mental Disease, 171(3), 190-192.
- Ganley, A. (1981). Participant's manual: Court mandated therapy for men who batter: A three-day workshop for professionals. Washington, DC: Center for Women Policy Studies.
- Ganley, A.<sup>anne L.</sup>, & Harris, L. (1978). Domestic violence: Issues in designing and implementing programs for male batterers. Paper presented at the American Psychological Association Annual Convention, Ontario, Canada.

- Garnet, S., & Moss, D. (1982). How to set up a counseling program for self-referred batterers: The AWAIC model. In Maria Roy (Ed.), The abusive partner: An analysis of domestic battering. New York: Van Nostrand Reinhold.
- Geller, J. A. (1982). Conjoint therapy: Staff training and treatment of the abuser and the abused. In Maria Roy (Ed.), The abusive partner: An analysis of domestic battering. New York: Van Nostrand Reinhold.
- Geller, J. A., & Walsh, J. C. (1978). A treatment model for the abused spouse. Victimology, 2(3-4), 627-632.
- Gelles, R. (1975). Violence and pregnancy: A note on the extent of the problem and needed services. The Family Coordinator, 24, 81-86.
- Gelles, R., & Straus, M. (1988). Intimate Violence. New York: Simon and Schuster.
- Glaser, B. (1978). Theoretical sensitivity. In M. B. Miles & A. M. Huberman. Qualitative data analysis. London: Sage Publications.
- Goffman, J. M. (1984). Batterers anonymous: Self-help counseling for men who batter women. San Bernadino, CA: B. A. Press.
- Goldstein, D., & Rosenbaum, A. (1985). An evaluation of the self-esteem of maritally violent men. Family Relations, 34, 425-428.
- Gondolf, E. W., & Russell, D. (1986). The case against anger control treatment programs for batterers. Response, 9(3), 2-5.
- Hale, G., Duckworth, J., Zimostrad, S., & Nicholas, D. (1988). Abusive partners: MMPI profiles of male batterers. Journal of Mental Health Counseling, 10(4), 214-224.
- Hamberger, L. K., & Hastings, J. E. (1986). Personality correlates of men who abuse their partners: A cross-validation study. In J. E. Hastings & L. K. Hamberger. Personality characteristics of spouse abusers: A controlled comparison. Violence and Victims, 3(1).

- Hamberger, L. K., & Hastings, J. E. (1985). Personality correlates of men who abuse their partners: Some preliminary data. In J. E. Hastings & L. K. Hamberger. Personality characteristics of spouse abusers: A controlled comparison. Violence and Victims, 3(1).
- Harmison, S. M. (1986). Social learning, personal frustration and psychosocial characteristics of abusive husbands as compared to non-abusive husbands, DSW Dissertation, Washington, DC: Catholic University.
- Hastings, J. E., & Hamberger, L. K. (1988). Personality characteristics of spouse abusers: A controlled comparison. Violence and Victims, 3(1), 31-48.
- Hilberman, E., & Munson, K. (1977). Sixty battered women: A preliminary survey. Victimology: An International Journal, 2(3-4), 460-470.
- Hotaling, G. T., & Straus, M. A. (1988). Violence in the family and violence and other crime outside the family. In M. Tonry & L. Ohlin (Eds.), Crime and justice: An annual review of research. University of Chicago Press.
- Humes, C., & Pfister, K. (1987). Counseling the military family: A conceptual framework. Virginia Counselors Journal, 16(1), 46-53.
- Jacobson, N. S., & Margolin, G. (1979). Marital therapy: Strategies based on social learning and behavior exchange principles. New York: Brunner-Mazel.
- Jaffe, N. (1980). Assaults on women: Rape and wife beatings (Public Affairs Pamphlet No. 579). New York: Public Affairs Committee.
- Kaslow, F., & Ridenour, R. (Eds.). (1984). The military family. New York: The Guilford Press.
- King, L. S. (1981). Responding to spouse abuse: The mental health profession. Response, 4(5), 6-9. Washington, DC: Center for Women Policy Studies.
- Langley, R., & Levy, R. (1977). Wife beating: The silent crisis. New York: E. P. Dutton.
- Law enforcement role vital to family advocacy work. (1986). Military Family, 6(5), 5-6.

- Lerman, L. G. (1983). Prosecution of spouse abuse: Innovations in criminal justice response. Washington, DC: Center for Women Policy Studies.
- Lion, J. R. (1977). Clinical aspects of wife battering. In Maria Roy (Ed.). Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.
- Margolin, G. (1979). Conjoint marital therapy to enhance anger management and reduce spouse abuse. American Journal of Family Therapy, 7(2), 13-23.
- Marine Corps Order 1752.3A. (1988). Family Advocacy Program. Washington, DC: Commandant of the U.S. Marine Corps.
- Marlatt, G. A. (1979). Alcohol use and problem drinking: A cognitive-behavioral analysis. In J. P. Deschner, The hitting habit. New York: The Free Press.
- Martin, D. (1976). Battered wives. San Francisco: Glide.
- Meichenbaum, D. (1977). Cognitive-behavior modification. New York: Plenum Press.
- Meichenbaum, D., & Turk, D. C. (1976). The cognitive-behavioral management of anxiety, anger, and pain. In P. O. Davidson (Ed.), The behavioral management of anxiety, depression, and pain. New York: Brunner-Mazel.
- Miles, M. B., & Huberman, A. M. (1984). Qualitative data analysis. London: Sage Publications.
- Military Family Resource Center. (1983). Child and spouse abuse statistical report (DOD Instruction 6400.2). Arlington, VA: Department of Defense.
- Millet, K. (1970). Sexual politics. Garden City, New York: Doubleday.
- Mott-McDonald Associates, Inc. (1985). The Report from the Conference on Intervention Programs for Men Who Batter (Grant No. 79-TA-AX-0024). Law Enforcement Assistance Administration, U.S. Department of Justice.
- NAVMEDCOM Instruction 6320.22. (1988). Family Advocacy Program. Washington, DC: Commander, Naval Medical Command.
- Neidig, P. (1988b). Alcohol and domestic violence: research findings and treatment implications. Unpublished paper.

- Neidig, P. (1986). The development and evaluation of a spouse abuse treatment program in a military setting. The Evaluation and Program Planning Journal, 9(3), 275-280.
- Neidig, P. (1985). Domestic conflict containment program workbook. Beaufort, SC: Behavioral Science Associates, Inc.
- Neidig, P. (1988a). The relationship of abuse in childhood and interspousal violence. Unpublished paper.
- Neidig, P., & Cuny, R. (1987). Myths and realities concerning interspousal violence in the military. Unpublished paper.
- Neidig, P., & Friedman, D. (1984). Spouse abuse: A treatment program for couples. Champaign, IL: Research Press Company.
- Neidig, P., Friedman, D., & Howell, W. (1983). Spouse abuse intervention program in the military setting. Manuscript. Beaufort, SC: Behavioral Science Associates, Inc.
- Novaco, R. (1985). Anger and its therapeutic regulation. In M. A. Chesney and R. H. Roseman (Eds.), Anger and hostility in cardiovascular and behavioral disorders. New York: Hemisphere.
- Novaco, R. (1975). Anger control: The development and evaluation of an experimental treatment. Lexington, MA: Lexington Books.
- Novaco, R., & Robinson, G. L. (1984). Anger and aggression among military personnel. In R. M. Kaplan, V. J. Konecni, & R. W. Novaco (Eds.), Aggression in children and youth. The Hague: Martinus Nijhoff.
- Pagelow, M. D. (1984). Family violence. New York: Praeger Press.
- Pagelow, M. D. (1981). Woman-battering: Victims and their experiences. Beverly Hills: Sage Publications.
- Pirog-Good, M. A., & Stets, J. (1985b). Completion in programs for abusers: Who drops out and what can be done to minimize this problem (Working paper 8586-8). Indiana University: Research and Graduate Development & School of Public and Environmental Affairs.

- Pirog-Good, M. A., & Stets, J. (1985a). Domestic violence: Treating the abuser (Working paper 8586-2). Indiana University: Research and Graduate Development & School of Public and Environmental Affairs.
- Ptacek, J. (1984). The clinical literature on men who batter: A review and critique. Paper presented at the Second National Conference for Family Violence Researchers, University of New Hampshire.
- Pleck, J. (1976). The male sex role: Definitions, problems, and sources of change. Journal of Social Issues, 32(3).
- Rider, J. W. (1988). Defeating abuse in the Corps. Proceedings, 70-73.
- Roberts, A. R. (Ed.). (1984). Battered women and their families: Intervention strategies and treatment programs. New York: Springer Publishing Company, Inc.
- Rogers, L. (1988). Theories of deviance in explanations of spouse abuse. Response, 11(2), 10-14.
- Rosenbaum, A., & O'Leary, K. D. (1981). Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 49, 63-76.
- Ross, M. (1981). Domestic violence in the military community: A view from the command. Paper presented at the Domestic Violence in the Military Community: Problems and Possible Solutions by Armed Forces and Community Agencies Conference, Savannah, GA.
- Roy, M. (Ed.). (1982). The abusive partner: An analysis of domestic battering. New York: Van Nostrand Reinhold.
- Saunders, D. (1985). [Review of Spouse abuse: A treatment guide for couples] Journal of Marital and Family Therapy, 11(2), 216-218.
- Saunders, D. (1982). Counseling the violent husband. In P. A. Keller & L. G. Ritt (Eds.), Innovations in clinical practice: A sourcebook, Vol. 1. Sarasota, FL: Professional Resource Exchange.
- Saunders, D. (1988b). Issues in conducting treatment programs with men who batter. In G. T. Hotaling, D. Finkelhor, J. T. Kirkpatrick, & M. A. Straus (Eds.), Coping with family violence: Research on policy perspectives. Beverly Hills: Sage Publications.



- Saunders, D. (1988a). Other truths about domestic violence: A reply to McNeely and Robinson-Simpson. Social Work, 33(2), 179-183.
- Saunders, D. (1979). The police response to battered women: Predictors of officer's use of arrest, counseling and minimal action. (University Microfilms International No. 80-08840).
- Saunders, D. (1987). A typology of men who batter their wives: Three types derived from cluster analysis. Manuscript submitted for publication.
- Saunders, D. (in press). What do we know about abuser recidivism? [Review of Recidivism in programs for abusers?] Victimology: An International Journal.
- Saunders, D. (1986). When battered women use violence: Husband-abuse or self-defense? Violence and Victims, 1, 47-60.
- Saunders, D., & Hanusa, D. R. (1986). Cognitive-behavioral treatment for men who batter: The short-term effects of group therapy. Journal of Family Violence, 1(4), 357-372.
- Saunders, D., Lynch, A., Grayson, M., & Linz, D. (1987). The inventory of beliefs about wife beating: The construction and initial validation of a measure of beliefs and attitudes. Violence and Victims, 2(1), 39-57.
- Schwabe, M., & Kaslow, F. (1984). Violence in the military family. In R. Ridenour & F. Kaslow, The military family. New York: The Guilford Press.
- Secretary of Defense underscores importance of family advocacy programs. (1986). Military Family, 6(5), 1.
- Selby, M.J. (1984). Assessment of violence potential using measures of anger, hostility, and social desirability. Journal of Personality Assessment, 48, 531-537.
- Shainess, N. (1977). Psychological aspects of wife-battering. In Maria Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.
- Sonkin, D. (1988). The male batterer: Clinical and research issues. Violence and Victims, 3(1), 65-79.

- Sonkin, D. J., & Durphy, M. (1985). Learning to live without violence: A handbook for men. San Francisco: Volcano Press.
- Sonkin, D. J., & Durphy, M. (1982). Learning to live without violence: A handbook for men. San Francisco: Volcano Press.
- Sonkin, D., Martin, D., & Walker, L. (1985). The male batterer: A treatment approach. New York: Springer Publishing Company.
- Stacey, W., & Shupe, A. (1983). The family secret: Domestic violence in America. Boston: Beacon Press.
- Star, B. (1983). Helping the abuser: Intervening effectively in family violence. New York: Family Service Association of America.
- Straus, M. A. (1979b). Family patterns and child abuse. Child Abuse and Neglect, 3, 213-225.
- Straus, M. A. (1979a). Measuring intrafamily conflict and violence: The conflict tactics (CT) scales. Journal of Marriage and the Family, 41, 75-88.
- Straus, M. A. (1986). Prevention of family violence. The prevention of mental-emotional disabilities. Resource papers to the report of the National Mental Health Association Commission on the Prevention of Mental-Emotional Disabilities. Washington, DC: National Mental Health Association, 141-148.
- Straus, M. A. (1978). Wife beating: How common and why? Victimology: An International Journal, 2(3-4), 443-458.
- Straus, M. A. (1977). Women into wives. Beverley Hills, CA: Sage Publications.
- Straus, M. A., & Gelles, R. J. (1987). The costs of family violence. Public Health Reports, 102(6), 638-640.
- Straus, M. A., & Gelles, R. J. (1988). How violent are American families? Estimates from the national family violence resurvey and other studies. In G. T. Hotaling (et al.), New directions in family violence research. Beverly Hills, CA: Sage Publications.
- Straus, M. A., & Gelles, R. J. (1989). Physical violence in American families: Risk factors and adaptations to violence in 8,145 families. Transaction Press.

- Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family, 48, 465-479.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). Behind closed doors: Violence in the American family. Garden City, New York: Doubleday.
- Sugarman, D. B., & Hotaling, G. T. (1988). Violent men in intimate relationships: An analysis of risk factors. Journal of Applied Social Psychology.
- Tobin, D. L., Holroyd, K. A., Garske, J., Molteni, A., Flanders, P., Malloy, K., & Margolis, A. (1983). Coping as a mediator of stress. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tobin, D. L., Holroyd, K. A., & Reynolds, R. V. (1982). The assessment of coping: Psychometric development of the coping strategies inventory. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tobin, D. L., Holroyd, K. A., & Reynolds, R. V. (1983). The measurement of coping in response to stress. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tobin, D. L., Holroyd, K. A., & Reynolds, R. V. (1984). User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tobin, D. L., Holroyd, K. A., Reynolds, R. V., & Wigal, J. (1985a). Coping and depression: A predictive discriminant classification. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tobin, D. L., Holroyd, K. A., Reynolds, R. V., & Wigal, J. (1985b). The hierarchical structure of coping. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.

- Tobin, D. L., Reynolds, R., Garske, J., & Wigal, J. K. (1984). The influence of self-efficacy expectations on coping efforts. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- Tolman, R., & Saunders, D. (1988). The case for the cautious use of anger control with men who batter. Response, 11(2), 15-20.
- U.S. Department of Justice. (1984). Attorney General's task force on family violence. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Justice. (1986). Uniform crime reports: Crime in the U.S.-1985. Washington, DC: U.S. Government Printing Office.
- Walker, L. E. (1984). The battered woman syndrome. New York: Springer Publishing Company.
- Walker, L. E. (1981). Battered women: Sex roles and clinical issues. Professional Psychology, 12(1), 81-91.
- Walker, L. E. (1979). The battered woman. New York: Harper and Row.
- Wierzbicki, G. (1988). PACE instruction manual. Unpublished manuscript.
- Weitzman, J., & Dreen, K. (1982). Wife beating: A view of the marital dyad. Social Casework, (May), 259-265.
- West, L., Turner, W., & Dunwoody, E. (1981). Wife abuse in the armed forces. Washington, DC: Center for Women Policy Studies.
- Wherry, R. J. (1984). Contributions to correlational analysis. In D. L. Tobin, K. A. Holroyd, & R. V. Reynolds. User's manual for the coping strategies inventory. Department of Psychology: University of Ohio.
- White, S. O., & Straus, M. A. (1981). The implications of family violence for rehabilitation strategies. In S. E. Martin, L. B. Sechrest & R. Redner (Eds.), New directions in the rehabilitation of criminal offenders. Washington, DC: National Academy of Sciences.

Yin, R. K. (1989). Case study research: Design and methods.  
Applied Social Research Methods Series, Volume 5.  
London: Sage Publications.

## Appendix A

### SUBJECT INFORMATION AND INFORMED CONSENT FORM

Effectiveness of an anger control group on  
military members that physically abuse their spouses

#### Purpose of Study

The purpose of this study is to determine the effectiveness of the anger control group on military members that physically abuse their spouses. I am particularly interested in your anger, stress management, and coping skills before you entered the anger control group and after you complete this program. The information gathered in this study may be useful in the modification of this program to further understand individuals who physically abuse their spouses and to help eliminate abuse from their relationship.

#### Procedures

You will be asked to complete several questionnaires and inventories dealing with stress, anger, coping skills and your family background throughout the program. Several will be administered in a written format in the group setting during the program and several will be administered verbally and individually to yourself. I also hope to contact your spouse individually for several short questionnaires by telephone. I will administer all the questionnaires and inventories and answer all questions you might have at any time.

#### Investigator

This study was designed and will be carried out by Karstin A. Pfister, CAGS, LPC, NCC, as partial requirement for the doctorate degree in counseling under the supervision of Dr. Johnnie Miles of the Department of Education of Virginia Polytechnic and State University. Karstin Pfister can be contacted presently at (703)791-5604 or at (202)694-5065 during the day after April 4, 1988.

#### Participation in the Study

I am asking for your voluntary cooperation in the study. If you agree to participate, you are free to withdraw your consent and to eliminate any question which you chose not to answer. If you do discontinue, this will not limit your opportunity to continue in the anger control group not have any consequences on your military career.

#### Confidentiality

All data collected are guaranteed to be strictly confidential. Your name will not appear on any of the results, only individual code numbers which will be

destroyed after the period of data collection has been completed. Your name will not be associated with your answers in any public, private, or military report. The researcher and group facilitator will be the only persons with access to your individual answers. The researcher will destroy them after the data is collected and dissertation completed. A summary of the general group results will be made available to you upon request and the group facilitator to assess the program.

I have read the above information and understand that my confidentiality is guaranteed and that I may withdraw from the study at any time.

I do hereby voluntarily consent to participate in the study described above.

---

Signature

---

Date

Appendix B

INTAKE INTERVIEW

IDENTIFYING INFORMATION:HUSBAND

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_  
Date of birth \_\_\_\_\_ Race \_\_\_\_\_  
Last grade completed in school \_\_\_\_\_  
Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time at present job \_\_\_\_\_  
How stressful is present job?  
Not at all      Slightly stressful      Stressful  
                                Very stressful                          N/A  
All things considered, how satisfied are you with your job?  
Very unsatisfied      Unsatisfied      Satisfied  
                                Very satisfied                          N/A  
Are you a combat veteran? Yes      No  
Length of time in service \_\_\_\_\_  
Number of previous marriages, if any \_\_\_\_\_  
Age at time of first marriage \_\_\_\_\_  
How long have you been married this time? \_\_\_\_\_  
Are you and your wife: Living together      Separated      Divorced

IDENTIFYING INFORMATION:WIFE

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_  
Date of birth \_\_\_\_\_ Race \_\_\_\_\_  
Last grade completed in school \_\_\_\_\_  
Social Security # \_\_\_\_\_ Occupation \_\_\_\_\_  
Length of time at present job \_\_\_\_\_  
How stressful is present job?  
Not at all      Slightly stressful      Stressful  
                                Very stressful                          N/A  
All things considered, how satisfied are you with your job?  
Very unsatisfied      Unsatisfied      Satisfied  
                                Very satisfied                          N/A  
Number of previous marriages, if any \_\_\_\_\_  
Age at time of first marriage \_\_\_\_\_  
How long have you been married this time? \_\_\_\_\_

BACKGROUND INFORMATION:HUSBAND

Were you raised primarily by:  
Mother & father      Father      Father & stepmother  
Mother only      Mother & stepfather      Grandparents  
Other family      Foster family



During the time you were growing up did your father (or adult male)---

Comfort or help you when you had troubles?	Never	Sometimes	Often	Almost always	N/A
Hit or slap you?	Never	Sometimes	Often	Almost always	N/A
Scold or yell at you?	Never	Sometimes	Often	Almost always	N/A
Beat you?	Never	Sometimes	Often	Almost always	N/A
If beaten, describe the beatings. _____					

---



---



---



---

During the time you were growing up did your mother (or adult female)---

Comfort or help you when you had troubles?	Never	Sometimes	Often	Almost always	N/A
Hit or slap you?	Never	Sometimes	Often	Almost always	N/A
Scold or yell at you?	Never	Sometimes	Often	Almost always	N/A
Beat you?	Never	Sometimes	Often	Almost always	N/A
If beaten, describe the beatings. _____					

---



---



---



---

How old were you the last time you were spanked or hit by a parent?

3 or younger	3-6	6-12	12-15	15-18	Older than 18
Looking back, do you consider yourself to have been punished too severely?	Yes	Maybe	No		
Punished unfairly?	Yes	Maybe	No		
Physically or emotionally abused?	Yes	Maybe	No		
Did you ever see or hear the people who raised you argue or fight?	Never	Sometimes	Often	Very often	

Did you ever see or hear your father hit your mother?

Never Sometimes Often Very often  
 Did you ever see or hear your mother hit your father?  
 Never Sometimes Often Very often  
 When you were growing up, were you ever afraid of being  
 physically harmed?  
 Never Sometimes Often Very often

BACKGROUND INFORMATION:WIFE

Were you raised primarily by:  
 Mother & father Father only Father & stepmother  
 Mother only Mother & stepfather Grandparents  
 Other family Foster family

During the time you were growing up did your father (or  
 adult male)--

Comfort or help you when you had troubles?  
 Never Sometimes Often Almost always N/A  
 Hit or slap you?  
 Never Sometimes Often Almost always N/A  
 Scold or yell at you?  
 Never Sometimes Often Almost always N/A  
 Beat you?  
 Never Sometimes Often Almost always N/A  
 If beaten, describe the beatings. \_\_\_\_\_

During the time that you were growing up did your mother (or  
 adult female)-

Comfort or help you when you had troubles?  
 Never Sometimes Often Almost always N/A  
 Hit or slap you?  
 Never Sometimes Often Almost always N/A  
 Scold or yell at you?  
 Never Sometimes Often Almost always N/A  
 Beat you?  
 Never Sometimes Often Almost always N/A  
 If beaten, describe the beatings. \_\_\_\_\_

How old were you the last time you were spanked or hit by a parent?

3 or younger 3-6 6-12 12-15 15-18 Older than 18  
Looking back, do you consider yourself to have been punished too severely? Yes Maybe No

Punished unfairly: Yes Maybe No

Physically or emotionally abused? Yes Maybe No

Did you ever see or hear the people who raised you argue or fight?

Never Sometimes Often Very often  
Did you ever see or hear your father hit your mother?

Never Sometimes Often Very often N/A  
Did you ever see or hear your mother hit your father?

Never Sometimes Often Very often N/A  
When you were growing up, were you ever afraid of being physically harmed?

Never Sometimes Often Very often

VIOLENCE HISTORY:HUSBAND AND WIFE

Now I would like to learn about the violence in your relationship. I am going to ask each of you the same questions. You may find that you agree or that you remember things differently. (If only one spouse is present, mark all responses for the absent spouse as N/A.)

The first time there was any violence in your relationship were you: Going together Just married  
Married less than 1 year Married more than 1 year  
Husband \_\_\_\_\_ Wife \_\_\_\_\_

How upset were you about the first incident of violence when it happened? Not upset Slightly upset Upset Very upset

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Did you tend to blame yourself? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Blame your spouse? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Blame someone or something else? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
If you blamed someone or something else, specify.

Husband \_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have either of you ever been involved in physical violence in a previous marriage or relationship? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If so, describe.

Husband \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever used weapons or objects as weapons against another person? Yes No A member of your family

Husband \_\_\_\_\_ Wife \_\_\_\_\_

When did your last incident of violence happen?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Describe the incident.

Husband \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What sort of injuries did you receive?

None Minor, no treatment needed

Moderate, treatment needed

Serious, hospitalization needed

Permanent disability

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Did any of the following get involved at the time of the incident?

No one      Law officers      Neighbors  
Other family members      Medical personnel  
Counselors      Minister or priest      Friends      Others

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Did any of these people refer you to this program?

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Did any of these people discuss your problems with violence with you?

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
How upset were you after the last incident of violence?  
Not upset      Slightly upset  
Upset      Very upset

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
After the last incident of violence, did you tend to blame yourself?      Yes      No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Blame your spouse?      Yes      No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
Blame someone or something else?      Yes      No

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
If you blamed someone or something else, specify:

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

Have you ever had problems outside of the home with anger or violence:      No      Some      Several times

Husband \_\_\_\_\_ Wife \_\_\_\_\_  
If so, specify how.

Husband \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested?

No \_\_\_\_\_ As a juvenile, nonviolent charge  
 As an adult, nonviolent charge  
 As a juvenile or an adult, violent charge

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Had you been drinking or using drugs at the time of the last incident of violence?

No \_\_\_\_\_ Some alcohol \_\_\_\_\_ A lot of alcohol \_\_\_\_\_ Drugs \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Do you feel that alcohol or drugs contribute to your marital problems? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Do you feel that your spouse has an alcohol or drug problem? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

How often do you feel frightened at home?

Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Often \_\_\_\_\_ Almost always \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

SOCIAL INFORMATION:HUSBAND AND WIFE

What is your religion?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

How important is your religion to you?

Not at all \_\_\_\_\_ Slightly important \_\_\_\_\_ Important \_\_\_\_\_  
 Very important \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

How often do you go out to socialize or to have fun with your spouse?

Less than 1 time per month \_\_\_\_\_ 1 time per month \_\_\_\_\_  
 1 time every 2 weeks \_\_\_\_\_ 1 time per week \_\_\_\_\_  
 2 to 4 times per week \_\_\_\_\_ Almost every night \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Without your spouse?

Husband \_\_\_\_\_ Wife \_\_\_\_\_

FAMILY INFORMATION:HUSBAND AND WIFE

How many of each of the following live in your home?

Children under 5 \_\_\_\_\_

Children 6 to 10 \_\_\_\_\_

Children older than 10 \_\_\_\_\_

Children who are physically or mental disabled \_\_\_\_\_

Stepchildren Husband \_\_\_\_\_ Wife \_\_\_\_\_

Other adults \_\_\_\_\_

Do you think that the children have been affected by the conflict and violence in your home?

No \_\_\_\_\_ Slightly \_\_\_\_\_ Moderately \_\_\_\_\_ Greatly \_\_\_\_\_ N/A \_\_\_\_\_

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Do you usually agree with your spouse when it comes to disciplining the children? Yes No N/A

Husband \_\_\_\_\_ Wife \_\_\_\_\_

How do you feel about the way that your spouse disciplines the children? Too easy Just about right

Somewhat too harsh Much too harsh N/A

Husband \_\_\_\_\_ Wife \_\_\_\_\_

How do you feel about the way that you discipline the children?

Too easy Just about right  
Somewhat too harsh Much too harsh N/A

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Would you like some help with parenting such as individual counseling or parenting classes? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Would you like some help with how to control anger and violence in your marriage? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Will you be attending treatment? Yes No

Husband \_\_\_\_\_ Wife \_\_\_\_\_

If not, explain.

Husband \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present at interview.

Husband only      Wife only      Both  
Interviewed separately

Date of interview.

Husband \_\_\_\_\_ Wife \_\_\_\_\_

Name of interviewer. \_\_\_\_\_

Neidig, P. & Friedman, D. (1984). Spouse abuse: A treatment program for couples. Illinois: Research Press Company.



Appendix C

QUESTIONNAIRE - HUSBAND

1. WHAT EMOTIONS WERE YOU FEELING THIS WEEK DURING GROUP?
2. WHAT DID YOU LEARN FROM THE GROUP THIS WEEK THAT IS USEFUL?
3. HOW DO YOU PLAN TO USE IT?
4. IN WHAT WAYS DID YOU USE ANY TECHNIQUE THIS WEEK THAT YOU LEARNED FROM A PREVIOUS WEEK?
5. DID YOU DISCUSS OR SHARE ANYTHING YOU LEARNED FROM THE GROUP THIS WEEK WITH YOUR WIFE?
6. HAVE YOU PHYSICALLY ABUSED OR COME CLOSE TO ABUSING YOUR WIFE THIS WEEK? (EXPLAIN)
7. HAVE YOU NOTICED ANY CHANGES IN YOUR MARRIAGE THIS WEEK? (EXPLAIN)

NAME \_\_\_\_\_

DATE \_\_\_\_\_ (AFTER CLASS # \_\_\_\_\_)

Appendix D

QUESTIONNAIRE - WIFE

1. WHAT KIND OF CHANGES HAVE YOU NOTICED IN YOUR HUSBAND THIS WEEK?
  
2. WHAT HAS HE SHARED WITH YOU THAT HE LEARNED FROM THE GROUP?
  
3. HAS YOUR HUSBAND DONE ANY OF THE FOLLOWING TO YOU THIS WEEK? (PLEASE CHECK AND INCLUDE HOW MANY TIMES IT OCCURRED)

\_\_\_\_\_ VERBALLY ABUSED YOU  
\_\_\_\_\_ THREATENED TO HURT YOU  
\_\_\_\_\_ FORCED YOU TO HAVE SEX  
\_\_\_\_\_ PUSHED, GRABBED, OR SHOVED YOU  
\_\_\_\_\_ SLAPPED YOU  
\_\_\_\_\_ KICKED, BIT, OR HIT YOU WITH A FIST  
\_\_\_\_\_ CHOKED YOU  
\_\_\_\_\_ THREATEN YOU WITH A GUN, KNIFE OR OTHER WEAPON

4. WHAT CHANGES HAVE YOU NOTICED IN YOUR RELATIONSHIP WITH YOUR HUSBAND THIS WEEK?

NAME \_\_\_\_\_

DATE \_\_\_\_\_ (AFTER CLASS# \_\_\_\_\_)

Appendix E

QUESTIONNAIRE - GROUP FACILITATOR

Please indicate the response by circling the number next to the item where 1 = None, 2 = Very Little, 3 = Moderate/Adequate, 4 = Above Average, and 5 = A Lot, High.

- |   |   |   |   |   |    |  |
|---|---|---|---|---|----|--|
| 1 | 2 | 3 | 4 | 5 | 1. | WAS THE PARTICIPANT ATTENTIVE<br>IN THE GROUP THIS WEEK?   |
| 1 | 2 | 3 | 4 | 5 | 2. | DID THE INDIVIDUAL PARTICIPATE<br>IN GROUP DISCUSSION?   |
| 1 | 2 | 3 | 4 | 5 | 3. | DID THE PARTICIPANT DO THE<br>HOMEWORK ASSIGNMENT THIS WEEK?   |
| 1 | 2 | 3 | 4 | 5 | 4. | BRIEFLY COMMENT ON ANY CHANGES<br>OR PROGRESS YOU HAVE NOTICED<br>THE PARTICIPANT MAKE THIS<br>WEEK? |

NAME OF PARTICIPANT \_\_\_\_\_

DATE \_\_\_\_\_ (AFTER CLASS # \_\_\_\_\_)

Appendix F

MAINTAINING YOUR GAINS WORKSHEET

This is the final questionnaire in my project. It is designed as a follow-up to assess what you have learned and maintained from the PACE treatment program. Please feel free to write as much as you like. Any and all information you provide will help future groups. If you still feel the need for individual counseling or marital counseling with your wife please feel free to contact Ft. Belvoir Mental Health Department or Army Community Services for appropriate referrals. Please mail the completed questionnaire by the end of June and send to me in the enclosed stamped envelope. Thank you for your participation in this study.

Briefly describe the problems that brought you into the program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since beginning the program:

what positive changes have you noted in yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

what positive changes have you noted in your spouse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional positive changes are you committed to make:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list below:

(1) the problems you need to be alert to in the future;

(2) the danger signals which signal the return of the problem;

(3) your best coping strategy for dealing with the problem.

<u>1</u> <u>POTENTIAL PROBLEM</u>	<u>2</u> <u>DANGER SIGNALS</u>	<u>3</u> <u>COPING STRATEGY</u>
1. _____ _____	_____ _____	_____ _____
2. _____ _____	_____ _____	_____ _____
3. _____ _____	_____ _____	_____ _____
4. _____ _____	_____ _____	_____ _____

Is there anything you would have liked to cover in the group that was not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes would you like to see added or deleted from the group? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What additional help do you feel you could use? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe how Track II of the group effected you.

---

---

What did you learn in Track II? \_\_\_\_\_

---

---

Briefly describe how Track III of the group effected you.

---

---

---

What did you learn in Track III? \_\_\_\_\_

---

---

Have you physically abused or come close to abusing your wife since beginning the group? If so, explain the circumstances. \_\_\_\_\_

---

---

Are you still living with your wife or separated and planning to divorce? \_\_\_\_\_

---

---

Additional comments, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Neidig, P. (1985). Domestic conflict containment program workbook. Beaufort, SC: Behavioral Science Associates, Inc.

## Appendix G

### FINAL CLINICAL INTERVIEW QUESTIONS

1. Here we are several months after treatment. What 3-4 things would you say about the program? \*(positive & negative)
2. What was your opinion when you first started the program?
3. If the program was useful, what aspects were the most relevant for you? When did you realize this would be the outcome?
4. If the group was not useful to you, what could have worked for you but wasn't offered?
5. What might have been helpful for others like you in the program if you could change it?
6. What advice would you give to the group facilitator or someone trying to put a group together now?
7. How many of the perceptions about the program that you began with do you have now?
8. What thoughts and feelings did you have going through this program? Were your feelings the same in each track of the program or did they change?
9. Did you think you really needed to be in the group?
10. How would you describe the quality of your relationship with your wife now? \*(marital status & abuse)
11. People view spouse abuse differently, what in your opinion is spouse abuse?
12. Do you think anything that happened to you as a child or anything you witnessed as a child impacted on your behavior in your situation?
13. Was anger or frustration a factor in the abusive situation that brought you in to the group?
14. How serious were you about the program?
15. If you didn't take the program seriously, why not and how were you able to say and do the things that the facilitator expected of you without her "catching on"?



16. Where do you think you were on a scale from 1-10 for seriousness at the beginning - middle - end of the group and now? \*(1=not serious, 10=very serious)

17. What did you think about your level of seriousness?

18. Do you feel any lasting effects from the group?

19. Do you feel you need help now, in any way, in your relationship?

## VITA

### Personal Data

NAME: Karstin Ann Dutch-Pfister  
DOB: April 26, 1955 in Philadelphia, PA

### Educational Background

1987-1990 Virginia Polytechnic Institute and State University: Doctor of Education in Counselor Education  
1985-1986 Virginia Polytechnic Institute and State University: Certificate of Advanced Graduate Studies in Counselor Education  
1980-1983 George Mason University: Master of Education in Counselor Education  
1973-1977 Cornell College: Bachelor of Science in Psychology and Spanish; Secondary Education Certification

### Credentials

1987 Licensed Professional Counselor in Virginia  
1985 National Certified Counselor

### Employment History

1988-Present Director  
Family Service Center, HQMC, Virginia  
1987-1988 Program Coordinator and Counselor  
Family Service Center, HQMC, Virginia  
1981-1987 Counselor  
Family Service Center, HQMC, Virginia  
1979-1981 Program Coordinator and Counselor  
Human Resources Graduate Program in Northern Virginia: Pepperdine University  
1978-1979 Instructor  
Faculty of Medicine and Faculty of Letters  
Kabul University  
Kabul, Afghanistan (Peace Corps)

- 1977-1978      Instructor  
National Meteorological Institute  
Kabul, Afghanistan (Peace Corps)
- Professional Publication
- 1989            Appeared on CBS national news television  
regarding "Suicide Prevention in the Marine  
Corps".
- 1987            Counseling the military family: A conceptual  
framework, Virginia Counselors Journal, 16  
(1), 46-53.
- 1981            The Suicidal Student: ages 15-24,  
Presentation made at the George Mason  
University Annual Counseling Conference,  
Fairfax, VA.
- 1979            Recognition Memory Processes in Bilingual  
Students. Paper presented at the annual  
meeting at the Iowa Academy of Science, IA.
- Awards and Recognitions
- 1990            International Who's Who of Professional and  
Business Women
- Personalities of the South
- Dictionary of International Biography
- Personalities of America
- The International Book of Honor
- International Leader in Achievement
- Community Leaders of America
- Who's Who of Women Executives
- 1988 & 1986    Who's who Among Human Services Professionals
- 1983            Outstanding Young Women of America
- 1981-1982      IDA Outstanding Employee of the Year
- 1979            Certificate of Appreciation from the U.S.  
Ambassador to Afghanistan

*Karstin Ann Dutch-Pfister*  
Karstin Ann Dutch-Pfister