

GROUP PSYCHOTHERAPY FOR MALE SPOUSE ABUSERS  
USING TFA SYSTEMS (TM)

by

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(ABSTRACT)

The purpose of this action study was to conduct a group psychotherapy for male spouse abusers using TFA Systems(tm). This treatment method examined the specific thoughts (T), feelings (F), and actions (A) experienced by abusive men in pre-violent situations.

Situational specificity was followed throughout the treatment, making it relevant to the individual offender. The presenting problem leading to each subject's arrest was carefully analyzed using TFA assessment methods. Cues of approaching violence were isolated, and described in TFA terms. Subjects also identified personalized high stress situations prone to violence. Applying TFA methods to these selected situations, they learned individualized and non-violent alternatives, preparing strategies for control. Group process was structured for flexibility, using the TFA Helping Cycle.

The evaluation component of this study assessed the immediate outcomes and initial effects of treatment. Data were collected from subjective and objective assessments, using triangulation to strengthen observations.

The results of this action study suggest that the TFA assessment methodology effectively described spouse abusers' TFA interactions prior to impulsive violence. Subjects were able to learn and apply the TFA concepts so as to increase pre-violence awareness. Participants in treatment became more thinking oriented in situations of mounting tension, moderating feelings and actions. TFA treatment responded to the context, thoughts, feelings, and actions of abusive men. The Hutchins Behavior Inventory, an assessment of TFA functioning in specified situations, confirmed changes in abusers' TFA functioning. TFA treatment was shown to be a promising method for intervening in the violence cycle.

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## CHAPTER ONE

### Introduction

Men from every region of our country, from every socioeconomic level, and from every race, religion and creed do violence upon their wives, ex-wives, co-habiting partners, girlfriends, or dates. Men victimize their intimate partners at a rate of 15 to 28 million incidents each year, involving a conservatively estimated 1.8 million women (Straus, et. al, 1980).

Each victim cries for someone to make him stop. In this action study, we focus on the thoughts, feelings, and actions of men in specific situations of mounting tension, presenting a treatment aimed at stopping abuse.

From her extensive research and clinical work, Walker (1979) has discovered there is a discernable three phase cycle of violence and abuse. Tensions build (phase one), he strikes (phase two), he repents (phase three). We are especially interested in the pre-violent phase of Walker's cycle theory, and the abuser's unique thoughts (T), feelings (F), and actions (A). Using TFA Systems (tm), it is now possible to illustrate the interactions of an abusive man's TFA behavior as he moves through a cycle of violence (Hutchins and Vogler, 1988).

In the pre-violence phase of the cycle of abuse, called tension building, a man is experiencing tension within himself and within his intimate relationship. The quality, quantity, and intensity of his thoughts during this phase effect eventual action. His thoughts interpret events around him. The closer he approaches being out of control, the greater the number of negative thoughts of great intensity he experiences. More of his feelings become unpleasant, and their intensity drive him to find relief. His actions prior to violence might vary in quantity, and are usually lacking in productiveness and efficiency. There is an atmosphere of desperation, and feelings begin to take over. In phase two, he is out of control. In phase three, he is repentant, but tensions inevitably rise again. In many cases the violence repeats.

The violence repeats because the battering man has acquired a repertoire of maladaptive responses to the tensions, stresses, irritants, and frustrations in his life and relationship. The point of intervention is in the tension building phase of the cycle of violence. If new and more adaptive thought, feeling, and action responses to the sources of tension could be learned, the consequences of uncontrolled anger and rage would be diminished or even eliminated. This action study involves a group treatment program for assaultive men aimed at stopping violence in its

tension building phase.

## BACKGROUND

The conceptual framework of this study is the effect personal awareness of thinking, feeling, and acting variables have on an individual's behavior in the tension building phase of the violence cycle.

The TFA System, developed by Hutchins (1979), explained client behavior in terms of thinking (T), feeling (F), and acting (A). Clinicians are able to select interventions based upon the nature of specific problems presented by the client.

When Hutchins introduced the Hutchins Behavior Inventory (HBI) in 1984, it became possible for a therapist to quantitatively assess the levels of an individual's TFA orientation in a specified situation. The HBI differed from other assessment instruments in that rather than describing a clients behavior in generic terms, the HBI described behavior in a specifically identified situation. The therapist became better able to intervene on behalf of the client because the levels of thinking, feeling, and acting in the problem situation were known.

Hutchins and Vogler (1988) further developed TFA Systems (tm) so as to equip clinicians, clients, and others

with a methodology to assess thinking, feeling, and acting in specific problem situations. These refinements make it possible, for the first time, to teach individuals the skills necessary to assess their levels of TFA, and make needed adjustments.

TFA Systems provides a working conception of the effects of thoughts, feelings, and actions on human functioning in identified settings. Conceptions of a person's thoughts, feelings, and actions are described in terms of quantity, quality, and intensity. The utility of such a framework is that it parsimoniously organizes the information a person might need to modify behavior in a problematic situation.

Other conceptual frameworks have been applied to the psychotherapy of violent men. They have been variously oriented to cognitive, affective, and psychomotor aspects of human functioning. Some eclectic orientations use a composite approach. One trend which stands out in many of these conceptualizations is the focus upon the generic or the typological. Generalizations are made concerning the male's use of violence, and therefore interventions often fail to be sensitive to individual differences. Clinical impressions note a danger in making psychotherapy abstract as it becomes less relevant. As psychotherapy becomes more obtuse, the client becomes more passive.

What distinguishes this framework from others is the notion of situation specificity for the interaction of thoughts, feelings, and actions which lead an identified client to choose abuse rather than non-violence in a phase of increasing tension. Conceiving human behavior in this way invites particularity in both assessment and intervention. As psychotherapy becomes more specific it becomes more relevant, and the client takes a more active role in the change process. An accurate awareness of those personal factors which have led to prior maladaptive and abusive behaviors make adaptive choices more likely.

#### ASSUMPTIONS

1. The TFA Systems accurately assesses the quantity, quality, and intensity of the constructs thoughts, feelings, and actions.
2. It is assumed that a battering and abusive man learned his maladaptive patterns of behavior and is capable of change.
3. It is assumed that the Conflict Tactic Scale measures the level and extent of consort violence over a clearly defined span of time.

#### PROBLEM STATEMENT

Assaultive men are not effective at achieving a resolution of the stresses or problems in their relationships. Their repertoire of coping skills is limited, and their learned responses to irritants are self-defeating. Inevitably, tension exceeds the ability to control.

There are various treatment methods espoused as being effective in the teaching of adaptive responses to the tensions in phase one of the violence cycle. The interventions which seem to contribute to the cessation of violence share a common emphasis on the specific factors operating in a particular man's experience prior to the acute battering incident.

The problem is to apply TFA Systems to the treatment of male abusers. This treatment method examines the specific thoughts, feelings, and actions experienced by abusive men in a pre-violent situation so as to increase self-awareness and knowledge of non-violent alternatives.

#### PURPOSE

The purpose of the action study is to conduct a group psychotherapy for male abusers using TFA Systems. In order to do this the study will:

1. Synthesize the extant literature.
2. Describe the thoughts, feelings, and actions typical of male abusers in situations of mounting tension.
3. Critique the treatments, techniques, and interventions used to stop violence.
4. Describe the components of the TFA Systems treatment.
5. Conduct a group treatment program for violent men.
6. Evaluate the immediate outcomes and initial effects of TFA Systems treatment.
7. Make recommendations for the conduct and assessment of treatment programs for violent men.

#### RESEARCH QUESTIONS

When this action study is completed, the following questions should be answered. Certain questions will be reasonably answered in the course of conducting the action study.

1. What is the current status of research on the contextual variables related to consort abuse and violence?
2. What is known about the specific thoughts, feelings and actions of abusers in situations of mounting tension?



3. What programs and interventions foster awareness of thoughts, feelings, and/or actions?
4. What are the components of the TFA awareness training, and why are they included?
5. What changes occur in TFA behavior patterns as a function of the treatment program?

#### DELIMITATIONS

1. This study's critique of contemporary treatment programs for abusive men is based upon a sample of program descriptions available to me and is not assumed to be exhaustive.
2. This study is delimited to men who have battered their female partners and who live in and around an urban area of about 225,000 population.
3. This study is delimited to those men who accept or seek group treatment at a social service agency operating in the above area. Furthermore, research limitations imposed by the agency narrowed the scope of participant selection. This study fully acknowledges the limited number of participants in this treatment.
4. This study is delimited in focus to the interruption of the cycle of violence at the tension building pre-violence phase. This is in contrast to other

treatment models which include couple/marital counseling, sex-role restructuring, and communications training.

5. This study is delimited to the duration of the overall nine week treatment process which includes eight weekly group sessions followed by a post-treatment evaluation and assessment.

#### LIMITATIONS

1. TFA Systems have not been clinically applied to a population of male abusers.

2. Time factors limit this study's observations to treatment parameters. Since battering is a learned behavior, longitudinal studies will be required to note modifications over time.

3. Because the subjects of this study will be purposefully selected from only one social service agency in one geographical area of Virginia, the results must be cautiously generalized to other regions, and to the target population as a whole.

4. Since legal issues surround the treatment for assaultive men, and since treatment failure is likely to result in sentencing before a judge in Juvenile and Domestic Court, the motivation to present oneself in a good light may be particularly high, and therefore respondent reactivity

may be a threat to validity.

5. Certain limitations evolve from the fact that the researcher in this action study is also the clinician. This might influence the accuracy of assessments. Further research, particularly where inter-rater reliability would be established through specialized training in the TFA System, will be necessary. This would increase the power of evaluative observations.

#### DEFINITIONS

Abuse - the use of physical or emotional force by a perpetrator with the intent or perceived intent to hurt the victim (Brekke, 1987). An abuser is one who has used abuse.

Assault - an unlawful threat to harm another physically, or an unsuccessful attempt to do so (Webster's, 1979). An assaultive man is one who has committed assault.

Awareness - an active understanding of intrinsic and extrinsic dynamics.

Battery - the beating or illegal touching of another's person whether directly or with an object (Webster's, 1979). A batterer is one who has committed battery.

Behavior - the interaction of thoughts, feelings,

and actions (Hutchins, in press). Behavior is more than a reflex arc (stimulus followed by response). It is an ongoing reciprocal interaction with thought, feeling, and action components.

Conflict Tactic Scale (CTS) - an instrument designed by Straus measuring reasoning, verbal aggression, and violence or physical aggression (Straus and Gelles, 1986). Commonly used in domestic violence research.

Cycle of Violence - the repetitive dynamics of violence which tend to follow three phases: a) tensions build toward loss of control, b) the critical incident, and c) tensions abate without problem resolution, inevitably fostering renewed tensions.

Hutchins Behavior Inventory (HBI) - an instrument created by Hutchins (1984) to assess an individual's TFA orientation in the TFA model (Mueller, 1987).

Pre-violence phase - the initial phase of the violence cycle characterized by mounting tensions (Walker, 1979). Self-control markedly degenerates, and the abuser reacts by using maladaptively learned thought, feeling, and action responses.

Situation specificity - any significant combination of circumstances pertaining to the isolated and defined problem.

TFA Helping Cycle - an accurate and effective

system for describing and prescribing human behavior; a guide to effective strategies for changing behavior (Hutchins and Vogler, 1988).

TFA Model - a theoretical model devised by Hutchins (1979, 1982, 1984) conceptually and graphically relating a person's level of thinking, feeling, and acting in a given situation (Mueller, 1987).

TFA Systems (tm) - an application of the TFA model in the form of a comprehensive approach to problem identification, description, intervention, and resolution (HUTchins and Vogler, 1988).

TFA Triad - the resulting triangle that emerges when one's specific behavior is plotted on the TFA Triangle.

TFA Triangle - a triangular shaped form on which one's behavior pattern is plotted.

Violence - great force or strength of feeling, conduct or language; passion; fury (Webster's, 1979). A person is violent when he shows uncontrolled strong feeling or emotion and may extend to immoderate physical acts.

#### NEED FOR THE STUDY

This action study contributes to the body of clinical knowledge leading to ending the cycle of violence perpetrated by men in intimate relationships. It is the

researcher's belief that professional interventions must integrate theoretical postulates. Rather than debate the merits of one theory, this study suggest that all theories of domestic violence account for parts of the problem.

The integration suggested by this study is anthropocentric; fitting the theory to the man, rather than the man to the theory. The point is that all theoretical remedies to the problem of consort violence are critical to its eventual irradiation, but that treatment decisions are best made on an individual basis.

The conceptual emphasis of this study is the notion that thought each violent man shares many characteristics with all violent men, he has experienced some specifically maladaptive thoughts, feelings, and/or actions which have contributed to his behavior. Interventions aimed at helping a particular man learn to stop his cycle of violence requires an accurate assessment of the specific factors leading him to violence. such an assessment might lead to interventions emerging from one theory, or from a composite of theories. This study critiques the treatments, techniques, procedures, and interventions currently used in violent men's treatment programs so as to determine which interventions are situationally specific. Such a critique will guide professionals toward interventions that work toward an

awareness of pre-violence behavior.

Furthermore, this action study presents the TFA System as a situationally specific methodology for the treatment of violent men. It is aimed at stopping the cycle of violence through awareness of those thoughts, feelings, and actions interacting in the moments prior to violence. A man receiving the TFA Systems treatment becomes aware of his maladaptive TFA behavior. He also becomes aware of alternative TFA responses which stop the cycle of violence. If new and more adaptive responses to tensions in the first phase of the cycle of violence could be learned, the consequences of uncontrolled anger and rage could be eliminated. This study will allow practitioners to determine the impact of TFA Systems on persons who have committed violent acts against their partners.

#### ORGANIZATION OF THE STUDY

Chapter Two contains a review of the literature related to men who assault and batter their partners. The TFA System (tm) is introduced. Relevant theoretical and clinical issues are discussed.

The instrumentation and research design are discussed in Chapter Three. This includes a description of client data forms, and other tools used in data collection

and assessment.

The findings emerging from this action study will be presented and analyzed in Chapter Four. Implications of the literature review upon the findings of this study will be made clear. Results will be factually based.

Chapter Five will go beyond the data base of this action study. Subjective observations and recommendations for the conduct and assessment of treatment programs for violent men will be explored along with suggestions for further study.



## CHAPTER TWO

### Review of the Literature

In reviewing the literature concerning consort violence, its contextual variables will be examined first (Research Question 1). The thinking, feeling, and acting variables which have been implicated in the violent behavior of men against their partners will be described (Research Question 2). The literature review next considers various treatment programs and interventions which foster awareness of thoughts, feelings, and actions (Research Question 3).

RESEARCH QUESTION ONE: WHAT IS THE CURRENT STATUS OF RESEARCH ON THE CONTEXTUAL VARIABLES RELATED TO CONSORT ABUSE AND VIOLENCE?

Research has informed helping professionals about the causal factors concerning domestic violence. A causal analysis of the violence perpetrated by men on their female partners leads to contextual variables and factors on individual, couple/family, and social (cultural) levels of human experience.

Individual Level: Income and Unemployment

Consort violence often occurs in the context of insufficient income. A study by Steinmetz (1986) found that violence increases as income decreases. While only 2% of families with incomes over \$20,000 reported abuse, 11% of families with incomes under \$6,000 reported abuse.

One trend which figures greatly in reports of consort violence is the consistently alarming rate of unemployment. Many men who abuse their partners are unemployed. Gil (1970) studied abusers and found that 48% had experienced unemployment in the year prior to violence. Straus (1980) discovered that men employed full-time had low levels of consort violence. Unemployed men and women are dehumanized, and are more prone to actions of violence (Gil, 1986).

#### Limited and Biased Education

Low levels of education are also implicated as factors of consort violence. According to Steinmetz (1977), the less education a man has, the more likely he will be an abuser, with high school dropouts having the highest abuse rates.

Educational experiences are likely to show sex biases. Observations have been made of children in

classrooms. Walker (1978) notes that teacher feedback differs for girls and boys. Boys get most of their positive feedback for their academic success and from athletics. Girls get much less feedback on their academics, and receive the greatest positive feedback on their social behavior. Walker believes this communicates to girls that social skills are key to her survival as a woman. Walker learned that 3/4 of those studied had been taught by their families that competence in areas outside the social arena would be irrelevant to their survival.

#### Raised in a Violent Home

Witnessing violence and experiencing violence impacts the children growing up in abusive homes, and predisposes them to become abusive in adult life. Patterson (1982) and colleagues (Reid, Taplin, and Lorber, 1981), after studying boys from dysfunctional families for 15 years, found a higher ratio of negative interactions than positive ones. In abusive homes, clusters of negative acts were separated only briefly by positive acts, reminiscent of Walker's three phase cycle of violence (Walker, 1979, 1984). Hughes and Barad (1983) studied the children who accompanied their mothers to a shelter in Arkansas, finding the children jumpy, frightened, nervous, and showing impaired academic

performance. Pre-school children exhibited signs of developmental delay. In another study of shelter children, 60% were observed striking their siblings, and 53% attacked their mothers (Pfouts, Schopler, and Henley, 1982).

There is a high positive correlation between growing up in a violent home and later becoming a batterer. Boys from violent homes are deeply effected by the violence they witnessed and experienced. Gayford (1975) studied 100 battered wives and found that 51 of their batterers were themselves victims of a violent childhood. Roy (1977) reported 81% of abusive husbands had experienced childhood violence. Studies by Rosenbaum and O'Leary (1981) found a strong and significant relationship between the husband's earlier witnessing of his parents abusing each other and later using physical violence on his wife (Steinmetz, 1986). Straus (1980) discovered that the effects of a boy's witnessing and experiencing violence nearly doubles his chances to approve of and use violence to solve problems in adulthood. Deschner (1980) found that 54% of the battering men in her study were either victims of violence or had mothers who were victimized.

#### Genetic Factors

There are a number of important factors on the

individual level of analysis which are implicated in consort violence. Men who batter may have idiosyncratic genetic, physiological, and dietary factors contributing to their violent behavior. the genetic influence of an extra X chromosome may predispose men to violence (Steinmetz, 1986). Also, brain wave patterns may betray a predisposition to episodic violence.

#### Junk Food Diet

Numerous studies link food additives, candy, soft drinks, and sweets with violence (Adams, 1981; Prinz, Roberts, and Hantman, 1980; Stare, Whelan and Sheridan, 1980). Deschner (1984), commenting on the men in her study of consort violence, noted that other stimulants, like nicotine and caffeine, have also been associated with domestic violence. Being stimulants, nicotine and caffeine raise the heart rate and give a temporary feeling of lift, which later abates. Nicotine and caffeine also increase insulin secretion, accentuating swings in blood sugar levels with resulting irritable moods (Deschner, 1984). Overindulgence of sugars and sweets contributes to hypoglycemia. Reed (1983) established a link between hypoglycemia and the commission of aggressive crimes.

## Psychopathology

Many men who batter exhibit pathological symptoms. Faulk (1974), reporting on batterers who had killed their partners, placed nearly 20% into the category of being psychotic. Although the psychotic consort batterer is rare, he is dangerous all the time, not just when drinking, or when in the acute battering phase of the violence cycle. Deschner (1984) has found that many abusers suffer from personality disorders, including borderline personality disorder.

## Couples and Families

Isolating the associated variables and contributing factors of consort violence requires an analysis of the violent couple and the family dynamics. Data gathered on violent couples and their family lives confirm clinical impressions that factors intrinsic to the couple and family relationship impact the nature and extent of violence.

## Couples and Families Under Stress

Family stress is positively related to domestic

violence. All families experience stress. But families differ in their ability to handle stress. Some of the major stresses making violence likely include conflict over children, sex, money, housekeeping, and social activities (Carlson, 1977, 1984; Straus, 1980). Couples disagreeing in these five areas are sixteen times more prone to violence than couples not so conflicted. Other stress factors include isolation, alcohol abuse, pregnancy, and the special needs of a family member.

#### Home: The Arena for Venting Stress

Several studies examine the impact of stress in the workplace on the quality of home life, noting that job related stress inevitably comes home (Piotrkowski, 1979; Pleck, 1979). Case studies, like those in Deschner (1984) or Giles-Sims (1983), give the impression that commonly experienced stresses are occasions for rage. Glasser (1986) believes abusive men suffer from a deficiency in verbal ability, and during stress act impulsively to solve conflict. Starr (1983) believes that social isolation sets the family up for the high expectations of the abuser, causing the family to become the arena for venting frustrations.

## Special Needs of Children

The special needs of children both result from and contribute to high stress levels in the violent home. The children of women being abused by their partners experience problems ranging from depression to enuresis. Brekke (1987) finds that children in violent families will have the following symptoms: pronounced hostility toward self or others; depression; extreme passivity or withdrawal; fearfulness and lack of trust of adults; overprotectiveness or hostility toward mother; and recurrent illness or psychosomatic problems.

## Social and Cultural Level

Formal and informal institutions and structures of our society foster and contribute to the outbreak of violence in intimate relationships. In addition, attitudes are often tolerant of domestic violence.

## Government Inaction

Government funding of shelter services and battered women's programs is woefully inadequate. Pfouts and Renz (1981), lamenting defeated funding requests before



the United States Senate and the drying up of Federal funds for shelter services, fear that abuse programs for women are likely to gradually lose local support. Federal and State governments do not have a reputation for enacting laws or implementing programs benefiting the battered woman. Their inaction is a de facto contributor to domestic violence.

#### Law Enforcement and Judicial Inconsistencies

Law enforcement and criminal justice practices are also a factor of the social-structural analysis of domestic violence. A woman victim of domestic assault and battery is responded to differently by police than a public assault and battery. Law enforcement officers are in great danger when responding to domestic violence calls. Many die in the effort to restore calm and order. Their reluctance is understandable, but the end result is that police interventions are typically unstandardized.

Domestic courts are often unpredictable in their response. What is more, social service agencies do not always coordinate efforts, wasting resources and confusing victims and their families. Straus (1980) delivers a scathing criticism that such ineffectiveness amounts to an implicit approval for the use of violence. Police reluctance, judicial inconsistencies, ineffective and

uncoordinated community services all combine to leave the female victim confused, without options, and without escape from her violent partner.

### Television Violence

The most popular form of entertainment is television watching. It has risen to an informal and influential role in leisure and human behavior. There is much controversy over the role television plays in violent acts (National Commission on the Causes and Prevention of Violence, 1969; Williams, Haertel, and Welberg, 1982). It is generally true that all age groups show increased aggressiveness following dramatized physical aggression (Berkowitz, 1962; Liebert, Neale, and Davidson, 1975; Nightswander and Mayer, 1969; Bandura, 1973; Leyens, Camino, Parke, and Berkowitz, 1975). Proponents of the television industry argue that people who get violent after television watching were so inclined before their viewing and were not influenced by programming. Their argument is countered by consumers with the observation that advertisers spend billions of dollars because their objective evidence indicates they can influence how people think, buy, and vote (Glasser, 1986). Major informal institutions, like television, entertainment, and advertising, may actually

contribute to the problem of domestic violence.

### Privacy of the Home

Isolating the associated factors of consort violence on the sociocultural level leads to an analysis of societal norms, cultural values, and relevant belief systems. Cultural attitudes which view the home as sacrosanct prevail. A national sampling of adults showed one out of five approved of slapping one's partner when it is "appropriate" (Stahly, 1978). When interpreting the results of his two national surveys into domestic violence, Straus (1986) emphasized the culturally sanctioned privacy of the home which, he believes, puts much of the actual incidents of violence out of the public view. The Straus surveys indicate consort violence permeates family and society. Results betray a general acceptance of violence and norms about the family's privacy. Walker (1978) believes that any problem reaching the proportions seen in consort violence must be treated as an epidemiological social problem.

### Social Indifference to the Plight of Women

The fact that men have been abusing women for

centuries, but only recently became recognized as a social problem, indicates an entrenched societal and cultural norm. Women are not accepted by men as having equal legal or personal rights. The trenchant nature of this cultural norm is illustrated by our society's indifference to the plight of women raped by their husbands, an incident which remains legal in many states (McCall and Shields, 1986).

#### Enculturation

Our society seems to have different norms for the enculturation of males and females. Discussing machismo, or manliness, Glasser (1986) indicates that men attach virtue to toughness, physical strength, exploits of daring, and dominance over females. Heller (1966) says that males generally emphasize the preservation of one's honor, and justify violence in response to threat or insult. Boys are instructed to be strong, to be in control, and be the provider for the family. Girls are taught that their role is to get and stay married, do house work, and raise children. Boys learn to be sexually aggressive, girls learn it is important to be sexually attractive. These traditional roles may be linked to later roles of aggressor and victim (McCall and Shields, 1986; Watkins, 1982).

## Sex Role Stereotypes

Cultural norms exist for the roles of both husband and wife, and though these norms are showing signs of changing, they are rigidly subscribed to by many men. Many men believe they are to be the head of the household, provider of resources, and render decision on all issues touching the family. Women are expected to be supportive of the man, accountable for expenditures, and responsible for all domestic chores. Problems arise when these norms are violated. Overachievement by the women is associated with high incidence and prevalence of consort violence. Women with better education or intellectual abilities than their husbands experience higher incidents of consort violence. Likewise, underachievement, or the man's inability to achieve status consistent with his assigned role, increases the likelihood that men will abuse his partner (Hornung et. al, 1981). In those cases where the male cannot fill his prescribed role as "head of the house," he is likely to use violence to regain his superordinate position (Goode, 1971; Straus, 1973; Stahly, 1978).

The various contexts (individual, couple/family, and social/cultural) in which an abusive man has learned and used violence are summarized in Table 1.

### EMERGING CONCLUSIONS

The following conclusions emerge from the findings regarding the current status of research on the contextual variables related to consort abuse and violence:

1. The etiology of domestic violence is multidetermined. Clearly, no single context determines a man's ultimate behavior. Various contexts appear to increase the likelihood that a man will use abuse and violence in his intimate relationship.

2. The above contextual variables are potential contributors to consort violence. No one context, regardless of the severity of its consequence upon the psychological functioning of the individual man, forces him to abuse. For example, though high positive correlations are found between unemployment and consort violence, we know that not all unemployed men abuse their intimate partners. Even the experience of growing up in an abusive home does not predestine a man to be violent. A study of the

Table 1

Situational variables on individual, couple/family, and social/cultural levels contributing to consort violence

| <u>VARIABLE</u>                | <u>CITATION</u> | <u>YEAR</u> |
|--------------------------------|-----------------|-------------|
| <u>INDIVIDUAL</u>              |                 |             |
| Unemployment                   | Gil             | 1970        |
| Low level of education         | Steinmetz       | 1977        |
| Deficits in verbal abilities   |                 |             |
|                                | Glasser         | 1986        |
| Limited problem solving skills |                 |             |
|                                | Glasser         | 1986        |
| Vague boundaries and limits    |                 |             |
|                                | Giles-Sims      | 1983        |
| Violent family of origin       | Steinmetz       | 1986        |
|                                | Straus et. al   | 1980        |
|                                | Deschner et. al | 1980        |
| Prior victimization            | Gayford         | 1975        |
|                                | Deschner        | 1980        |
| Extra X-chromosome             | Steinmetz       | 1986        |
| Irregular brain waves          | Steinmetz       | 1986        |
| Junk food diet                 | Adams           | 1981        |
|                                | Prinz et. al    | 1980        |
|                                | Stare et. al    | 1980        |
|                                | Reed            | 1983        |

Table 1 (continued)

COUPLE/FAMILY

| <u>VARIABLE</u>   | <u>CITATION</u> | <u>YEAR</u> |
|---|-----------------|-------------|
| Insufficient family income  | Steinmetz       | 1986        |
| Job stress comes home   | Piotrkowski     | 1979        |
|   | Pleck           | 1979        |
|   | Karesek et. al  | 1982        |
| High family stress  | Barnett et. al  | 1980        |
| Conflict over kids, sex money<br>housekeeping, social duties      | Carlson         | 1970        |
|   | Straus et. al   | 1980        |
| Isolation   | Straus et. al   | 1980        |
| Pregnancy   | Straus et. al   | 1980        |
| Family health/behavior problems                                   | Brekke          | 1987        |
| Partner emotionally stronger                                      | Giles-Sims      | 1983        |
|   | Pagelow         | 1981        |
| Partner superior in achievement,<br>education, status             | Hornung et. al  | 1981        |
| Different religious beliefs                                       | Berk et. al     | 1983        |
| Different racial/ethnic background                                | Berk et. al     | 1983        |
| Intimate relationship characterized<br>by anger, terror, betrayal | Deschner        | 1984        |



Table 1 (continued)

| <u>VARIABLE</u>                                   | <u>CITATION</u>  | <u>YEAR</u> |
|---|------------------|-------------|
| One partner hostile, one passive                  |                  |             |
|   | Brekke           | 1987        |
| Rigid interaction patterns                        | Brekke           | 1987        |
| Male dominates emotionally<br>and psychologically | Brekke           | 1987        |
| Overt of covert conflict                          | Brekke           | 1987        |
| Impaired sexual intimacy                          | McCall & Shields | 1986        |
| <u>SOCIAL/CULTURAL</u>                            |                  |             |
| Inflation patterns                                | Lein             | 1986        |
| Governmental inaction                             | Pfouts et. al    | 1981        |
| Inconsistent law enforcement                      | Del Martin       | 1976        |
|   | Straus           | 1980        |
| Culture guards family privacy                     | Walker           | 1978        |
|   | Glasser          | 1986        |
|   | Watkins          | 1982        |

contextual variables associated with consort violence does not indicate what links potential factors to actual violent and abusive incidents.

#### RECOMMENDATION FOR THIS STUDY

Since so many situational variables exist, focus should be on specific contextual factors, rather than global generalizations. Treating the complex problem of consort violence requires a sensitivity to the individual and particular factors which actually were implicated in an individual's choice of violence and abuse. This means that a treatment program should consider the situational context of each violent incident.

RESEARCH QUESTION TWO: WHAT IS KNOWN ABOUT THE SPECIFIC THOUGHTS, FEELINGS, AND ACTIONS OF ABUSERS IN SITUATIONS OF MOUNTING TENSION?

From a consideration of the above situational contexts of domestic and consort violence, we move to the cognitive domain and to the thoughts which foster violent acts. As Ellis (1976) has observed, it is not the "activating event" which most influences emotional responses, but the "belief system." Thinking or obsessing

about situations, particularly if that thinking is narrow or illogical, contributes to the use of force in an intimate relationship.

#### Obsession with Job and Income

For many men, a sense of personal identity is closely linked to his vocation. Frustration with a job will impact a man's understanding of himself. His thoughts turn to his insufficient income, or to his lack of a job. He obsesses about his inability to earn enough to meet his needs or the needs of his family. He ruminates about the inequities of his situation as he attempts to figure out a way to survive in an economic climate of rising inflation and/or unemployment (Piotrkowski, 1979; Steinmetz, 1986; Gil, 1986; Straus et. al, 1986; U.S. Congress Joint Economic Committee, 1976; U.S. Department of HEW Task Force, 1973).

#### Deficits in Problem Solving

How a man interprets to himself the stress in his life will greatly impact his behavior. Glasser (1986) believes that abusive men have limitations in their problem solving abilities, and views their impulsive behaviors as attempts to solve stress. Deficits in problem solving lead

to exaggerations of conflict. If an abusive man does not know how to directly communicate about conflicts, he is likely to think about them to himself as they grow in intensity. He will have strong opinions about sex, money management, discipline of children, and the keeping of the house (Carlson, 1977, 1984; Straus et. al, 1980; Starr, 1983).

### Chauvinistic Thoughts

Many men think about women as subordinate to their authority. Chauvinistic thoughts and attitudes about women still thrive in the context of a male dominated society. One out of five adults still approve of slapping one's partner (Stahly, 1978). Laws reinforce a man's belief that he has rights over his partner's body, especially as regards intercourse and childbirth (McCall and Shields, 1986). An abusive man's thoughts about his and his partner's roles are also effected by cultural norms, even though these show signs of changing. It is still believed that a man should provide for the home, and the woman supplement his efforts. When this is not the case, he thinks he is justified in the use of violence to regain his position of superiority (Hornung et. al, 1981; Goode, 1971; Straus, 1973; Stahly, 1978).

## Religious Beliefs

Research in the individual factors implicated in the violent behavior of men in consort relationships suggest that personal religious beliefs may play a part. Brutz and Allen (1986) suggest that religious commitment, a deeper or more devoted religious life, may paradoxically diminish or incite violence. In their study of a community of Quakers, Brutz and Allen concluded that higher levels of personal religious commitment are associated with lower levels of marital violence. They note, however, that religions which incorporate vengeance and aggressive confrontation, like the Jonestown religious cult, may result in higher levels of violence. In his national survey, Straus (1980) found that a personal religious beliefs have only a minimal restraint on the batterer's use of force. Personal religious beliefs held by many batterers, namely those which view the wife as subordinate and subject to the husband, and those which make the male the head of the household, may contribute to the use of force.

## Minimizing and Denial

Many men who abuse their partners do not think

that their violent behavior causes problems. According to Ganley (1981) batterers deny to themselves and to others that their behaviors are seriously violent. They report "little fights," and "some pushing and shoving," which their partner reports as brutal beatings. Minimizing and denial often mask inner pain and embarrassment. Many of the men who batter have an external locus of control, seeing their lives as being externally directed. They credit some successes and almost all failures to external factors allegedly out of their control.

An example of some of the thoughts experienced by an abusive man prior to acting violently are listed in Table 2.

Table 2

Thought behaviors of abusive men in situations of mounting tension

| <u>VARIABLE</u>                             | <u>CITATION</u> | <u>YEAR</u> |
|---|-----------------|-------------|
| <u>COGNITIVE DISTORTIONS</u>                |                 |             |
| Exaggerate minor conflict                   | Glasser         | 1986        |
| Hold unrealistic and high expectations      | Starr           | 1983        |
| <u>RATIONALIZATIONS</u>                     |                 |             |
| Maintain behaviors aren't seriously violent | Ganley          | 1981        |
| <u>JUSTIFICATIONS</u>                       |                 |             |
| Maintain wife's behavior caused crisis      | Ganley          | 1981        |
| Believe violence is excusable               | Hornung et. al  | 1981        |
|   | Stahly          | 1978        |
| <u>LEARNED THINKING ERRORS</u>              |                 |             |
| Believe man is boss                         | Walker          | 1978        |
|   | Glasser         | 1986        |
| Think wife should submit                    |                 |             |

Table 2 (continued)

| <u>VARIABLE</u>            | <u>CITATION</u> | <u>YEAR</u> |
|----------------------------|-----------------|-------------|
| without question           | Walker          | 1978        |
|                            | Hornung et. al  | 1981        |
|                            | Goode           | 1971        |
| Believe religion permits   |                 |             |
| vengeance                  | Brutz and Allen | 1986        |
| Believe God made women     |                 |             |
| inferior to men            | Brutz and Allen | 1986        |
| Presume women aren't equal | Walker          | 1978        |
|                            | Glasser         | 1986        |



## FEELINGS

### Anger

Most battering men have a narrow range of affect typified by anger. They experience other emotions, but express them through anger. Lumping together hurt, anxiety, excitement, sadness, guilt, helplessness, tenderness, and vulnerability, battering men tend to ventilate through the one emotion of anger.

### Depression and Suicide

Battering men also experience depression, serious enough to lead to suicidal ideation. Ganley (1981) suggests that this depression could be related to the batterer's ultimate realization that his abusiveness is unacceptable, and to the fear that his partner might leave him. Battering men might also experience depression due to the general unsatisfactory nature of their intimate relationship (Walker, 1979).

### Jealousy

Often there is a high degree of jealousy within

the couple relationship. According to Walker (1984), it is a mutually experienced and reinforced jealousy. Violent men may be jealous of the education, religious training, verbal ability, and family background of their partners. In general, the female partner of a violent man is more capable in the above characteristics (Fagan et. al, 1983; Straus et. al, 1980; Walker, 1984). Generally speaking, women in violent relationships are emotionally stronger than her abuser, although he dominates in decision making (Giles-Sims, 1983; Pagelow, 1981; Walker, 1984).

#### Emotional Scars

Whether violence is episodic or chronic, couples and families bear emotional scars. When discussing the emotional damage in battering families, Deschner (1984) notes the lingering presence of anger, terror, and a sense of worthlessness. According to Deschner, long-lasting feelings of worthlessness comes from being betrayed and made helpless by a partner (Seligman and Rosellin, 1975).

#### Lack of Intimacy

Sexual intimacy is severely impaired by the fear, anger, and terror of consort violence, leaving both partners

greatly unsatisfied. Many men respond to feeling a lack of intimacy with marital rape (McCall and Shields, 1986).

Feelings experienced by an abusive man during conflict and tension interact with his thoughts and actions, leading him to violence. Some of the feelings frequently reported are summarized in Table 3.

Table 3

Feeling behavior of abusive men in situations of mounting  
tension

| <u>VARIABLE</u>                    | <u>CITATION</u> | <u>YEAR</u> |
|------------------------------------|-----------------|-------------|
| Suppressed anger                   | Deschner        | 1984        |
| Low self-esteem                    | Starr           | 1983        |
| Hostile                            | Gil             | 1986        |
| Frustration                        | Gil             | 1986        |
| Depression                         | Gil             | 1986        |
| Escapism                           | Gil             | 1986        |
| Exploited                          | Gil             | 1986        |
| Inner pain masked by<br>minimizing | Ganley          | 1981        |
| Embarrassment                      | Ganley          | 1981        |
| Anxiety                            | Ganley          | 1981        |
|                                    | Walker          | 1984        |
| Sadness                            | Ganley          | 1981        |
| Guilt                              | Ganley          | 1981        |
| Helpless                           | Ganley          | 1981        |
| Vulnerable                         | Ganley          | 1981        |
| Fear                               | Ganley          | 1981        |
| Unsatisfied with relationship      | Ganley          | 1981        |
|                                    | Walker          | 1984        |
| Jealous                            | Walker          | 1984        |

Table 3 (continued)

| <u>VARIABLE</u>               | <u>CITATION</u>          | <u>YEAR</u> |
|-------------------------------|--------------------------|-------------|
| Emotional scars, damage       | Deschner                 | 1984        |
|                               | Seligman and<br>Rosellin | 1975        |
| Loneliness, impaired intimacy | McCall and Shields       | 1986        |
| Powerless to change life      | Starr                    | 1983        |
|                               | Walker                   | 1984        |

## ACTIONS

## Impulsivity

Men who batter are usually impulsive. Changing jobs, moving, losing and finding friends all seem to follow a pattern of acting without thinking of the repercussion of their actions. A batterer is usually an isolated individual. As a population, batterers seem to distrust others. Withdrawing from others means superficial friendships and social contacts. It is usually the case that batterers feel closeness from only one person - their victim. Batterers are excessively possessive and dependent upon their partner. Identifying his attachment to his partner as love, he is often jealous of her personal friendships (both male and female), and her activities which usually take time away from him (Hilberman and Munson, 1978; Giles-Sims, 1983; Pagelow, 1981; Frieze, 1980; Straus et al., 1980; Walker, 1979, 1984; Roy, 1977; Deschner, 1984). Men who abuse their partners tend to control and dominate others. Their control needs extend to situations and people, but rarely does it occur to the man that he needs to exercise internal control. They gain their sense of well-being through aggressive acts aimed at dominating others, feeling better when things go the way they want.

### Abusive of Drugs and Alcohol

It is not uncommon that men who abuse their partners are also abusive of drugs and alcohol. A number of studies find a positive correlation between substance abuse and consort violence (Bayles, 1978; Gelles, 1974; Prescott and Letko, 1977; Roy, 1977; Straus et al., 1980; Frieze, 1980; Walker, 1984). Browne (1983) frequently found alcohol abuse implicated in those cases where a homicide occurred stemming from consort violence. About 72% of the men in Deschner's study (1980) were abusing alcohol or drugs when consort violence occurred.

### Abusive of Children

Studies also suggest that men who do violence on their partners tend to be abusive of their children. Surveying 85 families reported for child abuse, Johnson and Morse (1968) discovered that 70% were also experiencing consort violence. Battered children live in the homes of men who batter their partner.

Parental discipline is a problem in most violent families, contributing to stress, and reflective of the overall dysfunction. Uncontrolled spanking is a common form

of family violence. Spanking has been reported to be used as discipline and punishment in as many as 97% of all families (Blumberg, 1964-65; Erlanger, 1974; Stark and McEvoy, 1970). Though many families use corporal punishment, its indiscriminate and ungoverned application is not accepted by society. Excessive spanking and child abuse takes place in the homes of many violent couples (American Humane Association, 1978; Gil, 1970; Straus et al., 1980).

#### Rigid Patterns of Conflict

Many violent couples have dissimilar religious racial, and ethnic backgrounds (Berk et al., 1983). These dissimilarities may contribute to a pattern of conflict. Brekke (1987) sees the following pattern in violent relationships: one hostile, the other passive; rigid patterns of interaction; male dominance of the emotional or psychological atmosphere of the marriage; extreme conflict or little or no open conflict.

#### Inability to Set Boundaries

Giles-Sims (1983) notes that the individuals in a consort relationship bring with them a history and a pattern of dealing with stress within marriage. She observed that



the couple relationships she studied demonstrated an inability to set boundaries. In spite of early warning signs that violence was likely, the women made increasing commitments to the relationship.

### Sexual Assault and Marital Rape

Frequently, abuse takes the form of sexual assault and marital rape. Finklehor and Yllo (1983) reported that 36% of the battered women in a shelter study had been raped by their partner. Similar percentages are reported by Giles-Sims (1983), and Pagelow (1980). Forced sex in marriage is probably the most frequent type of sexual assault even though women so abused shun defining themselves as having been raped (Gelles, 1979). Noting the frequency of marital rape in her study of battered women, Walker (1984) indicated that battered women are three to five times more likely to be sexually assaulted by their partners than non-battered women.

### From Insults to Murder

One of the leading authorities in the area of domestic violence is Murray Straus whose Conflict Tactics Scale (Straus, 1980) has been widely used to measure

violence in couples. The Conflict Tactics Scale (CTS) measures three factorally separate variables: psychological abuse, physical aggression, and life threatening violence (Jorgensen, 1977; Schum, Bollman, Jurich, and Martin, 1982; Straus, 1986). Abusive actions measured by the CTS range from being insulting or swearing at his partner to threatening her with a knife or gun, and even using a knife or firing a gun with the intent to injure or kill.

The actions of an abusive man in situations of mounting tension can result in injury, and if uncontrolled can result in death. The range of possible actions is infinite. A list of observed actions are contained in Table 4.

Table 4

Acting behavior of abusive men in situations of mounting  
tension

| <u>VARIABLE</u>                                    | <u>CITATION</u>    | <u>YEAR</u> |
|--|--------------------|-------------|
| Act impulsively (change jobs<br>friends, move)     | Glasser            | 1986        |
| Isolated from others                               | Starr              | 1983        |
| Excessively possessive and<br>dependent on partner | Hilberman & Munson | 1978        |
|  | Giles-Sims         | 1983        |
|  | Pagelow            | 1981        |
|  | Frieze             | 1980        |
| Express most emotions<br>as anger outbursts        | Ganley             | 1981        |
| Control and dominate others                        | Straus et al.      | 1980        |
|  | Walker             | 1979        |
|  |                    | 1984        |
|  | Deschner           | 1984        |
| Poorly communicating                               | Starr              | 1983        |
| Rigid, unbending                                   | Starr              | 1983        |
| High ratio of negative<br>interactions             | Patterson et al.   | 1982        |
| Makes decisions unilaterally                       | Giles-Sims         | 1983        |
|  | Pagelow            | 1981        |

Table 4 (continued)

| <u>VARIABLE</u>                             | <u>CITATION</u>                | <u>YEAR</u> |
|---|--------------------------------|-------------|
|   | Walker                         | 1984        |
| Sexual assault and<br>marital rape          | Finklehor & Yllo               | 1983        |
|   | Giles-Sims                     | 1983        |
|   | Pagelow                        | 1980        |
|   | Walker                         | 1984        |
| Abusive of drugs and/or<br>alcohol          | Bayles                         | 1978        |
|   | Gelles                         | 1974        |
|   | Prescott & Letko               | 1977        |
|   | Roy                            | 1977        |
|   | Straus et al.                  | 1980        |
| Abusive of children                         | Johnson & Morse                | 1968        |
|   | American Humane<br>Association | 1978        |
|   | Gil                            | 1970        |
|   | Straus et al.                  | 1980        |
| Hostile, dominant                           | Brekke                         | 1987        |
| Suicidal/self-destructive                   | Ganley                         | 1981        |
| High ingestion of food<br>additives, sweets | Adams                          | 1981        |
|   | Prinz et al.                   | 1980        |
|   | Stare et al.                   | 1980        |

Table 4 (continued)

| <u>VARIABLE</u>  | <u>CITATION</u> | <u>YEAR</u> |
|--|-----------------|-------------|
|  | Reed            | 1983        |
| Insulting, sulking, stomping<br>out of room or house,<br>crying, being spiteful,<br>threatening to hit or<br>throw things, throwing,<br>smashing, hitting, or<br>kicking | Straus          | 1986        |
| Throw things at partner,<br>pushing, grabbing, shoving<br>partner; slapping; kicking,<br>biting, or hitting with fist;<br>hitting or trying to hit<br>with objects       | Straus          | 1986        |
| Beating up female partner;<br>threatening her with knife<br>or gun; using a knife of<br>firing a gun   | Straus          | 1986        |

A review of the situational (Table 1), thought (Table 2), feeling (Table 3) and action (Table 4) variables raises the clinical question, "What intervention will work for this client in this situation given these individual factors?" The above lists of variables, certainly not exhaustive, and clearly idiosyncratic, illustrate the therapeutic necessity for an intervention which is sensitive to the context of consort violence as well as to the specific thoughts, feelings, and actions experienced by a man as tension builds toward abuse. In the critique of programs and interventions which follow, one of the assessment criteria will be the extent treatment is sensitive to the abusive man's thoughts, feelings, and actions in a specific pre-violence situation.

#### EMERGING CONCLUSIONS

1. The possible combinations of situation (context), thoughts, feelings, and actions experienced by an abusive man prior to a violent incident are infinite. However, the above review makes them manageable.

2. The actual phenomenon of consort violence is idiosyncratic. Every abuser, thought he shares common factors with other violent men, will be diverse and unique.

3. An isolated thought (a chauvinistic attitude,

for example) does not, by itself, make violence inevitable. For that matter, violence is not made unavoidable by experiencing feeling, or an action taken. However, the peculiar manner in which thoughts combine, result in assorted feelings and display them as actions, extends our understanding of pre-violence dynamics.

#### RECOMMENDATIONS FOR THIS STUDY

1. The counselor should be equipped with a manageable understanding of the phenomenon of consort violence. This would mean a working knowledge of what is known about the contexts, thoughts, feelings, and actions of abusive men in situations of mounting tension. With this understanding, the counselor is prepared to deal with the unique experience of the individual.

2. The assessment, treatment, and follow-up referral of abusive men needs to fit the individual, rather than ask the individual to fit into treatment preconceptions. Abstractions should be avoided in favor of the concrete experiences of individuals.

3. The best clinical question is, "What intervention will work for this identified client, in this situation, given his thoughts, feelings, and actions?"

RESEARCH QUESTION THREE: WHAT PROGRAMS AND INTERVENTIONS  
FOSTER AWARENESS OF THOUGHTS, FEELINGS, AND/OR ACTIONS?

There are literally hundreds of treatment programs for men who have abused their partner. This researcher examined twelve programs selected on the basis of being described in professional journals, or published alone or in conjunction with material pertaining to domestic violence concerns (see Appendix A for Program Descriptions).

A close examination of the TFA System and its TFA Helping Cycle is included in this review of interventions fostering TFA awareness. Though not yet applied to a treatment program for abusive men, it is believed to show promise.

#### Treatment Program Analysis Criteria

The following criteria were used in this study's assessment of current treatment programs. The first criteria had to do with situation specificity. The researcher sought to identify those programs which demonstrated, either in whole or in part, a sensitivity to the unique contexts of the individual. This would indicate the degree to which the program tailored treatment to match the man, instead of requiring the man to fit the treatment.



Some of the major interventions fostering situational specificity are isolated below.

Another criteria for assessing treatment programs for abusive men examined the extent the programs stressed the constructs thoughts, feelings, and actions. This assessment identified the level of program sensitivity to thoughts, feelings, and actions, gauging whether this sensitivity was specific or abstract. The standards used to categorize program sensitivity to thought, feeling, and action constructs are summarized as follows.

(a) LOW - The program description gave little (or no) indication that therapy was aimed at the construct (thinking, feeling, or acting). The program seemed to have an emphasis bias which essentially overlooked other constructs. Much was implied or indirect.

(b) MODERATE - Mention was made of thoughts, feelings, and/or actions, but the emphasis was not uniformly followed throughout the program. The reinforcement of the construct emphasis appeared not to be imperative to the program. However, appropriate interventions emerged from the thought, feeling, or action emphasis.

(c) HIGH - The construct (thinking, feeling, or acting) received repeated emphasis consistently throughout the program. The construct was mentioned by name, and interventions were direct and explicit. Various methods

were used to approach the construct, reinforcing its emphasis.

(d) SPECIFIC - The interventions used in the program were aimed at the abusers' actual thinking, feeling, or acting behavior. The therapist appeared to be sensitive to the unique differences among the participants. The subjects were led to examine their thoughts, feelings, actions in identified situations. Few (if any) exercises were fictitious. Therapists assisted subjects learn what really happened.

(e) GENERIC - The program appears to have pre-selected its material, and approached the abusers' thoughts, feelings, or actions somewhat globally. The therapist selected what the group needed to learn. Treatment rationale appeared to emphasize the similarities among abusers, and accordingly they tended to be treated without differentiation. Interventions were predominantly disconnected from actual incidents.

Using the above criteria, a number of findings emerged from the programming review. These are discussed below.

Groups: The Treatment of Choice

The treatment of choice for abusive men is

oriented to groups. some groups are exclusively for the abuser, while others include the abuser's partner. Some view violence as a socially learned behavior, while others go on to say that sex-role stereotypes and sex bias are major factors of consort violence and must be considered in treatment. Some treatment programs aim at ending abuse, while other programs attempt to repair relationships, change attitudes, and alter the social environment. While there are treatments which are aimed only at the identified couple, the general trend is toward group therapy.

#### Situational Specificity

Many treatment programs aim their interventions at the specific situations of particular abusive men. A review of the literature describing various treatment programs vary in their use of situational specificity. As Table 5 illustrates, the majority of the treatment programs reviewed take into consideration the specific factors contributing to a man's use of violence, some more consistently than others.

#### Awareness of Pre-Violent Cues and Non-Violent Options

Pre-violent cue awareness and the learning of specific and constructive non-violent alternatives dominate

Table 5

Interventions fostering situational specificity

| <u>PROGRAM</u> | <u>INTERVENTION</u> |          |          |          |          |          |          |          |          |
|----------------|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|
|                | <u>A</u>            | <u>B</u> | <u>C</u> | <u>D</u> | <u>E</u> | <u>F</u> | <u>G</u> | <u>H</u> | <u>I</u> |
| RIMM           |                     | X        |          |          | X        |          | X        |          |          |
| DAP            | X                   | X        | X        | X        | X        | X        | X        | X        | X        |
| Taylor         | X                   | X        | X        | X        |          | X        | X        | X        | X        |
| ATA            |                     | X        | X        | X        | X        | X        | X        |          |          |
| SAEW           |                     |          |          |          |          | X        |          |          | X        |
| Currie/Toronto |                     |          |          |          |          | X        |          |          | X        |
| Purdy/Nickle   |                     | X        |          | X        |          |          |          |          | X        |
| Novaco         | X                   | X        | X        | X        | X        | X        | X        | X        | X        |
| Emerge         | X                   |          | X        |          |          | X        | X        |          | X        |
| Ganley         | X                   | X        | X        | X        |          | X        |          |          | X        |
| Deschner       |                     | X        | X        | X        |          | X        | X        |          | X        |
| DVP            | X                   | X        | X        | X        | X        | X        | X        | X        | X        |

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A = Intake assessment; B = Anger log (situation chart); C = Episode assessment; D = Self-talk; E = Behavioral target; F = Pre-violence cue awareness; G = Role play; H = Anger pattern awareness; I = Constructive alternatives.

the field of treatment interventions (Table 5). This is more than coincidental. It makes intuitive sense that any successful program hoping to teach new and more adaptive responses to the sources of tension leading to abusive and violent acts must help its participants learn warning cues and safe alternatives. Cues that a person is growing increasingly tense are certain to include those in the domains of thought, feeling, and action. It is reasonable to conclude that safe and non-violent alternatives to aggression and violence will also include adaptive thought, feeling, and action behaviors. The more relevant interventions become, the more likely it is that an abusive man will maintain control by knowing non-violent alternatives designed by him for his unique situation.

Level of Emphasis on Thoughts, Feelings, and Actions

This assessment of various treatment programs also identified the level of program sensitivity to thoughts, feelings, and actions as well as whether the program addressed these factors specifically or generically (Table 6). A few programs, such as Saunder's ATA, DAP, Taylor, Novaco, Deschner, and Ganley's, not only placed high emphasis on the three factors of thoughts, feelings, and actions, but they also did so with specificity. This is in contrast to some programs, like SAEW and Currie's, whose

Table 6

Level of program emphasis on thoughts, feelings, and actions noting specificity

| <u>PROGRAM</u> | <u>EMPHASIS LEVEL</u> |          |          | <u>SPECIFIC VS GENERIC</u> |          |          |
|----------------|-----------------------|----------|----------|----------------------------|----------|----------|
|                | <u>T</u>              | <u>F</u> | <u>A</u> | <u>T</u>                   | <u>F</u> | <u>A</u> |
| Rimm et al.    | L                     | M        | H        | G                          | S        | S        |
| DAP            | H                     | H        | H        | S                          | S        | S        |
| Taylor         | H                     | H        | H        | S                          | S        | S        |
| ATA            | H                     | H        | H        | S                          | S        | S        |
| SAEW           | L                     | H        | L        | G                          | G        | G        |
| Currie/Toronto | H                     | M        | M        | G                          | S        | G        |
| Purdy/Nickle   | H                     | L        | L        | S                          | S        | S        |
| Novaco         | H                     | H        | H        | S                          | S        | S        |
| Emerge         | L                     | H        | M        | G                          | S        | S        |
| Ganley         | H                     | H        | H        | S                          | S        | S        |
| Deschner       | H                     | H        | H        | S                          | S        | S        |
| Okun/DVP       | M                     | M        | H        | S                          | S        | S        |

-----  
 L= Low; M= Moderate; H = High; G = Generic; S= Specific

emphasis upon thoughts, feelings, and actions was uneven and inconsistent. These programs also tended to refer to these aspects of behavior in a generic manner.

#### TFA SYSTEMS (TM) AND THE TFA HELPING CYCLE

One intervention which fosters awareness of thoughts, feelings, and actions in specifically identified situations emerges from TFA Systems f(tm) (Hutchins, in press; Hutchins and Vogler, 1988). The intervention is known as the TFA Helping Cycle. It is, in actuality, a process which begins with problem identification and culminates in problem resolution. Following a discussion of the TFA System, the six stage Helping Cycle will be reviewed.

#### Explaining Behavior in TFA Terms

TFA Systems (tm) had its origin in the work of Hutchins (1979), who sought to explain client behavior in terms of one's thinking (T), feeling (F), and/acting (A). Conceiving behavior in this way equipped clinicians with a methodology for selecting interventions which were dictated by the nature of the specific problems presented by the client. Clinicians were able to respond to the unique needs

of the client, rather than require the client to adapt to rigid psychological theories.

#### Hutchins Behavior Inventory (HBI)

Out of the TFA conceptual framework emerged the Hutchins Behavior Inventory (Hutchins, 1984). As an assessment instrument, the HBI made it possible for the therapist to quantitatively assess the levels of an individual's TFA orientation in a specified situation. The HBI differed from other assessment instruments in that rather than only describing a client's behavior in generic terms, the HBI also explained behavior in a specifically identified situation. Consequently, the clinician became better able to intervene on behalf of the client because the levels of thinking, feeling, and acting in the problem situation were known.

#### The Dynamic Process of the TFA System

Hutchins and Vogler (1988) further developed the TFA concepts into the TFA System. It is now possible for clinicians and clients to assess thoughts, feelings, and actions in a lively and dynamic process. The TFA concepts have been refined so as to make it possible to teach



individuals the skills necessary to assess their levels of TFA, and make needed adjustments.

One of the primary contributions of the TFA System is that it provides a working conception of the manner in which a person's thoughts, feelings, and actions effects human functioning in identified settings. A person's behavior (defined as an interaction of thoughts, feelings, and actions) in one setting is expected to differ from that same person's behavior in a different setting. The utility of such a conception is that it parsimoniously organizes the information a person might need to modify behavior in identified problem situations. Informing people regarding the nature of experienced problems, and exploring the process of change and modification, is facilitated through the use of the TFA Helping Cycle.

#### TFA Helping Cycle Outlined

The TFA Helping Cycle was developed to map the stages of the process a person would need to follow for change (resolution) to take place. The six stages of the Helping Cycle are outlined below:

- (1) Assessment - A specific problem situation is described. The task is to determine what thoughts, feelings, and actions were experienced in the identified

problem situation. Decisions are made regarding whether the individual was, in the specified situation, doing: (a) more thinking or more feeling, (b) more feeling or more acting, and (c) more acting or more thinking. One result of the assessment stage is that client responses are mapped on the TFA Triangle, and are connected to form a TFA Triad.

(2) Interpretation - The TFA Triad is explained in the context of the identified problem. The client is led to unravel the manner in which thoughts, feelings, and actions influenced behavior. Awareness of personal TFA factors is generated.

(3) Intervention - The problem solving process considers options and alternatives which move the client toward change. Part of this process is a consideration of the "payoffs" and "trade-offs" of his TFA behavior. Interventions are likely to be cognitive, affective, and/or "behavioral" in methodology.

(4) Probing - Exploring in more detail the specifics of the presenting problem. Perceptions and individual beliefs about the presenting problem are scrutinized so as to differentiate between actual (real) events and the client's mistaken inferences.

(5) Reflecting - Feeding back new reality-based observations to the client as he struggles to "see" himself behaving differently. A primary objective of this stage is

the acceptance of responsibility to make the changes and modifications needed to resolve the presenting problem. Realistic and achievable goals are set which continue the change process.

(6) Closure - This stage reviews the process, contrasting new awareness of specific and productive TFA patterns with prior limited knowledge. The options which foster change are itemized. The strategies constructed through the process are reinforced, along with the client's decision to modify TFA behavior. Where other problems are uncovered, the Helping Cycle begins again.

#### EMERGING CONCLUSIONS

1. Commonly used interventions are aimed at raising the level of an abusive man's awareness of pre-violence emotional dynamics. Treatment providers appear to acknowledge the possibility of educating the emotions of abusive men. Treatment plans include teaching awareness of anger patterns, signals of approaching violence, and non-violent alternatives.

2. Consort violence is a complex phenomenon which has been treated with cognitive, affective, and behavioral methods.

3. There is a trend among treatment programs to

focus on thoughts, feelings, and actions of abusive men in specific situations. However, the focus is as best coincidental, lacking a formal integration. Clinicians seem to be looking for a way to systematically integrate methodologies.

4. The TFA System, which includes the TFA Helping Cycle, is purposefully sensitive to the situational contexts of presenting problems. Furthermore, it defines behavior as an interaction of thoughts, feelings, and actions. It functions to raise the personal awareness level of TFA behavior in identified situations. Viewing human behavior in this way invites interventions which are cognitive, affective, and "behavioral." It systematically and parsimoniously integrates the various methods used in the treatment of abusive men.

#### RECOMMENDATIONS FOR THIS STUDY

1. Apply TFA Systems to the treatment of abusive men because it responds to the complex and idiosyncratic phenomenon experienced by individuals in specific problem situations. It is a therapeutic necessity that this treatment program for abusive men incorporate interventions which are sensitive to the particular context of consort violence as well as to the specific thoughts, feelings, and

actions experienced by the abuser in situations of mounting tension.

2. Treatment interventions should be selected according to two criteria. First, the intervention fosters awareness of an individual's pre-violence TFA pattern or furthers his awareness of non-violent options. Secondly, the intervention is aimed at specifically identified tensions and problems in phase one of the abuse cycle.

3. Abstractions and generalizations are not appropriate to this study. This study will adopt as its single goal the cessation of abuse. All other treatment goals will be considered secondary to the immediate need to stop consort violence. In doing so, this study will avoid multiple therapeutic issues regardless of their ultimate worthiness.

## CHAPTER THREE

### Methodology

This nine week action study was an application of TFA Systems to the treatment of abusive men. The study combined evaluation procedures in order to measure the extent TFA Systems treatment: (a) changed an abusive man's TFA behavior in a situation of high tension, (b) increased awareness of pre-violence cues, (c) expanded knowledge of non-violent alternatives, and (d) assisted the abuser to diminish or stop the use of violence in the intimate relationship

Participants were purposefully selected from court mandated referrals to the site of the study, a social service counseling agency in southwest Virginia (population about 225,000). Signed releases were obtained to videotape all treatment sessions.

### EVALUATION PROCEDURES

The data collected in this study were used formatively and summatively to determine the extent to which treatment objectives have been attained. An evaluation guide (see Appendix B) was developed as a master plan to summarize

the program components being evaluated, the program goals, all data collection procedures, and the criteria for evaluation of program components.

### Overview

A number of program components were selected for evaluation. They were: (a) Group members, (b) TFA material, (c) TFA assessment, (d) Group process, (e) Group tasks, (f) Attendance, and (g) Treatment plan.

For each of these program components, one or more goals were selected. These goals expressed the desired effect of treatment. Each of these goals were operationalized by rendering them in behavioral terminology, the reasoning being that if the program goals were reached, then resulting behavior would be observable and measurable. Data were collected such that the outcomes were measured. Pre-established criteria allowed decisions to be made as to the extent of goal attainment (see Chapter Four).

### Alignment of Data Sources

To increase the power of the evaluation, a number of perspectives were sought to assess goal attainment.

Called triangulation, this process allows more weight to be

given to observations which otherwise might suffer from restricted view. Phenomenon seen from two or more vantage points and interpreted the same way increases the strength of the observations made. For example, when assessing the program goal that group members were moving toward a mid-point TFA Triad, four data sources were considered: (a) the leader's TFA assessment of the subjects, (b) the subjects' TFA assessment of themselves, (c) the group's TFA assessment of each other, and (d) results from the HBI assessment (which also measures TFA behavior).

Another important example of the use of triangulation in the evaluation component of this action study had to do with the TFA System Assessment. The stated goal was that it be accurate, that is, that it dynamically described subject experience in pre-violent situations. Verification of its accuracy would be difficult if it were to rely upon only one data source. Instead, five data sources (including objective, subjective, and projective assessments) were used. Decision criteria stipulated the conditions under which the TFA Assessment would be held as accurate. Triangulation greatly enhanced the observations and conclusions made as this program was evaluated.

#### INSTRUMENTATION



## Client Data Sheet

This action study used a variety of tests, measures, scales, and questionnaires. The first of these was a Client Data Sheet (Appendix C). The Client Data Sheet records demographic information.

## Intake Self-Report

An intake Self-Report (Appendix C) was developed to measure the prospective member's awareness of pre-violence cues, knowledge of non-violent alternatives, and the level and extent of abuse. The first part asked the subject to state his cues of mounting tension, and knowledge of non-violent alternatives. Embedded in the second part of the instrument was the Conflict Tactics Scale (CTS). It asked how often eighteen clearly described behaviors were committed by the subject against his partner during the past year. Responses were coded : (a) never, (b) once, (c) twice, (d) three to five times, (e) six to ten times, (f) eleven to twenty times, and (g) more than twenty times. Developed by and used extensively by Straus (1981), the CTS has been shown to measure three levels of consort violence: psychological abuse, physical aggression, and life-threatening violence (Straus et al., 1986; Hornung et al.,

1981).

### Structured Intake Interview (History)

The Structured Intake Interview (Appendix C) was revised from the Emerge model (Emerge, 1981), and gauged each prospective member's appropriateness for group treatment, gathering a complete client history. The interview sought to gather information regarding the abusive man's present relationship; violence in other relationships; social/familial background; work; substance use/abuse; education; military; prison; and prior treatment/counseling.

### TFA Assessment

An essential component of the intake interview was the TFA assessment. Designed by Hutchins and Vogler (1988), the TFA assessment described an individual's thoughts, feelings, and actions in a specific situation. Results are illustrated on the TFA Triad, a triangle-shaped diagram with thoughts (T), feelings (F), and actions (A) located at respective angles. During assessment, the counselor recorded client responses on the TFA Assessment Worksheet (Appendix C).

## Partner's Pretest (Posttest) Telephone Interview

### The Partner's Pretest Telephone Interview

(Appendix C) was developed to recruit the abusive man's partner as a reporter of the violent incident leading to court appearance, and to gain another perspective on the level and extent of abuse in the relationship. The telephone interview centered around the Conflict Tactic Scale (described above). The plan was to ask the abusive man's partner how often certain behaviors were committed by her partner against her during the year prior to his treatment. Information to be gathered included her description of the abuse; its duration; some history; and frequency and severity of abuse. Her cooperation was sought for the purpose of getting her evaluation of the results of treatment. The posttest version differed from the pretest only in that it asked the victim to report on the level of abuse in the relationship during the weeks of treatment. As will be discussed in Chapter Four, the spouses were reluctant to participate, and could not be recruited.

### Group Contract

The Group Contract (Appendix C) was developed to clearly state the rules and expectations of each participant

of the group treatment. It required each participant to endorse a pledge to remain non-violent during the course of therapy.

#### Posttest Self-Report

The Group Members Posttest (Appendix C) was virtually identical to the Intake Self-Report except that the CTS had been modified to assess how often the man had committed identified behaviors within the weeks of treatment. An additional section gathered feedback from group members in the form of evaluation. Evaluation items utilized forced choice format.

#### TFA Situation Chart

One of the therapeutic tools used in the course of treatment was the TFA Situation Chart (Appendix C). It was a guide for applying the TFA assessment to any specified and particular situation. It lead the subject to describe and analyze the tension escalating thoughts, feelings, and actions in a chosen problem situation.

#### Minnesota Multiphasic Personality Inventory (MMPI)

The MMPI is a widely used objective measure of personality. It provides objective assessments of abnormal behavior. Comprised of 566 items, the MMPI requires the test subject to sort statements into one of two categories: "true," or "false." Subject responses are scored, and ten clinical scales assess levels of abnormal behavior. Factored into the MMPI are four validity scales which measure the person's attitudes toward answering the questions. The validity and reliability of the MMPI has been well established (Greene, 1980). The MMPI was used in this study to provide insight into the observations made in the course of conducting the TFA Assessments, and the group treatment itself. It was also used as a validator of other assessment measures.

#### INTAKE PROCESS

##### Intake: Part One

The intake and initial assessment process was conducted in two parts. The first part was written, and consisted of completing: (a) a client data sheet, (b) a self-report of known cues/signals of approaching loss of control, (c) known non-violent alternatives, and (d) the Conflict Tactic Scale (CTS). These instruments were

completed by the client when he reported for his assessment interview.

#### Intake: Part Two

The intake and assessment process continued as the client met with the leader of the group for the oral interview. The oral phase of the intake was comprised of four parts: (a) biographical history, (b) TFA Assessment, (c) review and signing of the contract, and (d) receiving permission to contact the man's partner.

#### TFA ASSESSMENT METHODOLOGY

Three separate but related TFA Assessments were derived from three perspectives. The TFA Assessment process is foundational to this study, and is described below.

#### Counselor's TFA Assessment of Subject

Each court referred man was assessed by the counselor during intake in the following manner:

Step One - The counselor asked the subject to concentrate upon the recent incident leading to his arrest and subsequent appearance in court (What happened? When did

it happen? What lead up to it? How much force was used?). Typically wordy, the counselor digested the subject account into two or three sentences. It was read back to the client to verify accuracy.

Step Two - The counselor asked the client questions regarding his thoughts during the moments prior to the critical incident (What were you thinking? What was going through your mind?). Responses were recorded on the TFA Assessment Worksheet (see Appendix C) above the Thoughts (T) angle of the TFA Triangle (not yet made visible to the subject). Frequently, the subject would respond with descriptions of feelings. The counselor would respond, saying, "That is a feeling. Before we go on to explore your feelings, I want to get an idea about what you were thinking. Before you lost control, what were you thinking?"

Step Three - The counselor next inquires about the subject's feelings in the moments prior to loss of control. The identified feelings are recorded on the counselor's TFA Assessment Worksheet. To clarify the range of feelings experienced, the counselor would often ask, "What other feelings did you experience?" The intensity of emotions were also explored by asking questions such as, "How angry were you? How deep was your resentment?" The counselor noted non-verbal communicators (facial expressions, clenched fists, etc.), and subjectively factored them into his

assessment of the subject's feeling (F) behavior.

Step Four - The counselor asked the subject to next consider the actions he took in the moments prior to abusing his partner. To clarify, the counselor would ask, "What did you do next?" The counselor inquired about voice pitch and volume, movements, and chains of behavior. Also included in this assessment of action were the subject's internal actions (i.e., respiration rate, pulse, facial expressions). These actions were recorded alongside the action (A) angle.

Step Five - The counselor completed his assessment of the client's pre-violence experience by considering the client's reported TFA behavior. A key component of this final step was the counselor's assessment of the interaction of thoughts and feelings. Was the abuse planned, plotted, schemed, or thought-out? Were actions fueled by intense emotions lacking the moderating influence of thoughts? The counselor's answers to these questions allowed a subjective and tentative TFA assessment to be made. The counselor formed a mental picture of the TFA Triad that expressed client behavior in the identified situation.

#### Subject's Personal TFA Assessment

The counselor's tentative assessment was



immediately put to the test by asking the subject to assess himself. This took place in the following manner.

Step One - The counselor showed the client the TFA Assessment Worksheet, with entries of reported TFA behavior. The counselor asked, "In this specific situation, were you more thinking (T), more feeling (F), or about in the middle?" If there were more indications that the subject wasn't differentiating between thoughts and feelings, the counselor would again process his thinking versus feeling behavior in the moments prior to losing control. The subject's response (T, F, or in the middle) was marked on the TFA Triangle.

Step Two - The counselor asked the subject whether, in the identified situation, he was doing more feeling (F), more acting (A), or about in the middle. Once again, the subject's response was marked on the TFA Triangle.

Step Three - Next, the counselor asked the subject to decide whether, in the moments prior to loss of control, he was more acting (A), more thinking (T), or about in the middle. Subject responses were marked on the Triangle.

Step Four - The counselor connected the marks made on the TFA Triangle, resulting in an inner triangle called the TFA Triad. Without commenting on it, the counselor showed the Triad to the client, saying, "This is your TFA

Triad. What do you think it means?" The subject would examine his Triad along with the entries, and in his own words would interpret his pre-violence experience. This resulted in the subject's personal TFA assessment. Clinical comparisons could be made of the counselor's assessment, and the subject's personal assessment.

#### Group's TFA Assessment of Each Other

During group treatment, each subject was taken through the six stage TFA Helping Cycle (discussed in detail in Chapter Two). One of the products of the process was a group assessment of each individual's pre-violence experience, expressed in terms of TFA concepts and illustrated by a TFA Triad. In stage one of the TFA Helping Cycle, called Assessment, an individual's specific problem situation is described to the group. The group's task was to work with the individual to determine what thoughts, feelings, and actions were experienced in the identified situation. One result of the group assessment was that subject responses were mapped on the TFA Triangle, and were connected to form a TFA Triad. Thus, group assessments of each subject's TFA behavior were conducted. For more information concerning the TFA Helping Cycle, see Chapter 2.

## TREATMENT OUTLINE

This treatment plan called for a group of six subjects to complete a group counseling program consisting of two parts. Part one was called the "Presenting Problem." The first five weeks of the group examined the factors leading up to each man's use of violence which resulted in his arrest. The next three weeks were to form the second part of group therapy, and were called the "Predicted Problem." During the second part of group counseling each man was assisted to prepare for a situation of high tension which was relatively frequent and prone to violence.

As mentioned above, the TFA Helping Cycle was the vehicle for group process. Stages one through four of the Helping Cycle were followed during the Presenting Problem part of therapy. Stages five and six of the Helping Cycle were implemented during the Predicted Problem segment of the program.

## PART ONE - THE PRESENTING PROBLEM

This part of treatment addressed pre-violent experiences marked by rising tensions leading to the abusive man's use of violence, and subsequently his arrest. The specific context, and the specific thoughts, feelings, and

actions interacting in the moments just prior to the abusive man's behavior were examined in detail.

Week One - Leader and participant introductions. General overview of treatment. Operating principles explained (violence is not sudden, violence is not unavoidable, violence is a solvable problem). Review and endorsement of group contract. Subjects described their offense in detail. The TFA System was introduced. A volunteer was sought, and was taken through four stages of the TFA Helping Cycle, resulting in a group assessment of the volunteer subject's pre-violence experience. Cues of loss of control were isolated. A discussion of possible alternatives took place. The concept of "time-out" was presented. The TFA Situation Chart (see Appendix C) was distributed. Group Assignment: use the TFA Situation Chart to analyze their most recent or worst incident of abuse.

Week Two - A second man is taken through the TFA Helping Process through stage four. His TFA behavior is probed, raising his awareness of his pre-violence experience. Cues and non-violent alternatives were discussed. Group Assignment: use TFA Situation Chart to complete an analysis of most recent or worst incident of abuse (whichever was not chosen for week two).

Week Three - A third volunteer was taken through the group process, resulting in cues and non-violent

alternatives being isolated. Group Assignment: describe three frequently encountered problems with wife/partner.

Week Four - Volunteer four was taken through group process. A fifth volunteer completed the process as well. A discussion took place surrounding their frequently encountered problems, and they were assigned to select their most volatile problem with their wife/partner.

#### PART TWO - THE PREDICTED PROBLEM

The attention of the group process turned toward preparing each man to non-violently handle their most frustrating problem situation, which was known to be prone to loss of control.

Week Five - The counselor asked for a volunteer to present his most tense situation, and work with the group toward handling the situation non-violently. The Helping Process began again, this time going through all six stages. The end result of this process was that the man developed a strategy for his TFA behavior which enabled him to be non-violent when that problem occurred. He was also able to describe his plan using a more productive TFA Triad. His pre-violence cues and non-violent alternatives were reviewed. The group worked with the volunteer until it was satisfied that he could remain in control.

Weeks Six, Seven, Eight - The above format was followed for the remaining treatment sessions until all participants had worked out a personalized strategy for being non-violent in a high tension situation. Cues of impending loss of control were carefully isolated. Lists of non-violent alternatives were explored. Situational specificity was rigorously exercised such that strategies for control were relevant to each individual participant.

Week Nine - This session was set aside for structured and unstructured feedback and evaluation of the treatment program. See Appendix C for feedback and evaluation instruments.

## CHAPTER FOUR

### Data Analysis and Discussion

A number of fundamental findings emerged from the literature review. These findings had major implications on the manner in which this action study was conducted, and subsequently, its revelations. The salient findings of the literature review are outlined as follow:

(1) The etiology of consort violence is multidetermined. Approximately 100 contextual, thinking, feeling, and action variables were isolated as potentially contributing to the phenomenon of domestic violence. Even if more associated variables could be named to this enormous list, they are made manageable by factoring them according to the context of abuse, and the abuser's thoughts, feelings, and actions.

(2) In spite of the fact that potential contributors to domestic violence can be isolated, the dynamics which activate and actualize violence have been uncertain. Abusers may share similarities in terms of their offenses, and even the factors contributing to them. Upon closer analysis, however, the particular abuser and his offense is dynamically different from others who use violence in intimate relationships. Insight into the

dynamics which actualize abuse and violence is gained from an examination of the unique combinations of an abusive man's thoughts, feelings, and actions in specifically identified situations of mounting tensions.

(3) Most interventions are aimed at the tension building stage of the violence cycle. Treatment providers seek to raise awareness of pre-violence dynamics, and to increase the knowledge of non-violent alternatives to the crisis.

(4) Various methods have been applied to the treatment of consort violence. They have included cognitive, affective, and "behavioral" interventions. There is a trend among treatment providers to use a composite of the three primary treatment methods, but their efforts appear to be coincidental. There is a need for a treatment methodology which purposefully integrates treatment regimens in a manner which is understandable to the client.

(5) The TFA System integrates cognitive, affective, and "behavioral" methodologies. It is designed to assist the individual to reflect upon his thinking, feeling, and acting behaviors in specified problem situations. It offers the clinician an assessment tool, and a step-by-step process for helping the individual make strategic changes in personal behavior.

These findings became the foundation of this



action study, which applied TFA Systems to a group treatment of abusive men. Upon these salient findings, the core principles of this action study were constructed. They are summarized as follows:

Core Principle One: Violence is not unavoidable.

The complexity of the variables associated with violence is manageable when factored into context, thoughts, feelings, and actions. The TFA Treatment set out to equip the participants with a working and manageable knowledge of the factors which tend to contribute to their abusive and violent behavior.

Core Principle Two: Each abuser is unique.

Treatment was designed to meet the unique needs of the man. Abstractions and generalizations which assumed that the abuser was like all other violent men were rejected in favor of being situationally specific to each individual. Situational specificity was extended to problem descriptions, as well as to the experienced thoughts, feelings, and actions prior to loss of control.

Core Principle Three: Intervene when tensions

mount. The scope of treatment was purposefully limited to the tension building stage of the violence cycle. Interventions were selected only if they (a) fostered awareness of pre-violence TFA patterns and knowledge of non-violent options, and (b) were aimed at specifically

identified problems in phase one of the abuse cycle. The operant clinical question was, "What intervention will work for this client, in this situation, given his thoughts, feelings, and actions?"

Core Principle Four: Teach TFA principles. It was hypothesized that the TFA concepts could be mastered by abusive men such that they could make the modifications necessary to become non-violent. The TFA System was introduced as an effective pre-violence problem solving method.

#### Program Evaluation Master Plan

Implementing the Program Evaluation Master Plan (see Appendix B), data were collected and submitted to the pre-established criteria for every Program Component and Program Goal. This invited formative and summative decisions to be made regarding the TFA Treatment program. As a result of conducting and evaluating this action study, a number of data based conclusions can be made regarding: (a) the accuracy of TFA Assessment procedures, (b) changes in TFA behavior patterns, (c) gains in pre-violence cue awareness, (d) attainments in knowledge of non-violent alternatives, (e) decreases in levels of abuse and violence, (f) utility of TFA materials, (g) client responses to

treatment, and (h) modifications of treatment plan. Following a brief overview of the subjects included in this study, data based conclusions will be presented.

#### DEMOGRAPHICS AND OVERVIEW

The seven participants in this treatment program were purposefully selected from court referrals to a community counseling agency. During the course of treatment a total of three subjects were deemed treatment failures due to chronic absenteeism. Pursuant with agency policy they were referred back to Juvenile and Domestic Relations Court. Four men completed group treatment and are the basis for the following results.

The four subjects who are the focus of this study were racially diverse; including two Caucasian's, an African-American, and an Asian. They ranged in age from 21 to 36 years of age. Their marital status varied; one man's divorce was pending, one man was separated, one man was single but co-habiting, and one man was living with his wife. Two of the men had children, while one man reported his wife being pregnant at the time of the violence. One man, a father of three, reported his children witnessing violence in the home. All of the subjects were employed at the time of their offense, and two reported periods of

unemployment in the year prior to court. Reported yearly income ranged from \$8,640 to \$35,000. All subjects felt they had faced serious financial problems during the year prior to treatment. All subjects completed a High School education, and one man attended two years of college (non-degree). All subjects reported coming from an abusive family of origin. Two subjects revealed criminal pasts, one spending a total of seven years in jail.

#### ACCURACY OF TFA ASSESSMENT PROCEDURES

The goal of the TFA Assessment, and essential clinical tool of this treatment, was that it be accurate. Its accuracy was defined as being descriptive of subject experience in pre-violent situations. Specifically, the capability of the TFA Assessment to describe and render TFA behavior in a specified situation was put to evaluation criteria. Data were collected from five sources: (a) Leader's TFA Assessment, (b) Subject's TFA self-assessment, (c) Group's TFA Assessment of each other, (d) HBI Assessment of TFA functioning, and (e) MMPI profiles.

#### Leader Assessment of Subject TFA

One of the problems facing any clinician is how to

accurately assess an abusive man's impulsive behaviors. Seven men were assessed by the researcher as having acted impulsively with intense feelings, but without moderating thoughts.

### Pre-Treatment Interviews

Assessment interviews were conducted with each participant of the treatment program. A major purpose of that interview was to carry out an appraisal of the specific situation leading each man to use violence on his female partner. Of particular interest was the interaction of thoughts (T), feelings (F), and actions (A) as that situation developed. The TFA Triangle was used for this assessment. Of the 27 possible TFA Triads, the researcher selected the Feeling-Acting (FA) Triad as being descriptive of every subject's abusive situation (see Figure 1).

### FA Triad Interpreted

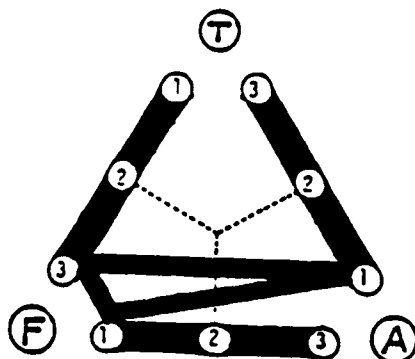
The FA Triad describes a dynamic interaction of thoughts, feelings, and actions. However, feelings dominate this Triad. Actions tend to be taken without the moderating influence of thoughts. This Triad indicates that these abusive men behaved irrationally. Without restraining

Figure 1

Counselor's pre and post treatment TFA assessments of all participating subjects

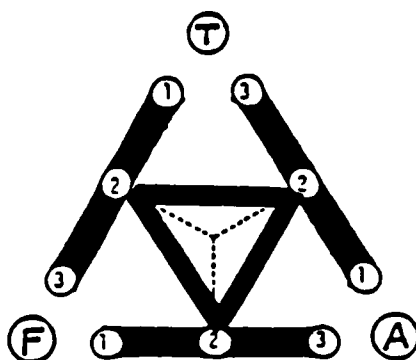
BEFORE

TREATMENT



AFTER

TREATMENT



themselves from brutish action, they behaved impulsively. Their swift actions occurred with minimal (if any) cognitive awareness of all that was taking place inside themselves. They were not likely to fully consider the consequences of their behavior. Thoughts were conspicuously absent in all the FA Triads.

#### Post-Treatment Interviews

Following treatment, it was the researcher's assessment that all subjects had made substantial changes in the interaction of thoughts, feelings, and actions. Using the TFA Triangle, the researcher examined the dynamic interaction of each subject's thoughts, feelings, and actions in an individually selected problem situation known by the subject to be of high intensity and prone to violence. Of the 27 possible triads, the midpoint ( $t=f=a$ ) Triad emerged as representative of each abusive man's plan for control and non-violence. The TFA Triad illustrating the researcher's assessment of each man's pre-violence behavior before and after treatment is illustrated in Figure 1.

#### Midpoint T=F=A Triad Interpreted

The Midpoint (t=f=a) Triad was chosen by the researcher to be descriptive of each abusive man's planned behavior in a predicted problem situation. One of the first observations is that in contrast to his presenting problem situation, the abusive man is assessed as utilizing more thoughts as he plans to deal with a specific predicted problem with his spouse or partner. His thoughts have the effect of moderating feelings and actions. He feels angry, but shows his feelings in controlled actions. His increased cognitive awareness enables him to find productive solutions to the mounting tensions inherent in his unique situation. Rather than indicate an equal measure of TFA, the t=f=a Triad suggests that no one dimension of behavior (thoughts, feelings, or actions) dominate the individual. His awareness of thoughts, feelings, and actions make control possible.

### Subject Assessment of TFA

#### TFA Assessment of Presenting Problem

The leader's clinical impressions of each subject's pre-treatment abusive situation received support from each subject. All subjects agreed with the leader's TFA assessment of the incident leading to their arrest.



The subjects, reflecting on their experience, interpreted the FA Triad without assistance. With their violent incident firmly in mind, each man was taken through the TFA Assessment (see Chapter Three for assessment methodology). The researcher marked each subject's responses on the TFA Triangle, forming his TFA Triad. When a lack of differentiation between thoughts and feelings was perceived, the researcher worked with the subject toward clarity. This required specificity from the subject as to which aspects of behavior (T, F, or A) was actually involved.

The TFA Triangle, marked so as to diagram his TFA Triad, was then shown to each subject. Each man was asked to indicate what he thought the Triad meant. Some of their interpretations include the following:

"My first reaction to anything is reaction, its reflex. Its unthought, it happens. Its like [my mind] is vacant."

"I guess my emotions are getting the best of me. When I should be thinking, I'm not thinking, I'm just emotional. It was so sudden. It wasn't something I thought about."

"[My TFA Triad] shows that I let my actions overrule my feelings. It just happened. I just did it."

"My feelings make me take action. [The TFA Triad] tells me that I ain't thinking when I do something."

Statements, such as those above, indicated that the subjects were able to interpret their TFA Triad even without prior exposure to the concepts. Each subject's self-assessment agreed with the researcher's intake assessment.

#### Subject Assessment of Predicted Problem

Throughout the second half of treatment, which focused upon an individually selected and specific problem situation, each subject was asked to use the TFA Triangle to assess plans for non-violence. Each participant affirmed that the midpoint (t=f=a) Triad best described their personal strategy for remaining non-violent.

#### Group's TFA Assessment of Each Other

As indicated above, each subject understood the FA Triad as being descriptive of his problem situation. The group process provided confirmation that the FA Triad gave expression to each man's specific problem situation. Likewise, the midpoint (t=f=a) Triad was chosen by the group

as best representing each man's strategies for control in a predicted problem situation.

#### Hutchins Behavior Inventory (HBI)

The Hutchins Behavior Inventory (HBI) was administered before and after treatment to each subject in order to gain another perspective of the interaction of thoughts, feelings, and actions. The HBI generally supports pre- and post-treatment assessments using the TFA Triangle. Comparisons of the pre- and post-treatment HBI profiles for those completing treatment is made in Tables 7,8,9,and 10 Figure 2 (A,B,C,D), and Figure 3.

Table 7  
Hutchins Behavior Inventory (HBI) assessments of pre-  
 violence behavior in a group of male spouse abusers before  
 and after treatment

| SCALE                         | SUBJECT A |       |
|-------------------------------|-----------|-------|
|                               | PRE       | POST  |
| <b>THINKING</b>               |           |       |
| Total thinking responses      | 15        | 36    |
| Av. thinking intensity        | 1.87      | 1.0   |
| Responses:                    |           |       |
| Somewhat                      | 4         | 36    |
| Moderately                    | 9         | 0     |
| Very                          | 2         | 0     |
| <b>FEELING</b>                |           |       |
| Total feeling responses       | 21        | 5     |
| Av. feeling intensity         | 2.29      | 1.0   |
| Responses:                    |           |       |
| Somewhat                      | 2         | 5     |
| Moderately                    | 11        | 0     |
| Very                          | 8         | 0     |
| <b>ACTING</b>                 |           |       |
| Total acting responses        | 39        | 33    |
| Av. acting intensity          | 2.41      | 1.06  |
| Responses:                    |           |       |
| Somewhat                      | 1         | 32    |
| Moderately                    | 21        | 0     |
| Very                          | 17        | 1     |
| <b>BIPOLAR SCALES</b>         |           |       |
| Thinking/Acting               | 20/5      | 10/15 |
| Feeling/Thinking              | 10/15     | 21/3  |
| Acting/Feeling                | 6/19      | 2/23  |
| <b>NATURAL BIPOLAR VALUES</b> |           |       |
| Thinking/Acting               | 59        | 25    |
| Feeling/Thinking              | 50        | 24    |
| Acting/Feeling                | 61        | 27    |

Table 8  
Hutchins Behavior Inventory (HBI) assessments of pre-  
 violence behavior in a group of male spouse abusers before  
 and after treatment

| SCALE                         | SUBJECT B |       |
|-------------------------------|-----------|-------|
|                               | PRE       | POST  |
| <b>THINKING</b>               |           |       |
| Total thinking responses      | 22        | 18    |
| Av. thinking intensity        | 1.55      | 1.61  |
| Responses:                    |           |       |
| Somewhat                      | 13        | 8     |
| Moderately                    | 6         | 9     |
| Very                          | 3         | 1     |
| <b>FEELING</b>                |           |       |
| Total feeling responses       | 37        | 31    |
| Av. feeling intensity         | 2.57      | 2.10  |
| Responses:                    |           |       |
| Somewhat                      | 5         | 8     |
| Moderately                    | 6         | 12    |
| Very                          | 26        | 11    |
| <b>ACTING</b>                 |           |       |
| Total acting responses        | 16        | 26    |
| Av. acting intensity          | 1.63      | 1.46  |
| Responses:                    |           |       |
| Somewhat                      | 6         | 15    |
| Moderately                    | 10        | 10    |
| Very                          | 0         | 1     |
| <b>BIPOLAR SCALES</b>         |           |       |
| Thinking/Acting               | 11/14     | 16/9  |
| Feeling/Thinking              | 8/17      | 9/16  |
| Acting/Feeling                | 20/5      | 15/10 |
| <b>NATURAL BIPOLAR VALUES</b> |           |       |
| Thinking/Acting               | 36        | 40    |
| Feeling/Thinking              | 62        | 47    |
| Acting/Feeling                | 57        | 45    |

Table 9  
Hutchins Behavior Inventory (HBI) assessments of pre-  
violence behavior in a group of male spouse abusers before  
and after treatment

| SCALE                         | SUBJECT C |      |
|-------------------------------|-----------|------|
|                               | PRE       | POST |
| <b>THINKING</b>               |           |      |
| Total thinking responses      | 13        | 29   |
| Av. thinking intensity        | 1.38      | 1.69 |
| Responses:                    |           |      |
| Somewhat                      | 8         | 12   |
| Moderately                    | 5         | 14   |
| Very                          | 0         | 3    |
| <b>FEELING</b>                |           |      |
| Total feeling responses       | 21        | 42   |
| Av. feeling intensity         | 1.57      | 1.69 |
| Responses:                    |           |      |
| Somewhat                      | 12        | 13   |
| Moderately                    | 6         | 29   |
| Very                          | 3         | 0    |
| <b>ACTING</b>                 |           |      |
| Total acting responses        | 37        | 4    |
| Av. acting intensity          | 1.86      | 2.0  |
| Responses:                    |           |      |
| Somewhat                      | 11        | 0    |
| Moderately                    | 20        | 4    |
| Very                          | 6         | 0    |
| <b>BIPOLAR SCALES</b>         |           |      |
| Thinking/Acting               | 23/1      | 4/21 |
| Feeling/Thinking              | 12/13     | 8/17 |
| Acting/Feeling                | 8/24      | 25/0 |
| <b>NATURAL BIPOLAR VALUES</b> |           |      |
| Thinking/Acting               | 45        | 41   |
| Feeling/Thinking              | 35        | 45   |
| Acting/Feeling                | 40        | 42   |

Table 10  
Hutchins Behavior Inventory (HBI) assessments of pre-  
 violence behavior in a group of male spouse abusers before  
 and after treatment

| SCALE                         | SUBJECT D |       |
|-------------------------------|-----------|-------|
|                               | PRE       | POST  |
| <b>THINKING</b>               |           |       |
| Total thinking responses      | 8         | 37    |
| Av. thinking intensity        | 1.63      | 2.78  |
| Responses:                    |           |       |
| Somewhat                      | 5         | 4     |
| Moderately                    | 1         | 0     |
| Very                          | 2         | 33    |
| <b>FEELING</b>                |           |       |
| Total feeling responses       | 26        | 22    |
| Av. feeling intensity         | 2.27      | 2.64  |
| Responses:                    |           |       |
| Somewhat                      | 9         | 1     |
| Moderately                    | 1         | 6     |
| Very                          | 16        | 15    |
| <b>ACTING</b>                 |           |       |
| Total acting responses        | 41        | 16    |
| Av. acting intensity          | 2.88      | 1.94  |
| Responses:                    |           |       |
| Somewhat                      | 2         | 1     |
| Moderately                    | 1         | 15    |
| Very                          | 38        | 0     |
| <b>BIPOLAR SCALES</b>         |           |       |
| Thinking/Acting               | 25/0      | 4/21  |
| Feeling/Thinking              | 8/17      | 16/9  |
| Acting/Feeling                | 9/16      | 13/12 |
| <b>NATURAL BIPOLAR VALUES</b> |           |       |
| Thinking/Acting               | 71        | 69    |
| Feeling/Thinking              | 47        | 63    |
| Acting/Feeling                | 72        | 60    |

Figure 2-A

Computer generated TFA Triangles resulting from pre and post treatment administrations of the Hutchins Behavior Inventory (HBI) to subjects participating in TFA Treatment

SUBJECT A

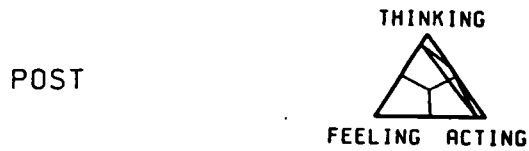
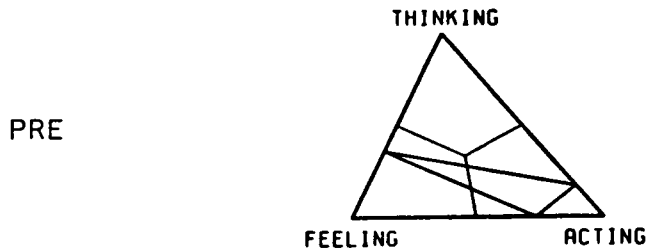




Figure 2-B

Computer generated TFA Triangles resulting from pre and post treatment administrations of the Hutchins Behavior Inventory (HBI) to subjects participating in TFA Treatment

SUBJECT B

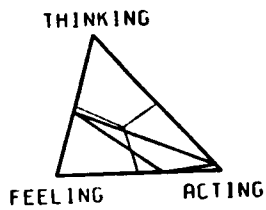


Figure 2-C

Computer generated TFA Triangles resulting from pre and post treatment administrations of the Hutchins Behavior Inventory (HBI) to subjects participating in TFA Treatment

SUBJECT C

PRE



POST

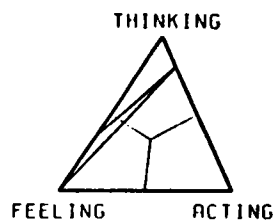


Figure 2-D

Computer generated TFA Triangles resulting from pre and post treatment administrations of the Hutchins Behavior Inventory (HBI) to subjects participating in TFA Treatment

SUBJECT D

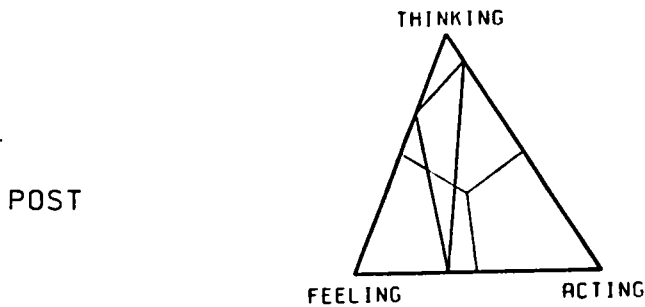
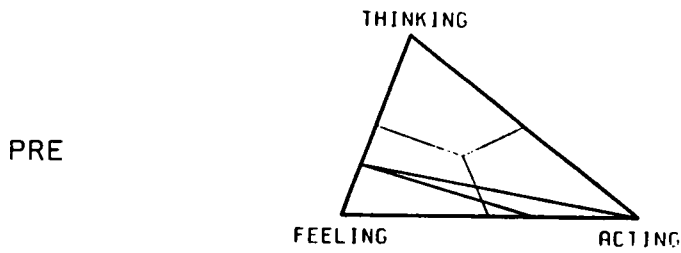
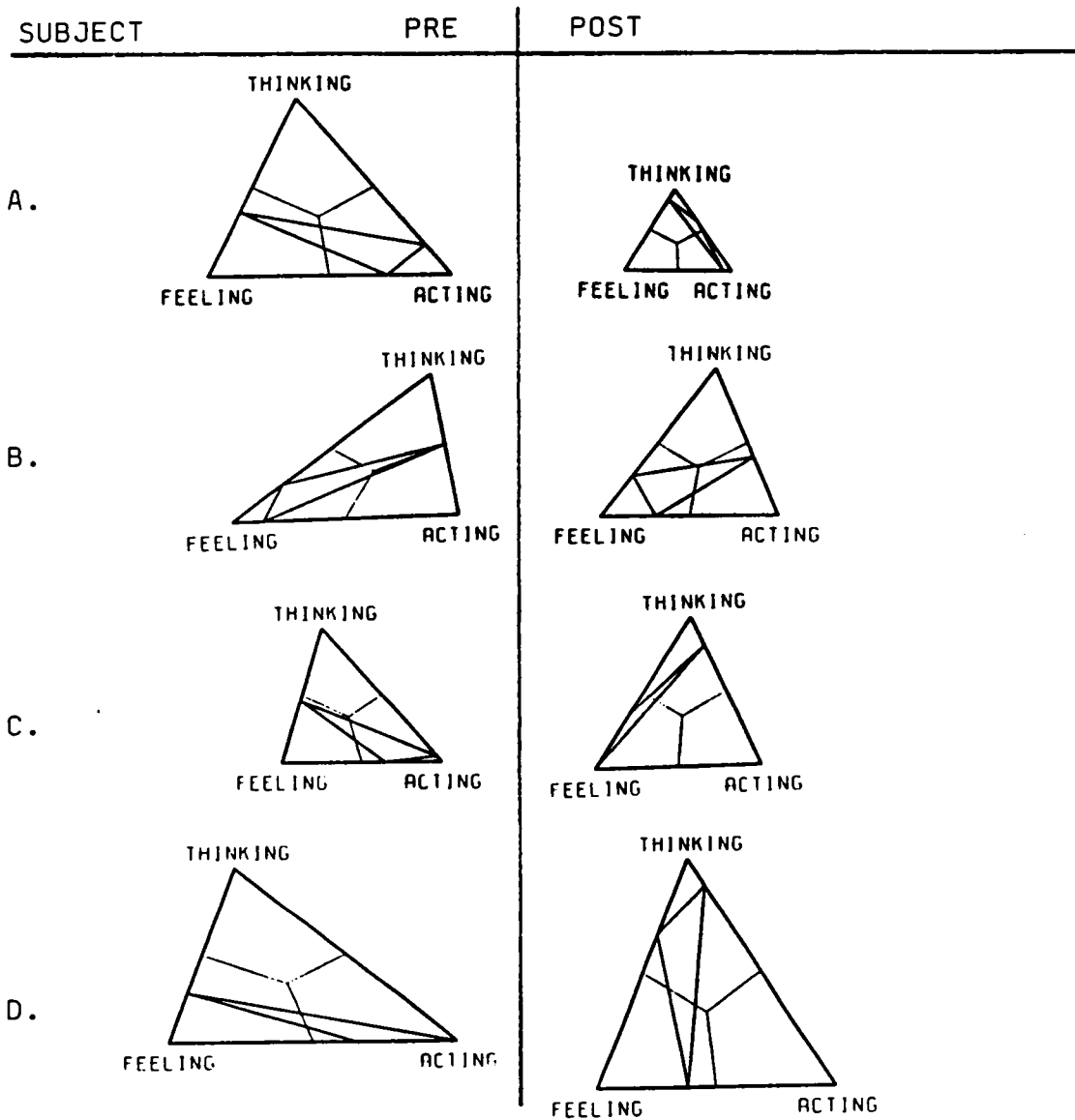


Figure 3

Comparisons of pre and post treatment administrations of the Hutchins Behavior Inventory (HBI) to a group of male spouse abusers specifying pre-violent behavior



## HBI Interpretation

According to the HBI Interpretation Guide (Hutchins, 1989), the first step in interpreting HBI results is to look at the number of Thinking, Feeling, and Acting responses. Each construct (T,F, and A) has a total of 75 possible answers. Generally speaking, this group of abusive men made more thinking responses to a situationally specific pre-violence problem after benefiting from treatment. Following treatment, the number of acting responses to pre-violence problems show decreases. The number of feeling responses are basically the same at pre and post treatment, and may illustrate the theme of treatment that being angry isn't wrong, but letting it get out of control and abusive is.

The next step in interpreting the HBI results is to examine the average intensity of subject responses. A person can respond to the items on the HBI by answering that the word is Somewhat (1 point), Moderately (2 points), or Very Characteristic (3 points) of behavior in a particular situation. The intensity of Thought behaviors is generally greater following treatment. The intensity of Actions is diminished. Feeling intensities appear to have increased for half of the group, while the other half decreased in intensity. Explanations for this group variation in Feeling intensities are uncertain at this time, and highlight the

need for further research.

Next, the HBI interpretation considers the number of items the group answered as being Somewhat, Moderately, or Very Characteristic of behavior in each TFA area. This scale gives a little more insight into the total responses. The average intensity for each of the constructs is generated from this scale, and is used to derive the Natural Bipolar Values (which impact the length of the computer plotting of each side of the triangle).

When examining the Bipolar Scales, the focus is upon the selected pairs of words that were either Thinking-Acting, Feeling-Thinking, or Acting-Feeling. A potentially confusing aspect of the HBI Bipolar Scores is that the score reporting is actually inverted from the construct pair. For example, at pre-treatment Subject A had a Thinking/Acting Bipolar score of 20/5. The 20 score reports the number of ACTING responses, while the 5 score reports the number of THINKING responses. In the 25 times that the HBI forced the subject to choose thinking (T) or acting (A) words to describe his behavior in a specific pre-violence situation, he chose acting words 20 times, and thinking words 5 times. In three of the subjects, the trend was in the direction of becoming more thinking, rather than acting. The men seem not to have greatly changed their orientation toward feelings as evidenced by the Feeling versus Thinking

Biopolar scores. Once again, the aim of treatment was not to eliminate feelings, but to raise the level of feeling awareness so as to moderate them and avoid their violent expression.

The final step in interpreting the HBI is to examine the Natural Bipolar Values. The computer illustrates this scale by generating a TFA Triangle with plot points which are roughly equivalent to the number of items times the intensity, thus giving the length of the computer plotting of each side of the triangle.

One result of the HBI computer generated scoring is that each subject's situationally specific behavior is illustrated by way of a TFA Triangle. This TFA Triangle, however, differs from that used in the clinical assessment. A close examination of the TFA/HBI diagrams in Figure 2 (A,B,C, and D) reveals that the triangles are different shapes. This is because the computer plot actually illustrates the intensity of the items. Two principles guide interpretations of the size and shape of the HBI/TFA triangle. First of all, the larger the triangle, the greater the overall intensity. Secondly, the slant, or skewness, of the triangle reflects the intensity in that direction. For example, the size of Subject A's post treatment HBI/TFA is markedly smaller than pre-test, indicating a decrease in overall TFA behavior intensity.

Likewise, Subject D's post-treatment HBI/TFA illustrates a shift in behavior orientation toward being more thoughtful as evidenced by the longer T-F and T-A legs of the Triangle.

In general terms, the pre-treatment HBI/TFA triangles for this group of male spouse abusers were oriented toward an interaction of actions and feelings, with little moderation from thoughts. Generally, the abusers' post-treatment HBI/TFA triangles illustrate a reduction in overall intensity, and a notable and increased shift in the role of thoughts.

#### HBI and TFA Assessments Compared

Pre-treatment HBI profiles revealed an emphasis on acting behaviors, while TFA assessments emphasize feeling behaviors. Post-treatment HBI results indicate movement toward being more thinking. The post-treatment TFA assessments suggest the abusive men are more thinking, and that they are integrating feelings and actions. There appear to be differences, but these are explainable.

One reason for this difference is that the HBI is a self-report instrument, whereas the TFA is a clinical tool used with counselor-client interaction (or, as in this treatment model, with client-client interaction). The HBI/TFA differential may also be due to the relative



discomfort abusive men may have voluntarily identifying and self-reporting feelings. When using the TFA in a clinical setting, with assistance from a therapist, the subject might be more willing to consider the relative importance of feelings. The pre-treatment HBI emphasis upon action may also illustrate a tendency for abusive men in the third phase of violence to be repentantly focused upon their behaviors, not the thoughts, or feelings leading to their loss of control. Nevertheless, the HBI, as well as clinical TFA Triads, both confirm that the subjects in this study operated in their pre-violent situation with limited thinking as feelings and actions interacted. Following treatment, the results of both the HBI and TFA assessments appear mutually supportive, indicating increases in thinking behaviors.

#### TFA Assessment and MMPI Profiles

Insight into the accuracy of the TFA Assessment for this group of abusive men was also gathered from an administration of the Minnesota Multiphasic Personality Inventory (MMPI). An objective test of personality function, the MMPI was administered to all group participants. Though no two men had the same MMPI profile, several common themes emerged.

### Intense Feelings, Impulsive Acts, Minimal Thinking

People with profiles similar to the men in the treatment group tend to have problems maintaining control over impulses and conduct. Legal problems are characteristic. They can have problems concentrating and thinking effectively, and many people with profiles similar to these men suffer from delusional thinking. Undue sensitivity in interpersonal situations is a common experience. People with these profiles tend to harbor grudges. They rationalize events to their advantage. They are characteristically hostile, and are often found manipulating events such that others are victimized. The MMPI supports the TFA Assessment that these men are prone to act on the basis of their sensitive feelings, with minimal or distorted thinking. This behavior pattern is described by the Feeling-Acting (FA) Triad, which was found to express the relevant dynamics of each man in his presenting problem situation.

### Conclusions Regarding the Accuracy of TFA Assessment Procedures

A number of factually based conclusions can be

drawn from an evaluation of the TFA Assessment procedures implemented as a part of this study. They are outlined as follows:

(1) The leader, each subject individually, and the group as a whole, agreed that the TFA Triad which best described their pre-violence behavior leading to their arrest was the FA Triad.

(2) The TFA Triad was found to be easily interpreted and understood by each man, even without prior exposure to the TFA concepts.

(3) Results of the HBI and MMPI generally support pre-treatment TFA Assessments. The instruments showed the men acting with minimal thought as actions and feelings interacted. The MMPI test results suggest that the TFA Assessment correctly described this group of abusive men as tending to act impulsively, with minimal or distorted thought.

(4) Insofar as post-treatment TFA Assessments were concerned, there was unanimity among researcher and group subjects regarding the accuracy of the midpoint (t=f=a) assessments of strategies for dealing with a predicted problem. Results of post-treatment HBI administrations generally support the findings of the TFA Assessments conducted at the close of treatment; namely, that this group of abusers were becoming more thoughtful.

(5) The TFA Assessment was shown to be an accurate clinical tool for the assessment of abusive men. It also provided notions as to what needed to change for abusive men to become violent.

#### CHANGES IN TFA BEHAVIOR PATTERNS

One of the program's goals was that group members would take steps toward integrating thoughts, feelings, and actions in situations of mounting tensions. The Triad which would best describe that state is the midpoint  $t=f=a$  Triad (see the discussion of the midpoint Triad in the TFA Assessment section above).

#### Assessment of Post-Treatment TFA Behavior

The TFA treatment aided the men to move closer to the midpoint Triad as measured by (a) the leader's assessment, (b) the subjects' self-assessment, (c) the group's assessment of each other, and (d) results of the HBI testing.

As has already been discussed above, the  $t=f=a$  Triad was chosen in every case and by all concerned (leader, individual subjects, and group) as best describing the participant's behavior in a predicted situation prone to

violence. This was possible, in part, because the TFA Helping Process recruited each subject as an active participant in the discovery of strategies for integrating TFA behavior such that violence could be avoided. Each participant prepared a TFA Triad illustrating a personal plan for self-control. The group worked with each respective individual until all were satisfied that his plan was reasonable and workable.

#### HBI Assessment of Post-Treatment TFA Behavior

As has been discussed above, results of the TFA group process indicated that each man became more thinking in his orientation, and was able to moderate feelings and choose adaptive actions. To provide an objective measure of the perceived change, the HBI was re-administered to each subject. The most notable change detected by the HBI was the new role of thoughts in the experience of abusive men who were anticipating their behavior in pre-violent situations.

#### Conclusions Regarding Changes in TFA Behavior Patterns

(1) Subjects made notable changes in their behavior during mounting tensions. All showed that their

thoughts were taking a more prominent role in directing ultimate behavior.

(2) Subjects modified their feelings, diminishing the intensity of pre-violence experiences. They were able to replace anger, rage, and jealousy with less intense feelings in proportion to the problem situation.

(3) The actions of the subjects as they experienced increasing tensions changed from anger escalating ones, to actions which made control possible.

(4) Results of TFA Treatment exceeded the evaluation criteria regarding post-treatment TFA profiles. All of the subjects completing treatment achieved a midpoint (t=f=a) Triad. The HBI test results generally support the TFA assessments that the men were integrating thoughts, feelings, and actions in situations of increasing tension.

#### GAINS IN PRE-VIOLENCE CUE AWARENESS

Of great importance to the problem of consort violence is an awareness of cues that the individual is in a pre-violent situation. It was hypothesized that if the subjects were indeed becoming more thoughtful, then they would show gains in the area of cue awareness. The treatment methodology implemented as a part of the TFA Treatment increased the level of personal awareness of

abusive men as measured by cues/signals of rising tensions.

#### Pre-Violence Cues Reported at Intake

During the intake and assessment process, subjects indicated the extent of their awareness of approaching violence by way of a self-report instrument which simply asked what were the signals/cues that they were getting out of control. The men in this group treatment entered the program with a low level of awareness as evidenced by a limited number of known cues that behavior was getting out of control. The treatment group reported only nine (9) known cues ( $\bar{X} = 2.25$ ) prior to counseling.

#### Pre-Violence Cues Reported Following Treatment

The same self-report instrument was re-administered following treatment. Indicative of an increase in cognitive awareness of anger patterns, subjects who completed the program gained in their understanding of pre-violence cues. Whereas awareness of pre-violence cues before treatment was relatively low ( $\bar{X} = 2.25$ ), such awareness had increased, reaching a post-treatment total of 22 ( $\bar{Y} = 5.5$ ). The level of awareness of pre-violence cues at intake is compared against the level of awareness of pre-

violence cues following treatment in Table 11.



Table 11

A comparison of abusers' reported cues of approaching loss of control before and after treatment

| BEFORE TREATMENT |  | AFTER TREATMENT |  |
|------------------|--|-----------------|--|
| Subject          | Known Cues   | Subject         | Known Cues   |
| A. (4)           | Blood to head<br>Rapid breathing<br>Feel like<br>exploding<br>Grit teeth | A. (7)          | Rapid breathing<br>Shaking<br>Yelling<br>Jumpy<br>Get hot<br>Grit teeth<br>Make fist                     |
| -----            |  |                 |  |
| B. (1)           | Be alone   | B. (8)          | Get nervous<br>Hands move<br>Can't stay<br>Head aches<br>Drive off<br>Get jumpy<br>Turn red<br>Feel hurt |
| -----            |  |                 |  |
| C. (3)           | Get Quiet<br>Jaw gets tight<br>Get jumpy                                 | C. (5)          | Get aggravated<br>Jumpy<br>Hot<br>Get quiet<br>Want to drink   |
| C.               |  |                 |  |
| -----            |  |                 |  |
| D. (1)           | Get drunk  | D. (2)          | Crave liquor<br>Get up-tight   |
| -----            |  |                 |  |
| Total            | 9  |                 | 22   |
| Mean             | 2.25   |                 | 5.5  |

## Qualitative Comparison of Pre vs. Post Treatment Cue Awareness

Not only did subjects participating in the TFA Treatment program demonstrate their new thinking orientations by becoming more aware of pre-violence cues, but the quality of their personal awareness is observable. As noted in Table 11, awareness of pre-violence cues tends to be limited in quality. For example, subject B's awareness of wanting to "be alone" was global and vague. Following treatment, subject B reports cues of mounting tension which are qualitatively different. He reports subtle changes in his body (i.e., "hands move, head aches, get jumpy, turn red, feel hurt"). A close examination of the group's post-treatment itemization of cues/signals shows a trend toward precision, sensitivity to physiological changes, and sensitivity to internal feelings.

### Conclusions Regarding Gains in Cue Awareness

- (1) All subjects increased in awareness of pre-violence cues.
- (2) The quality of pre-violence cue awareness was notably higher.
- (3) Having a greater awareness of pre-violence

cues was an indication of the greater role of cognition (thinking) upon their ultimate behavior.

#### ATTAINMENTS IN KNOWLEDGE OF NON-VIOLENT ALTERNATIVES

Another hypothesis of treatment was that if the participants were increasing their use of thinking behaviors in situations of mounting tensions, then their new cognitive awareness would extend to knowledge of non-violent alternatives to loss of control. The goal of adaptive alternatives was operationalized by noting the number of subjects increasing their knowledge of non-violent alternatives.

#### Non-Violent Alternatives Reported at Intake

During the intake assessment interview, each subject was asked to indicate by way of a self-report instrument what options he had other than abusing his partner. Participants reported a total of six (6) non-violent alternatives ( $\bar{X} = 1.5$ ) before treatment.

#### Non-Violent Alternatives Reported Following Treatment

Each subject was asked to complete the same self-

report instrument asking about known alternatives to losing control. As a result of treatment, each participant gained in his knowledge of non-violent alternatives to abusing his partner. Knowledge of adaptive alternatives had risen from a total of six (6) to a group total of 23 ( $\bar{Y} = 5.75$ ). Reported alternatives before and after treatment are featured in Table 12.

Table 12

A comparison of abusers' reported alternatives to violence before and after treatment

| BEFORE TREATMENT |                               | AFTER TREATMENT |   |
|------------------|-------------------------------|-----------------|---|
| Subject          | Known Alternatives            | Subject         | Known Alternatives  |
| A. (2)           | Leave                         | A. (6)          | Take deep breath<br>Do punching bag<br>Count to ten<br>Walk away<br>Ignore her<br>Divorce her<br>Discuss calmly |
| -----            |                               |                 |   |
| B. (1)           | Leave and cool off            | B. (6)          | Sit and talk<br>Improve relations<br>Time-outs<br>Discuss calmly<br>Be truthful<br>Control voice                |
| -----            |                               |                 |   |
| C. (2)           | Say nice things<br>Leave room | C. (5)          | Leave room<br>Discuss calmly<br>Time-outs<br>Listen to her<br>Stop drinking                                     |
| D. (1)           | Con her                       | D. (6)          | Discuss Calmly<br>Keep low voice<br>Listen to her<br>Look for solution<br>Time-outs<br>Be open minded           |
| -----            |                               |                 |   |
| Total            | 6                             |                 | 23  |
| Mean             | 1.5                           |                 | 5.75  |

## Qualitative Comparison of Pre and Post Treatment Alternatives

As Table 12 illustrates, the subjects' non-violent alternatives became qualitatively different and more productive following treatment. Prior to treatment, subjects were limited to alternatives which were undisciplined, anger escalating, and manipulative (i.e., "leave, do punching bag, con her"). Following treatment, subjects not only averaged more known alternatives, but they raised the quality of their alternatives. Instead of simply leaving during a conflict, three out of four subjects report being prepared to implement a "time-out" (a negotiated cessation of hostilities honored by both parties). One of the subjects plans to divorce his wife, a drastic but reasoned alternative to their long history of conflict and violence. The group's newly acquired alternatives to violence have the added benefit of being specific to their identified problem situation. Subject B wasn't considering divorce, but desired an improved relationship. Subject C planned to change his drinking patterns. Subject D intended to listen to his partner's opinions. Each of the subjects gained strategies to handle their personalized problem situation.

## Conclusions Regarding Knowledge of Non-Violent Alternatives

(1) As measured by pre-established evaluation criteria, all subjects increased their awareness of non-violent alternatives.

(2) The quantity and quality of adaptive responses to mounting tensions seem a direct result of TFA Treatment.

(3) Observing the increased number and higher quality of both pre-violence awareness signals and non-violent alternatives supports the earlier finding that the men in the TFA treatment group were becoming more cognitive (thinking oriented) in situations of mounting tension.

## DECREASES IN LEVELS OF ABUSE AND VIOLENCE

The ultimate goal of this treatment program for court ordered men was the reduction or elimination of abusive behaviors in their consort relationship. It was hypothesized that if abusive men were learning to be more thinking in their orientation, with increased cue awareness, and a greater knowledge of non-violent alternatives, then they would lower the level of abuse existing in the relationship. This was operationalized by noting the number

of subjects who stopped life-threatening violence and physical abuse, and the number of those who diminished the use of emotional abuse. In order to gather an assessment of the level of abuser perpetrated by the male batterer, the Conflict Tactics Scale (CTS), a structured survey reporting the frequency of a variety of abusive behaviors, was administered to all group participants before and after treatment (see Table 13).

#### CTS Level of Abuse at Intake

To assess the level of control or abuse in their intimate relationship, the CTS was administered at pre-treatment (Brekke, 1987). Subjects were asked to estimate the frequency of a variety of abusive behaviors during the preceding year. The CTS revealed that for the year prior to assessment, group members were responsible for high levels of emotionally and physically abusive behaviors. Two subjects reported one or more incidents in which they used life-threatening force on their partner.

#### CTS Levels of Abuse Following Treatment

A modified version of the CTS was administered



Table 13

A comparison of abusers' Conflict Tactic Scale (CTS) scores reporting incidents of abuse and violence before and after treatment

| SUBJECT | EMOTIONAL      |       | PHYSICAL      |       | LIFE          |      |
|---------|----------------|-------|---------------|-------|---------------|------|
|         | ABUSE          |       | ABUSE         |       | THREAT        |      |
|         | PRE            | POST  | PRE           | POST  | PRE           | POST |
|         | (*YEAR)(8 WKS) |       | (*YEAR)(8WKS) |       | (*YEAR)(8WKS) |      |
| A.      | 2.48           | 7.00  | 2.00          | 2.00  | 0.32          | 0.00 |
| B.      | 2.00           | 6.00  | 1.36          | 2.00  | 0.00          | 0.00 |
| C.      | 2.96           | 9.00  | 1.52          | 7.00  | 0.00          | 0.00 |
| D.      | 3.68           | 0.00  | 4.64          | 0.00  | 0.16          | 0.00 |
| -----   |                |       |               |       |               |      |
| TOTAL   | 11.12          | 22.00 | 9.52          | 11.00 | 0.48          | 0.00 |
| MEAN    | 2.78           | 5.50  | 2.38          | 3.00  | 0.12          | 0.00 |

\* Scores for year have been prorated.

following treatment. All subjects were asked to report on their behavior in conflict situations during the eight weeks of the program. A comparison of pre and post treatment CTS scores, especially on the emotional and physical abuse scales, is inconclusive. As will be discussed below, a number of problems were encountered in the interpretation of CTS scores. The subjects appeared to continue to use some emotionally abusive behaviors in dealing with their partners. Some physically abusive behaviors were reported during post-treatment evaluation. There were three (3) pre-treatment reports of life threatening violence, while no reports of life threatening violence were recorded during treatment.

#### Spouse/Partner Confirmation of Levels of Conflict

This study intended to confirm the batterer's report of levels of violence by conducting interviews with each man's partner. Unfortunately, attempts to verify levels of abuse through victim impact statements failed due to lack of cooperation. Reasons given by the victims for their unwillingness to participate in their husband's/boyfriend's treatment were varied. One woman indicated in a highly emotional manner that her estranged husband had caused her much pain, and that she needed to

distance herself from his problems. Although informed that their confidentiality would be protected, several were afraid that they would get their partner in more trouble. Thus, pre- and post-treatment estimates of abusiveness are just that - estimates.

#### Problems Interpreting Pre and Post Treatment CTS Scores

Direct comparison between pre and post treatment administrations of the CTS were never intended for this study. A number of threats to validity exist. Abusers are known to present themselves in a socially desirable manner. Their estimates of the frequency and severity of abuse tend to be lower than those of their victim's. It is a safe assumption that social desirability was at its height during the intake assessment, but it was impossible to determine how to correct for this phenomenon. As has already been mentioned, attempts to verify levels of abuse through victim impact statements failed due to lack of cooperation. The validity of post-treatment measures faces other threats. Lower levels of abusiveness reported through the CTS at post-treatment could also be attributable to maturity or the general effects of being arrested, appearing in court, and ordered into treatment.

Another reason direct comparisons between the two

administrations of the CTS can't be made is that they survey different spans of time (one year versus nine weeks). Therefore, estimates gained for the preceding year are not directly comparable to conflict estimates during treatment. In addition, the motivation to present oneself in a socially desirable manner would be different (probably diminished) following adaptations made to group treatment.

The only legitimate comparison between pre and post-treatment CTS scores is at the reported levels of abusiveness. A longitudinal look at the effects of TFA Treatment over time are planned, but are beyond the scope of this study. Such a study would invite more direct comparisons between pre and post-treatment measures, particularly one year following group psychotherapy.

#### Conclusions Regarding Reductions in Abuse Levels

- (1) Life threatening violence reportedly stopped.
- (2) Though this study was not able to confirm abuse levels through victim impact statements, it does appear that this group of abusive men were able to apply their newly acquired awareness, and find adaptive alternatives such that abusiveness diminished.
- (3) These behavior changes seem to be attributable to the increased role of thoughts in the

overall functioning of abusive men in situations of mounting tension.

RESEARCH QUESTION FIVE: WHAT CHANGES OCCUR  
IN TFA BEHAVIOR PATTERNS  
AS A FUNCTION OF THE TREATMENT PROGRAM?

The emerging conclusions gathered through this part of the evaluation process makes it possible to answer the research question having to do with TFA Treatment's influence upon changes in TFA behavior patterns.

All subjects became more thinking in specified pre-violent situations. Treatment enabled them to be aware of TFA anger patterns such that they could moderate feelings that previously would have escalated into loss of control. Treatment enabled them to learn signals of mounting tensions. They learned new and more adaptive alternatives to abuse. Whereas at one time they would have acted impulsively, indications are that they now choose non-violence.

A summary of the data used to assess the changes occurring in TFA behavior patterns as a function of the treatment program is provided in Table 14.

Table 14

Measures of spouse abusers' TFA before and after treatment

| <u>MEASURES</u>                          | <u>PRE</u>       | <u>POST</u>        |
|--|------------------|--------------------|
| MMPI                                     | Impulsive        | *                  |
| Leader Assessment of Subject TFA         | FA               | t=f=a              |
| Subject Assessment of TFA                | FA               | t=f=a              |
| Group Assessment of Subject TFA          | FA               | t=f=a              |
| Hutchins Behavior<br>Inventory (HBI)     | (Feeling/Acting) | (More<br>Thinking) |
| Awareness of Pre-Violence Cues           | mean = 2         | mean = 6           |
| Knowledge of Non-Violent<br>Alternatives | mean = 2         | mean = 6           |
| Conflict Tactics Scale (Mean Scores)     | (Past year)      | (9 weeks)          |
| Emotionally Abusive                      | 18               | 6                  |
| Physically Abusive                       | 16               | 3                  |
| Life Threatening                         | 1                | 0                  |

\*The MMPI was not administered following treatment.

## UTILITY OF TFA MATERIALS

Two program goals were written for TFA materials and concepts. The first of these goals was that the TFA Material would be usable to the participants. This was operationalized by noting whether the subjects could describe their behavior using TFA Concepts, illustrating their behavior with the TFA Triad. The evaluation also sought to determine if subjects had favorable attitudes toward all TFA material.

## Leader Observation of Subject Interaction

Even as the TFA intake assessment was being conducted, it was the researcher's impression that the TFA material was usable by each participant. Subjects were able to interpret their TFA Triad without prior exposure to the concepts. Their recorded comments indicated that they could relate to the TFA comments. With ease, they began to describe their presenting problem. With only a five minute exposure to the TFA Assessment, one subject concluded, "I

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Later, during the TFA Helping Process, subjects were seen using the TFA concepts as they interacted with one another. Frequently, members would challenge one another regarding whether a statement indicated a thought (T) or a feeling (F). When assisting one another, group members would probe each other's TFA. When helping each other plan for non-violence, they would suggest improvements in their



TFA that might make control more possible. All subjects effectively used the TFA material in their individualized Predicted Problem analysis.

#### Advantages of TFA Helping Cycle to Group Process

The group leader facilitated group discussion and interaction around each of the Helping Cycle's six stages. Each man became a participant in the search for effective alternatives leading to non-violence. Using the TFA Helping Cycle as a template for group process accomplished four things. It focused group interaction on the specific problem brought by a particular man searching for effective solutions. Applying the TFA Helping Cycle through the skill of the group leader prevented discussions from drifting to tangential concerns. Secondly, combining the TFA System and the Helping Cycle lead each man in his turn to increase his awareness of pre-violence cues, and the destructive consequences of his behavior. A third benefit derived from welding group process to the Helping Cycle was the expansion of resources and perspectives on the presenting need. Each member of the group benefited by the collective experiences and various points of view represented by the group as a whole. This meant that each man completed the treatment with an expanded list of constructive alternatives to

violence. Finally, since each of the men in this treatment group was ineffective in finding solutions to their problems, using the TFA Helping Cycle exposed them to a problem solving process shown to be effective. They were exposed to a new process for handling future problematic situations. In a fascinating way, group process, namely the TFA Helping Cycle, became a product of treatment.

#### Structured Participant Feedback Regarding TFA Concepts

At the conclusion of treatment, all subjects were asked to respond to a 26 item Likert scale questionnaire, some of which had to do with TFA material and concepts. The TFA concepts and materials received the group's highest ratings (excellent). The TFA Triad, developed specifically for each individual's presenting problem, also received an excellent rating. The TFA Triad reflected each individual's plans in a predicted problem situation prone to violence as rated by two subjects as being good, while two others rated it as excellent. Homework assignments, which used the TFA Triangle to assess various high tension situations, received excellent ratings. Talking about thoughts, feelings, and actions were consistently rated highly by all. As Table 15 indicates, all subjects had a favorable attitude toward the TFA concepts and materials (modal rating = excellent).

Table 15

Male spouse abusers' evaluations of TFA treatment

| <u>ITEM</u>  | <u>EXCELLENT</u> | <u>GOOD</u> | <u>FAIR</u> | <u>POOR</u> |
|--|------------------|-------------|-------------|-------------|
| TFA Concepts   | 4 (subjects)     |             |             |             |
| TFA Triad of violent situation                             | 4                |             |             |             |
| TFA Situation Chart  | 4                |             |             |             |
| TFA Triad for non-violence                                 | 2                | 2           |             |             |
| TFA will help in other situations.                         | 3                | 1           |             |             |
| Talking about personal problems openly.                    | 2                | 2           |             |             |
| Talking about Thoughts                                     | 4                |             |             |             |
| Talking about Feelings                                     | 4                |             |             |             |
| Talking about Actions                                      | 3                | 1           |             |             |
| I know the thoughts causing problems with my partner.      | 2                | 2           |             |             |
| I can change my thoughts to control my feelings.           | 1                | 2           | 1           |             |
| I can control my thoughts and feelings to control actions. | 2                | 1           | 1           |             |
| I understand myself better.                                | 3                | 1           |             |             |
| I now get along with my partner better.                    | 3                | 1           |             |             |
| I can now control my anger better.                         | 2                | 1           | 1           |             |
| I learned to take responsibility for my behavior.          | 4                |             |             |             |
| The group met my expectations.                             | 4                |             |             |             |
| Having a "Men's only" group.                               | 2                | 2           |             |             |
| I felt a part of the group.                                | 1                | 2           |             | 1           |
| My participation was:                                      |                  | 4           |             |             |
| Doing the homework.  | 2                | 1           |             | 1           |
| The length of meetings.                                    |                  | 3           | 1           |             |
| The number of sessions.                                    |                  | 3           | 1           |             |
| Meeting time convenient.                                   | 1                | 3           |             |             |
| Meeting location.  | 2                | 1           | 1           |             |
| I would encourage others to attend this group.             | 4                |             |             |             |

### Unstructured Participant Feedback Regarding TFA Concepts

In order to add insight to the attitude subjects had toward TFA materials, an unstructured group evaluation was conducted following treatment. One subject reported that when he first saw the TFA Triangle during the assessment interview, he thought it was just a mimick. However, he went on to say that the TFA Triangle not only became useful to his interactions with his wife, but that he was using it successfully with his children. Another subject reported that he liked the TFA concepts, and that he was teaching what he learned in treatment to his girlfriend. All participants indicated that while in treatment they had experienced frustrations with their partners during which they recalled the TFA concepts, thus contributing to their choice of non-violence. Asked why the TFA material was helpful, the subjects cited its simplicity and its clarity.

### Conclusions Regarding the Utility of the TFA Material

(1) The TFA concepts and material used in conjunction with this group counseling program received favorable ratings in structured (anonymous) and unstructured forums.

(2) The participants used the TFA materials efficiently in both presenting and predicted problem situations.

(3) Subject ratings of concepts and material were consistently high. The TFA concepts and materials were usable and unilaterally favored.

#### CLIENT RESPONSES TO TREATMENT

The program goal for this component of TFA Treatment was that group members have a favorable attitude toward membership, interaction, and discussion.

#### Structured Feedback on Group Process

An anonymous feedback form distributed at the conclusion of treatment included items regarding the group process. Results indicated that all subjects responded favorably to process and interaction. They reported that openly talking about their personal problems was highly beneficial. They felt that discussions about personal TFA behavior as they relate to their abusive behaviors was excellent. All said they had a much better understanding of themselves. In spite of misgivings about being mandated to attend treatment, all subjects indicated that the group met

their expectations. Three of the four had strong positive feelings about being a part of the group, while one did not. All participants rated their participation in the group process as good. All subjects indicated they would strongly encourage others to attend a TFA treatment group.

The program goal for required group tasks was that the subjects have a generally favorable attitude. Tasks are understood to include homework, length and number of meetings, meeting times, and group location. The modal rating of "tasks" was "good."

#### Conclusions Regarding Responses to Treatment

(1) The responses to feedback items regarding group process were consistently high. Attitudes toward membership, interaction, and discussion exceeded evaluation criteria.

(2) The task components of the group counseling were received favorably as measured by results of the feedback form.

(3) The treatment program received positive feedback for all components because it was relevant to the specific needs of each individual.

#### MODIFICATIONS OF THE TREATMENT PLAN

One of the contributing factors to the modifications of the treatment plan had to do with treatment failures resulting from chronic absenteeism. Another reason the treatment plan was modified had to do with underestimating participant response to the treatment process.

The goal for this program component was that subjects would regularly attend group sessions. The agency which was the site of this study had an attendance policy for all group participants which was reviewed by the Juvenile and Domestic Relations Court. It prescribed that group participants successfully complete thirteen (13) out of sixteen (16) sessions. The agency did not exempt the participants of this study from this requirement, even though the treatment plan projected eight weeks of sessions. Consequently, in the confusion created by the subjects' discovery that they could miss up to three sessions, attendance became a problem.

#### Attendance Problems and Terminations

Attendance problems developed as the subjects took advantage of excused absences. When subjects neared absence limits, they were warned that missing more than three

sessions would result in being returned to court. Three men were ultimately referred back to court following agency policy. (Back in court, the judge had the option of sending the abusive man to further treatment, to jail, or to alternative sentencing). This reduced group membership to four. Precise figures from the agency, or from other programs, regarding the percentage of abusive men returned to court for chronic absenteeism are unavailable. It is, however, a common phenomenon at the research site.

As a result, no subject achieved perfect attendance. As has been reported, four were returned to court for chronic absenteeism. Three of the remaining men used their limit of three excused absences. One of the others missed only two sessions.

#### Non-Completers and the MMPI

The Minnesota Multiphasic Personality Inventory (MMPI), an objective test of personality function, was administered to seven group members, including those who were returned to court due to chronic absenteeism. Interpreting the results of the MMPI for both completors and non-completers of the treatment program will require further research. While there are indications that the men returned to court may have had emotional problems which contributed



to their termination from treatment, there is not sufficient information from this action study's limited participation to allow more than tentative speculations.

Of the three men who were deemed treatment failures, and were subsequently returned to court, two completed MMPI testing (one subject's MMPI was incomplete and could not be scored). One of those subjects had an MMPI profile (Code 26/62) suggesting a tendency toward being suspicious toward others, with marked aggressive characteristics (see Greene, 1980; Webb et al., 1983). This MMPI profile is typical of people who are depressed, strongly hostile, with a long history of interpersonal difficulties. People with this MMPI profile tend to carry a "chip on the shoulder" attitude, rejecting others before they are rejected themselves. They have the tendency to make impulsive decision without sufficient data.

The other subject eliminated from the group and returned to court had a profile (Code 49/94) commonly found among outpatients with a character disorder diagnosis. This profile is associated with impulsiveness. People with this profile tend to be focused upon themselves, have little empathy for others, and are hostile and manipulative in close relationships. They often show lack of judgment and self-control, leading to excessive drinking. Their socially inappropriate behavior tends to result in alienating others.

The MMPI profiles of the men returned to court indicate a number of emotional and social problems which provide limited insight into why they did not respond to treatment. Their chronic absenteeism impacted the treatment plan, which had to be modified.

#### The Quality of Group Dynamics

The researcher underestimated the quality and quantity of group interactions. The treatment plan called for two or three subjects to be taken through the TFA process each session. However, analyses of each subject's presenting problem, as well as their predicted problem, demanded more processing and time from the subject, the group, and the leader. In actuality, the nature of group process was such that no more than two men were taken through the group process during any one session. The researcher decided that there was not going to be sufficient time to take each subject through the TFA Helping Process to the point where he was able to non-violently cope with a predicted problem situation. Therefore, using the data available to him, he made a formative decision to extend the TFA Treatment from seven weeks to nine.

#### Conclusions Regarding Treatment Plan Modifications

(1) Considering their MMPI profiles, the men who failed treatment may have done so not because of something inherent to the treatment, but because of social, psychological, and/or character deficits. Abusers as a population are consistently shown to have difficulties with impulsivity. They tend to be socially inept, alienating, and unduely sensitive in interpersonal situations. Clearly, implications of MMPI test results in populations of male abusers of women is an area in need of further investigation.

(2) The treatment plan, as designed, was not followed. Attendance problems, and the unanticipated liveliness of group dynamics, required that the number of sessions be extended to a total of nine, withone set aside completely for evaluation.

#### SUMMARY DISCUSSION

This action study has extended what is known about the male abuser, and how best to provide treatment. It has demonstrated the effectiveness of a group counseling program which utilized TFA Systems for assessment, intervention, and group process. The following data based recommendations for treatment programs are made with considerable confidence

because of the rigorous evaluation component integrated within the study.

### Systematic Integration

Treatment programs should formally and systematically integrate their theoretical understandings of domestic violence. The concepts embedded in the TFA System invite an integrated theoretical approach to the practice of intervention. The integrated method makes it possible to treat the various cognitive, affective, and psychomotor aspects of consort violence.

### Accurate Assessments Make Change Possible

Using TFA Systems, clinicians are able to describe the TFA dynamics which actualize abuse and violence. The accuracy of TFA assessment methodology has been objectively confirmed through administrations of the MMPI and the HBI. Further confirmation of assessment accuracy comes from the subjects themselves. Since an accurate assessment of the problem is key to its ultimate resolution, treatment programs should utilize the TFA assessment methodology. Treatment seemed to provide the participants with a method of self-assessment which increased awareness, making change

possible.

### Situational Specificity

Make complex problems manageable by having a specific focus on context, thoughts, feelings, and actions. Treatment programs should be specific to the experiences of the abusive man, rather than being abstract or generic. This action study was designed to fit the man, rather than require the man to fit into a non-personally prepared treatment plan. The situationally specific methodology carefully examined the context, thoughts, feelings, and actions of abusive men such that the complex phenomena of their abusive behavior could be manageable. Managing the complexity made change possible. The emphasis upon situational specificity meant that strategic changes could be made in TFA behavior which increased awareness and decreased levels of violence. Abusive men can learn to be more thinking oriented in situations of rising tensions if the treatment plan is personally prepared and specific.

### Narrow Treatment Scope to Tension Building

To stop violence, treatment plans should focus upon the tension building phase of the cycle of violence.

Court-ordered treatments, like this one, are limited to a clearly delineated span of time. Addressing higher level contributors to domestic violence (like sexist attitudes, dysfunctional marital relationships, or the need for systematic desensitization) may ultimately be important. However, in addition to taking considerable time and resources, these higher level concerns do not have an immediate effect upon stopping violence. Intervening when tensions mount results in a greater awareness of pre-violence TFA patterns (cues), and increased knowledge of non-violent alternatives.

#### **TFA Concepts Evoke Positive Responses**

Treatment providers should use TFA Systems because it evokes positive client response. TFA Systems overcomes resistance by entering into the particular experience of the individual, providing awareness of how abuse hapened, and how it can be avoided. The concepts and materials used in TFA treatment are rated highly. They are easily understood, even without prior exposure to the principles. Clients like how TFA concepts break complex factors down into managable components. They feel their personal needs being met, and that somebody understands their experience. Consequently, they are active in the TFA process, and they learn how to be

non-violent.

## CHAPTER FIVE

### Subjective Observations

While openly acknowledging the limitations of action research due to lack of control over independent variables, validity issues, and restricted samples, the innovations introduced by this study provide insights into the widespread problem of consort violence. Going from data based findings to subjective observations is imperative given the extent men use violence in the homes of our society. These subjective observations are made in the hopes that the methods used to treat consort violence will be further studied and refined.

### PEDAGOGY AND PSYCHOTHERAPY MEET

There are pedagogical issues involved in the psychotherapy of abusive men that are effectively managed by the TFA methodology. The cognitive (T), affective (F), and behavioral (A) dimensions of human experience are separated for pedagogical reasons, but in reality, they are not so easily separated (Bloom, 1964). Understanding how they interact will affect treatment programs for abusive men. In order to help abusers to live above the raw, impulsive, and



instinctual elements of life, clinicians must teach abusive men to be objective and critical with regard to their thoughts, feelings, and actions. They need to learn what to do, and how to do it.

### The Affective Domain

The affective domain is a rich source of human experience, both passive and active. It is the domain of the autonomic and sympathetic physiological response systems. A finger pricked by a needle causes a feeling response of pain in the careless person. The feeling is "raw" in that it is first located in the nerve endings. The natural reflex is to pull away, and this response is considered pre-cognitive. The reflex is primitive and instinctual. In this way, the sensory system is passive with regard to the environment.

The anger experienced by an abusive man is neither pre-cognitive nor passive. It is instead mixed with cognitive distortions and mis-perceptions of that which is the occasion for the anger. The abuser has the potential capacity to have an objective attitude toward his feelings, to selectively attend to certain feelings at the exclusion of others. the affective and cognitive domains are dynamically connected. If the abuser brings his intellect

to bear upon his feelings of anger, then he is able to modify the feeling, directing it to what is appropriate.

### The Cognitive Domain

The cognitive domain is a region for all that is known, knowable, understood, and understandable. It is also a place where the mysteries of life are explored and probed. Like the affective domain, the cognitive domain has components of its functioning which are active and passive. An active attitude invites objectivity. A cognitively passive is inherently subjective, dangerously vulnerable to distortions of fact. The concept of knowledge explains the difference.

Conceptually, knowledge is neither active or passive. What an abusive man does with knowledge is indicative of his knowledge experience. In almost every case, male batterers confess to knowing that it is wrong to strike a woman. But if the knowledge stops there, then their knowledge experience is passive. Later, mounting feelings of anger and tension overwhelm the passively held knowledge, and abuse takes place. We might say that they hold the knowledge about violence passively.

This treatment program set out to show abusive men how to have an active knowledge experience about the use of

abuse and violence. When the attitude is active, a person is enabled to be a capable judge. He is able to evaluate himself, assessing and judging among choices. The active knowledge experience this treatment sought to impart was viewed as a means toward the identified goal of non-violence.

### The Behavioral Domain

The aim of TFA treatment was non-violent behavior. In the domain of behavior we speak of actions. As in the affective and cognitive domains, behavior can be experienced as passive and active. If abusive men complete treatment and are merely compliant with regard to the laws, then they are surrendering to passivity. It isn't enough for treatment providers to seek compliance. We want abusive men to actively behave non-violently. Active behavior is characterized by initiation and inventiveness. The active behavior of formerly abusive men in situations of rising tensions would reveal a skill which is an outgrowth of having integrated his thoughts, and feelings about being non-violent. Programs can follow the lead of the TFA treatment, teaching the skills of being non-violent.

### Teaching Self-Assessment

Having a passive attitude means being vulnerable to raw feelings coming over us, subjectively based thinking errors, and impulsive and primitive action behaviors. The skill of self-assessment is needed to live above raw reactions to mounting tensions. The TFA Helping Cycle was used to teach self-assessment skills to abusive men. The TFA System, and its Helping Cycle, effectively taught self-assessment because: (a) it is oriented to cognitive (T), affective (F), and behavioral (A) domains; (b) it illustrates how each domain is differentiated from the others; (c) it emphasizes that though they are different, each interacts with the others; (d) it fosters an ever growing awareness of TFA experience; (e) it provides an accurate assessment method; and (f) it provides objective information about what can be changed so as to live non-violently.

#### TFA HELPING CYCLE GROUP PROCESS

Several important decisions pertaining to group process are made in the planning of a short-term group treatment for abusive men. Should the treatment be structured or unstructured? Should the leader dominate the group or allow serendipitous discussions to take place? One

of the major contributions of TFA Treatment to providers of short-term group psychotherapy for male abusers is the TFA Helping Cycle. It is structured for flexibility, with plenty of room for group process (see Hutchins and Vogler, 1988).

The structure of the Helping Cycle is comprised of its six stages: assessment, interpretation, intervention, probing, reflecting, and closure. While some overlap exists between stages, each stage has a different goal which is pedagogically predicated upon the earlier stage. The structure is outlined below:

(a) Assessment - Using the TFA Triangle to determine what each man's behavior was like just prior to abuse.

(b) Interpretation - Working with each client to tell the group what the TFA Triad means in terms of specific situational behavior leading up to the abusive act; emphasis on interpreting specific signals/cues of mounting tension.

(c) Intervention - Deciding on options and alternatives to violence that can be used when cues indicate an emotional build-up toward violent behavior.

(d) Probing - Exploring even more specifics of the presenting problem by group and therapist; discussing options, and determining actual/real events, rather than the client's mistaken interpretation of events.

(e) Reflecting - Feeding back new reality-based observations to the client as he struggles to "see" himself behaving differently; setting realistic, achievable goals for non-violence.

(f) Closure - Wrapping up the process beginning with accurate assessment of the man's actual behavior; contrasting his new awareness of specific pre-violence cues with his prior limited awareness; reviewing more positive options to violence gained through group process; examining specific personal and situational variables that can be predicted to be troublesome, and reinforcing the man's decision to engage in non-violent behavior.

The flexibility of the Helping Cycle is an inherent quality. The process adapts to the individual and to the identified problem. In TFA treatment, no two men went through the TFA Helping Cycle in exactly the same way, even though all progressed through its six stages to the point of closure. This contribution to the treatment of abusive men is clear when comparisons are made to other treatment methods.

To this date, the problem of consort violence has been approached in generic terms. Preconceptions of the causes of violence are formulated, and abusive men are expected to conform to treatment. As this study demonstrated, the etiology of consort violence is

multidetermined, and each incident is idiosyncratic. The TFA Helping Cycle is clearly set apart from generic approaches to group psychotherapy. It responds to the individual's need in a clearly identified problem situation. Consequently, the TFA Helping Cycle, structured for flexibility, is relevant, practical, and personal.

When applied to group psychotherapy, the structure actually fosters lively group participation. The process recruits each group member to actively assist the other participants in the search for adaptive alternatives to violence. The TFA Helping Cycle is structured, flexible (individualized), and lively.

#### CONDUCT AND EVALUATION OF TREATMENT PROGRAMS

The ultimate goal of every treatment program for abusive men is stopping violent and abusive behavior. This is the age of accountability, and treatment providers should be conscious of the Court's and the community's right to evaluate whether treatment for abusive men reaches its goal.

Consort abuse is usually an impulsive act resulting from a build-up of intense emotions (F), which quickly erupt in destructive actions (A), all without the moderating influence of thinking (T). As has been discussed above, abusive men need to think before they act. Using TFA

Systems, it is now possible to measure the changes made in thinking orientations. Confirmation of the role of thoughts in the pre-violence behavior of abusive men can be gained by examining awareness of pre-violence cues, and knowledge of non-violent alternatives. Treatment programs should operationalize their program outcomes with measurements of cue awareness and known alternative. If treatment programs are having an effect upon the thinking behaviors of abusive men, then it is hypothesized that their abusive behavior should diminish and/or stop. Is this measurable?

The Conflict Tactic Scale (CTS) is a promising measure of abuse levels in an intimate relationship. Formerly used as a survey instrument, it has utility in clinical applications. This study used the CTS as a subject self-report of abuse levels. Confirming the reports became a problem. To be successfully used in clinical treatments, new procedures need to be implemented by the judicial system.

In Virginia, as in many other states, an abused woman seeking a restraining order against her husband needs only to state her case to a magistrate. In the magistrate's office, victim impact statements tend to focus on the crisis complaint. Reports of the extent of abuse over time are at most impressionistic. It is recommended that the CTS be administered to the abused woman at the time of her crisis



report. This would be a baseline measure of the level of abuse prior to treatment. In contrast to abusive men, who under-report the severity of abuse and violence, abused women's impact statements tend to be accurate. Following her appearance in Juvenile and Domestic Relations Court, the abused woman's CTS results could be forwarded to the treatment site, along with other appropriate court papers.

If the court also required the abused woman to cooperate with the treatment provider by completing post-treatment CTS assessments, then important information regarding immediate and long-term effects of treatment upon the level of abuse existing in the home could be gathered. Longitudinal data could be collected through follow-up administrations of the CTS, submitted to statistical analysis, and thereby inviting conclusions regarding treatment effectiveness.

#### FUTURE STUDIES

In the course of answering this study's research questions, other issues were uncovered which are worthy of study. The first has to do with treatment failures. There also needs to be further consideration of other TFA System applications.

## Other TFA System Applications

The insights gained by this action study make it possible to speculate upon possible applications of the TFA System to other populations and programs.

The TFA Treatment has been shown to be highly sensitive to the impulsive behaviors of abusive men. Other people with impulse control problems might also benefit from TFA Treatment. One population for whom impulse control is particularly difficult is that of the sex offender. Interviews with sex offenders indicate a low level of awareness of what thoughts, feelings, and actions precipitated their crimes. Cognitive distortions (thinking errors) tend to be a major part of the sex offender's denial system. As a population, male sex offenders are typically emotionally constricted, and tend to express all feelings through anger. Their actions show a pattern of seemingly unimportant decisions leading to their offense. Some offenders are ritualistic in their criminal behavior. Finding effective treatment methodologies is especially critical to society since an offender's eventual release from incarceration is certain. Just as this study showed for male batterers, treatment programs for sex offenders may have components which are oriented to cognitive, affective, and "behavioral" methodologies. composite approaches to the

treatment of sex offenders are being developed. TFA Systems, the accurate TFA assessment tool, and the dynamic TFA Helping Cycle may advance the treatment of sex offenders.

Other applications of the TFA Treatment to populations with impulse control problems (from children to adults) might include delinquents, child abusers, overeaters, gamblers, alcoholics, and drug addicts.

Pre-release programs in jails and prisons might use modifications of the TFA Treatment to prevent recidivism. Many inmates find the transition between incarceration and freedom to be difficult. A variety of highly intense feelings, both of a positive and negative quality, are experienced at the time of release. Expectations are high, and temptations abound. Training inmates to use the TFA System might give them an effective problem solving process which could enable them to remain in control of their impulses.

TFA Treatment has been shown to be an effective program addressing the impulsive behaviors of men who abuse women. It is likely to benefit other populations and programs treating impulse disorders.

## References

- Adams, W. (1981). Lack of behavioral effects from Feingold diet violations. Perceptual and Math Skills, 52(1), 307-313.
- American Humane Association. (1978). National analysis of official child neglect and abuse reporting. Denver: American Humane Association.
- Bandura, A. (1973). Aggression. Englewood Cliffs, NJ: Prentice-Hall.
- Bayles, J.A. (1978). Violence, alcohol problems and other problems in disintegrating families. Journal of Studies on Alcohol, 39(3), 551-563.
- Berk, R., Berk, S.F. Loeske, D. and Rauma, D. (1983). Mutual combat and other family violence myths. In D. Finklehor, R. Gelles, G. Hotaling, and M. Straus (Eds.), The dark side of families. Beverly Hills, CA; Sage.
- Berkowitz, L. (1962). Aggression. New York: McGraw-Hill.
- Bern, E.H. and Bern, L.L. (1984). A group program for men who commit violence towards their wives. Social Work with Groups, 7(1), 63-77.
- Bloom, B.S. (1964). Taxonomy of educational objectives: The classification of educational goals. New York: McKay.
- Blumberg, M. (1964). When parents hit out. Twentieth Century, 173, 39-44.
- Brekke, J.S. (1987). Detecting wife and child abuse in clinical settings. Social Casework: The Journal of Contemporary Social Work, 332-338.
- Browne, P. (1983). Delinquency, a failure in language coping? In D. Biles (Ed.), Review of Australian criminological research. Canberra: Australian Institute of Criminology.

- Brutz, J.L., and Allen, C.M. (1986). Religious commitment, peace activism, and marital violence in Quaker families. Journal of Marriage and the Family, 48, 491-502.
- Carlson, B.E. (1977). Battered women and their assailants. Social Work, 22, 455-460.
- Carlson, B.E. (1984). Causes and maintenance of domestic violence: An ecological analysis. Social Service Review, 58, 569-587.
- Currie, D.W. (1983). Treatment groups for violent men: A Toronto model. Social Work with Groups, 6, (Fall/Winter), 179-188.
- Davis, L.V. (1987). Battered women: The transformation of a social problem. Social Work, 32(July/August), 306-311.
- Deschner, J. (1984). The Hitting Habit. New York: Free Press.
- Deschner, J., Geddes, C., Grimes, V., and Stancukas, E. (1980). Battered women: Factors associated with abuse. Arlington: University of Texas at Arlington, Graduate School of Social Work.
- Ellis, A. (1976). Techniques of handling anger in marriage. Journal of Marriage and Family Counseling, October, 305-315.
- Emerge. (1981). Emerge: A men's counseling service on domestic violence. Boston, MA: Emerge, Inc.
- Erlanger, H. (1974). Social class and corporal punishment: A reassessment. American Sociological Review, 39(Feb), 68-85.
- Erlanger, H. (1975). Is there a 'subculture of violence' in the South? Journal of Criminal Law and Criminology, 66, 483-490.
- Fagan, J.A., Stewart, D.K., and Hansen, K.V. (1983). Violent men or violent husbands? Background factors and situational correlates of severity and location of violence. In D. Finklehor, R. Gelles, G. Hotaling, and M. Straus (Eds.), The dark side of families. Beverly Hills: Sage.
- Faulk, J. (1974). Men who assault their wives.

Medicine, Science, and the Law, 14, 180-83.

- Finklehor, D. and Yllo, K. (1983). Forced sex in marriage: A sociological view. In D. Finklehor, R. Gelles, G. Hotaling, and M. Straus (Eds.), The dark side of families. Beverly Hills: Sage.
- Frieze, I.H. (1980). Causes and consequences of marital rape. Paper presented at the American Psychological Association Annual Convention, Montreal.
- Ganley, A. (1981). Participant and trainer's manual for working with men who batter. Washington, D.C.: Center for Women Policy Studies.
- Gayford, J. (1975). Wife battering: A preliminary survey of 100 cases. British Medical Journal, 1, 195-197.
- Geller, J.A. (1978). Reaching the battering husband. Social Work with Groups, 1, (1), 27-37.
- Gelles, R.J. (1974). The violent home. Beverly Hills, CA: Sage.
- Gelles, R.J., and Straus, M.A. (1979). Determinants of violence in the family: Towards a theoretical integration. In W.R. Burr, R. Hill, F.I. Nye, and I.L. Reiss (Eds.), Contemporary theories about the family. New York: Free Press.
- Gil, D. (1970). Violence against children: Physical child abuse in the United States. Cambridge, MA: Harvard University Press.
- Gil, D. (1986). Sociocultural aspects of domestic violence. In M. Lystad (Ed.), Violence in the home: Interdisciplinary perspectives. New York: Brunner/Mazel.
- Giles-Sims, J. (1983). Wife beating: A systems theory approach. New York: Guilford Press.
- Glasser, D.G. (1986). Violence in the society. In M. Lystad (Ed.), Violence in the home: Interdisciplinary perspectives. New York: Brunner/Mazel.
- Goode, W. (1971). Force and violence in the family. Journal of Marriage and the Family, 33, 624-636.

- Greene, R.L. (1980). The MMPI: An interpretive manual. New York: Grune & Stratton.
- Heller, C.S. (1986). Mexican American youth. New York: Random House.
- Hilberman, E., and Munson, L. (1978). Sixty battered women. Victimology: An International Journal, 2(3-4), 460-471.
- Hornung, C.A., McCullough, B.C., and Sugimoto, T. (1981). Status relationships in marriage: Risk factors in spouse abuse. Journal of Marriage and the Family, 43(3), 675-692.
- Hughes, H.M., and Barad, S.J. (1983). Psychological functioning of children in a battered woman shelter: A preliminary investigation. American Journal of Orthopsychiatry, 53(3), 525-531.
- Hutchins, D.E. (1979). Systematic counseling: The T-F-A model for counselor intervention. Personnel and Guidance Journal, 57, 529-531.
- Hutchins, D.E. (1982). Ranking major counseling strategies with the TFA/Matrix system. Personnel and Guidance Journal, 60, 427-431.
- Hutchins, D.E. (1984a). Hutchins behavior inventory. Blacksburg, VA: David E. Hutchins.
- Hutchins, D.E. (1984b). Improving the counseling relationship. The Personnel and Guidance Journal, 62, 572-575.
- Hutchins, D.E. (1989). Hutchins behavior inventory interpretation guide. Unpublished manuscript, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- Hutchins, D.E., and Cole, C.G. (in press). Helping relationships and strategies (Second Edition). Monterey CA: Brooks/Cole.
- Hutchins, D.E., and Vogler, D.E. (1988). TFA systems (tm). Unpublished manuscript, Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- Johnson B., and Morse, H.A. (1968). Injured children

and their parents. Children, 15, 147-152.

- Jorgensen, S.R. (1977). societal class heterogamy, status striving, and perception of marital conflict: A partial replication and revision of Pearlin's contingency hypothesis. Journal of Marriage and the Family, 39, 653-689.
- Lein, L. (1986). The changing role of the family. In M. Lystad (Ed.), Violence in the home: Interdisciplinary perspectives. New York: Brunner/Mazel.
- Leyens, J.P., Camino, L., Parke, R.D., and Berkowitz, L. (1975). Effects of movie violence on aggression in a field experiment as a function of group dominance and cohesion. Journal of Personal and Social Psychology, 32, 346-360.
- Liebert, R.M., Neale, J.M., and Davidson, E.S. (1975). The early window: Effects of television on children and youth. New York: Pergamon.
- McCall, G.J., and Shields, N.M. (1986). Social and structural factors in family violence. In M. Lystad (Ed.), Violence in the home: Interdisciplinary perspectives. New York: Brunner/Mazel.
- Mueller, R.O. (1987). The effects of gender, socioeconomic status, and situation specificity on thinking, feeling, and acting. Unpublished doctoral dissertation. Virginia Polytechnic Institute and State University, Blacksburg, Virginia.
- National Commission of the Causes and Prevention of Violence. (1969). To establish justice, to insure domestic tranquility (Final Report). Washington, D.C.: U.S. Government Printing Office.
- Nightswander, J.K., and Mayer, G.R. (1969). Catharsis: A means of reducing elementary students' aggressive behaviors? The Personnel and Guidance Journal, 47, 461-466.
- Novacco, R. (1975). Anger control. Lexington, MA: Lexington Books.
- Okun, L. (1986). Woman abuse. New York: State University of New York Press.



- Patterson, G. (1982). Coercive family process. Eugene, Or: Castiglia Press.
- Pagelow, M. (1981). Does the law help battered wives? Some research notes. Madison, WI: Law and Society Association.
- Pagelow, M. (1981). Women battering: Victims and their experience. Beverly Hills: Sage.
- Pfouts, J., Renz, H., and Renz, C. (1981). The future of wife abuse programs. Social Work, 26, 451-455.
- Pfouts, J., Schopler, J., and Henley, H.C. (1982). Forgotten victims of family violence. Social Work, 27, 367-368.
- Piotrokowski, C. (1979). Work and the family system. New York: The Free Press.
- Pleck, J. (1979). Men's family work: Three perspectives and some new data. The Family Coordinator, 26, 481-488.
- Prescott, S., and Letko, C. (1977). Battered: A social psychological perspective. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.
- Prinz, R.J., Roberts, W.A., and Hantman, E. (1980). Dietary correlates of hyperactive behavior in children. Consulting and Clinical Psychology, 48(6), 760-769.
- Purdy, F., and Nickle, N. (1982). Practice principles for working with groups of men who batter. Social Work with Groups, 4(3-4), 111-122.
- Reed, B. (1983). Food, teens, and behavior. Manitowoc, WI: Natural Press.
- Reid, J.B., Taplin, P.S., and Lorber, R. (1981). A social international approach to the treatment of abusive families. In R.B. Stuart (ED.), Violent behavior: Social learning approaches to prediction, management, and treatment. New York: Brunner/Mazel.
- Rimm, D.C., Hill, G.A., Brown, N.N., and Stuart, J.E. (1974). Group assertive training in treatment of expression of inappropriate anger. Psychological

Reports, 34, 791-98.

- Rosenbaum, A., and O'Leary, D. (1981). Children: The unintended victims of marital violence. American Journal of Orthopsychiatry, 51(4), 692-699.
- Roy, M. (1977). A current survey of 150 cases. In M. Roy (Ed.), Battered women: A psychosociological study of domestic violence. New York: Van Nostrand Reinhold.
- Saunders, D.G. (1984). Helping husbands who batter. Social Casework: The Journal of Contemporary Social Work, June, 347-353.
- Schum, W.R., Walter, R., Bollman, S., Jurich, A., & M. Martin. (1982). Adolescent perspectives on family violence. Journal of Social Psychology, 117, 153-154.
- Seligman, M.E., and Rosellin, R.A. (1975). Frustration and learned helplessness. Journal of Experimental Psychology: Animal Behavior Processes, 104(1), 149-157.
- Stacey, W., and Shupe, B. (1983). The family secret: Domestic violence in America. Boston: Beacon Press.
- Stahly, G.B. (1978). A review of select literature of spousal violence. Victimology, An International Journal, 2(3-4), 591-607.
- Stare, F.J., Whelan, E., and Sheridan, M. (1980). Diet and hyperactivity: Is there a relationship? Pediatrics, 66(4), 521-525.
- Stark, R., and McEvoy, J. (1970). Middle class violence. Psychology Today, 3(Nov.), 52-54.
- Starr, B. (1978). Psychological aspects of wife battering. Paper presented at the American Orthopsychiatry Association Annual Meeting, San Francisco, CA, October.
- Star, B. (1980). Patterns in family violence. Social Casework, 61, 339-346.
- Star, B. (1983). Helping the abuser: Intervening effectively in family violence. New York: Family Service Association of America.

- Steinmetz, S.K. (1977). The cycle of violence: Assertive, aggressive, and abusive family interaction. New York: Praeger.
- Steinmetz, S.K. (1986). Family violence. In M. Sussman and S. Steinmetz (Eds.), Handbook of marriage and family. New York: Plenum Press.
- Straus, M.A. (1973). A general systems approach to a theory of violence between family members. Social Science Information, 12(June), 105-125.
- Straus, M.A. (1980). Victims and aggressors in marital violence. American Behavioral Scientist, 23, 681-704.
- Straus, M.A., Gelles, R.J., and Steinmetz, S.K. (1980). Behind closed doors: Violence in the American family. Garden City, NY: Doubleday.
- Straus, M.A., and 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.
- Taylor, J.W. (1984). structured conjoint therapy for spouse abuse cases. Social Casework: The Journal of Contemporary Social Work, January, 11-18.
- U.S. Congress. (1976). Study for Joint Economic Committee, Estimating the social costs of national economic policy. Washington, D.C.: U.S. Government Printing Office.
- U.S. Department of Health, Education and Welfare Task Force. (1973). Work in America. Cambridge, MA: MIT Press.
- Walker, L.E. (1977). Battered women and learned helplessness. Victimology: An International Journal, 2(3-4), 535-544.
- Walker, L.E. (1979). The battered woman. New York: Harper & Row.
- Walker, L.E. (1984). The battered woman syndrome. New York: Springer.
- Watkins, C.R. (1982). Victims, aggressors and the family secret: An exploration into family violence.

Minnesota Department of Public Welfare.

Webb, J.T., McNamara, K.M., and Rogers, D.A. (1983).  
Configural interpretations of the MMPI and CPI.  
Columbus: Ohio Psychology Publishing Co.

Webster's New Twentieth Century Dictionary. (1979).  
New York: Williams Collins Publishers, Inc.

Williams, P.A., Haertel, E.H., and Welberg, H.J.  
(1982). The impact of leisure-time television  
viewing on school learning: A research synthesis.  
American Educational Research Journal, 19, 19-50.

## APPENDIX A

### Program Descriptions

There are literally hundreds of treatment programs for men who have abused their partner. The following descriptions of programs are not intended to be exhaustive of all therapies. These have been selected on the basis of being described in professional journals, or published alone or in conjunction with material pertaining to domestic violence concerns.

#### RIMM, HILL, BROWN, AND STUART - GROUP ASSERTIVE TRAINING

Rimm, Hill, Brown, and Stuart (1974) developed a group assertiveness program aimed at providing socially acceptable alternatives to angry outbursts and acts of violence (including consort violence).

The rationale of the Rimm treatment is that individuals act aggressively when they have not learned appropriate alternative responses to specific situations. They believe assertiveness training provides options to violence. Subjects provide general accounts of their troubling outbursts through a pre-treatment assessment which is inherently global. It pertains only to the participant's

feelings and actions.

The thinking component of the treatment consists of its emphasis upon an understanding of one's anger as a means of controlling future aggressive behavior. Little attention is given to the specific thoughts leading to acts of anger. Consequently, the program deals with issues of thought without sensitivity to individual differences.

The program includes feeling and acting components as subjects discuss their angry feelings and practice control in behavior rehearsals. Each individual role plays a situation as he would experience it. Group members and leaders then provide feedback to the subject as he attempts to revise his response until it is satisfactory. Subjects are equipped with some specific ways of controlling their anger and avoiding anger outbursts. The emphasis upon behavior rehearsal and assertiveness make this program highly action oriented.

#### MARY PAT BRYGGER - DOMESTIC ABUSE PROJECT

The Domestic Abuse Project (DAP) of the greater Minneapolis, Minnesota area was developed by Mary Pat Brygger and Phil Oxman in 1979 (Starr, 1980). It is a comprehensive program with a social learning theory foundation aimed at ending abuse.

DAP believes consort violence is a result of fixed sex-role stereotypes emerging from cultural norms, that it is behavior learned from family patterns, and that men who batter don't stop their violence without help from others. The program is long-term and intensive, taking between nine and twelve months to complete.

The intake process utilized by DAP functions as a thorough assessment of the man, including attitude and personality measures. The current episode of violence is discussed in detail, and cues leading to his specific violent behavior are identified. These cues include thoughts (fantasies, images), and feelings (emotions), as well as actions (physical behaviors, situations). These cues are listed in a control plan which reaffirms DAP's goal to stop abuse.

The abuser joins a men's therapy group which seeks to end the violence and the use of threats, to change attitudes which foster violence, and to address indirectly related issues. A teaching format is used to educate the men that there are alternative ways of responding to conflict.

The group leader explains the cycle of violence, and discusses the specific cues leading to each member's abusive behavior. The men are taught progressive relaxation (aided by tapes), and are asked to keep daily logs of

tension levels. subjects learn about self-talk using Ellis's RET techniques. They are taught to recognize the thoughts that reinforce their beliefs about specific situations. A new control plan is created by each man applying what he has learned about stopping abuse.

DAP's commitment to end the cycle of violence is unquestioned. DAP has components of its program consisting of thoughts (T), feelings (F), and actions (A). However, this comprehensive program moves quickly to address issues beyond the stopping of violence. DAP's interventions go beyond the tension building phase of the cycle of violence, exploring the marital relationship, progressive relaxation, assertiveness, sex-role stereotyping, and human sexuality.

One of the many strengths of the DAP program is its focus upon specific situations involving abuse. Using an "Analysis of Situations" chart, the abusive man is led to reconstruct the violent incident: (a) the events leading up to it, (b) awareness of cues, (c) the nature of the violence, and (d) the advantages and disadvantages for the use of physical force.

JOHN TAYLOR - FAMILY SERVICE ASSOCIATION OF ORANGE COUNTY

The Family Service Association of Orange County, California has adopted a conjoint program for couples in



abusive relationships developed by John W. Taylor (1984). The selection process for Taylor's conjoint treatment involves a general assessment of the degree and frequency of abuse. No mention of specific assessment of thoughts, feelings, or actions was made.

The therapy is dyadic instead of group oriented, and consists of a three month treatment plan for court ordered and voluntary referrals. Based upon a social learning theory conceptualization of abuse, Taylor's program seeks to interrupt the cycle of violence by: (a) identifying stresses, (b) modifying aggressive communication patterns, (c) establishing realistic role expectations, (d) problem solving, (e) peaceful communication, and (f) realistic values and expectations. One of the major shortcomings of Taylor's model is that he places the victim in a vulnerable position with her victimizer. Power is unbalanced, favoring the abuser.

Taylor expects violent couples to complete anger diaries, have daily "talk time," utilize problem-solving strategies, and implement time-out interventions on a weekly basis. Taylor fosters self-awareness of stress and anger patterns. Diaries track anger and stress, and are used to foster personal responsibility, connect stress and volatile anger, change escalation patterns, and introduce control strategies.

Taylor concentrates on the couple's mutual anger build-up. Couples role play how to make complaints, give feedback, use non-verbal cues, and make self-awareness statements. Both partners list how they and their partner use button pushing, devaluing statements, and negative reinforcers. Three strategies to intervene in the cycle of anger are taught and practiced. These include (a) space and time distancing (time-outs), (b) deescalation procedures (control self-talk, relaxation exercises), and (c) nonaggressive but direct communication (assertive "I" statements). A four-step scheme of problem solving is taught and practiced. The final stage of Taylor's conjoint therapy for couples in violent relationships focuses on the development of a qualitative relationship.

Taylor's model has components which are thinking, feeling, and acting oriented. Situational specificity is used throughout.

#### DANIEL G. SAUNDERS - ALTERNATIVES TO AGGRESSION (ATA)

Daniel G. Saunders developed Alternatives to Aggression (ATA), a group treatment model for abusive men at Family Service in Madison, Wisconsin (Saunders, 1984). ATA is a program aimed at cultivating skills to end violent behavior. Viewing violence as a mixture of psychological,

family, and social factors, ATA integrates several interventions. The ATA model consists of (a) assertiveness training, (b) systematic desensitization, (c) cognitive restructuring, and (d) awareness of social and personal factors of aggression.

Situational specificity is applied in many of ATA's interventions, including the use of anger diaries, practicing assertiveness, teaching systematic desensitization, and role-plays of self-talk. Borrowing from Novacco's anger control model (Novacco, 1975), ATA leads the men to prepare specific anger arousing scenes which are analyzed in order to devise specific coping strategies.

Awareness is repeatedly the affective goal of much of ATA's curriculum. Cognitions are viewed as having a mediating role in situations of anger, and awareness of self-talk is used to examine cognitions. Going beyond the tension building phase of the violence cycle, ATA teaches awareness of family models of aggressiveness. though thoughts, feelings, and actions are referenced throughout, it is not done so in a connected fashion.

ELLIOT AND LINDA BERN - SPOUSE ABUSE EDUCATION WORKSHOP  
(SAEW)

Elliot and Linda Bern devised a program treating spousal abuse called the Spouse Abuse Education Workshop (SAEW) in Rockland County, New York (Bern and Bern, 1984).

Believing that sexism is a major contributor to consort violence, SAEW uses married couples as group leaders. SAEW seeks to intervene in the cycle of violence by connecting the abuser to non-sexist group leaders and community services thereby altering sex-role stereotypes and norms. ATA seeks to help abusive men become aware that (a) wife abuse is illegal and harmful, (b) that they share the problem with others, (c) that talking about the problem helps, and (d) that they alone are responsible for their violent acts. SAEW also seeks to refer men for on-going service.

Discussions focus on expressing anger verbally and safely. The feelings which provoke the men are affirmed while the violent actions are condemned. Being angry is distinguished from acting violently. The men are taught the signs of mounting tension as a step toward avoiding violence. The subjects examine the beliefs abusive men have about women. The female leader helps the men view women as individuals, and generalizations about women are challenged. Thus, the program presumes that sexist thoughts directly contribute to battering behavior, or that all batterers need to change sexist attitudes before violence stops.

Little emphasis is placed upon getting a specific description of the behaviors leading to abusive acts. The program is heavily oriented to feelings. Some action alternatives to violence are learned, as well as signs of mounting tension. Thought, feeling, and action elements are not balanced, nor are they consistently specific to the individual.

The interventions used by SAEW are typically global in scope. Violence is denounced, but little is done to provide the men with more than suggestions for control and alternative behaviors. Interventions are only secondarily relevant to phase one of the cycle of violence. Their focus on the role of women lacks the application to the specific changes an abusive man needs to make to stop violence.

The workshop model is a generic approach to consort violence. The men do not learn how to be aware of the specific thoughts, feelings, and actions leading to their abusive behaviors, nor do they learn how to express and communicate them. Options to violence are suggested, but they are offered in bulk by the leaders, without consideration of the particular needs of the individual.

The Toronto model, implemented by Family Service Association of Metropolitan Toronto in 1978, is a group treatment program for violent men (Currie, 1983). The Toronto model incorporates interventions aimed at the social context of the abuser, his psycho-social characteristics, and his lack of resources. Factors of the abuser's psychosocial experience are addressed, including: (a) blaming others, (b) dependency fears, (c) rigid ideas of masculinity, (d) lack of impulse control, and (e) low self esteem. All the psycho-educational material is predetermined by the curriculum, and the subject is expected to fit the treatment.

Broad group goals include taking responsibility for abuse, stopping it, and learning non-violent ways of relating. In addition, the men are encouraged to develop individual goals.

Leaders present information and lead discussions on violence, its causes, how it relates to sex-role stereotypes and socialization, and why it should stop. Leaders teach the cues present before, during, and after violence takes place, but most of this is from a global perspective. The emphasis is not consistently on the abuser's individual experience. The material is arranged so as to focus on phase one of the cycle of violence. Ideas for alternative actions emerge from group process. A group

anger exercise consists of sentence completion (i.e., "Three things that make me angry are . . .").

The Toronto model does conduct pre-group interviews that are for general assessment purposes. The program does have concepts similar to the TFA System, but they are only loosely connected. Although stopping violence is one of the purposes of the model, many of the interventions are aimed at higher level considerations - sex-role stereotypes, for example. These interventions only indirectly relate to the cessation of violence.

Some situation specificity is utilized in the Toronto model. The Toronto model aims to create a high level of awareness of thoughts, feelings, and actions.

FRANCIS PURDY AND NORM NICKLE - WASHINGTON STATE SHELTER NETWORK

The model of group therapy for abusive men developed by Frances Purdy and Norm Nickle (1982) is based upon social learning theory. The working assumptions of this model hold the abuser solely responsible for his behavior. Violence is defined as learned and addictive behavior. Purdy and Nickle seek to help the abuser learn new behaviors leading to non-violence. The six components of the model unfold in a sequential treatment plan which

takes between twelve to eighteen months to complete. Much of the program fails to take into consideration the individual differences among abusers.

Purdy and Nickle place great emphasis upon breaking through the abuser's denial. Denial keeps the abuser from accepting responsibility for his actions, and for making changes. Purdy and Nickle intervene by asking direct questions aimed at the abuser's shifting of blame, justifications for his violence, and factual distortions or minimizing. This confrontation leads to the learning that the abuser is always in control of and responsible for his feelings and actions. The program consistently works with the abusers' cognitive behavior.

The program confronts abuse on various levels: physical, sexual, environmental, and social. Cultural norms and social attitudes that support the undervaluing or exploitation of women are discussed. As worthy a pursuit as this is, and granting that it has legitimate therapeutic importance, Purdy and Nickle's model discusses these concerns in an abstract manner. They do not go all the way to determining what specific cultural norms and social attitudes the abusive man has introjected, nor do they assist the subjects to understand how these attitudes were implicated in the context of his abusive behavior.

Purdy and Nickle's model teaches how to develop an



anger control strategy which begins with awareness of cues. Self-talk is explained and the difference between negative and positive self-talk is demonstrated. In this way, the men learn how to reduce tensions in situations of anger. Progressive relaxation is taught as an alternative to the use of force. Self-care, including balanced nutrition, sleep, and exercise, are suggested as ways of reducing stresses.

Purdy and Nickle assign the men to keep anger diaries which lead the men to identify the myths supporting his negative self-talk or destructive acts. Myths concerning sex role stereotypes and dependency are a major focus.

The model has aspects which compare to TFA concepts. However, the aspects of the Purdy and Nickle model relating to thoughts, feelings, and action are disconnected except by the sequence of the therapy. No effort to link them is made.

#### ROBERT NOVACO - ANGER CONTROL

Robert Novaco implemented a group treatment program for people with anger control problems which included, but not exclusively, men who had assaulted their partner (Novaco, 1975). The treatment program was conducted

over three weeks and was aimed at increasing competence in anger management, thereby reducing maladaptive consequences. Novaco combined cognitive self-control and relaxation procedures.

Participants were exposed to the pattern of their anger with a situational analysis of anger expression. Novaco's model moves immediately to facilitate the client's reliving recent episodes of anger, reporting the thoughts and feelings, experienced. The treatment plan calls for the therapist to show the associations between thoughts, feelings, and the self-statements which foment anger in provocative situations. The therapist makes the point that antagonistic thoughts, feelings, and actions combine to escalate anger. The rationale for therapy was explained; namely that reducing agitation was possible through relaxation once they were aware of their maladaptive anger patterns.

Novaco involved the subjects in learning about their anger through self-monitoring. Each subject kept an anger diary, rating each incident on a seven point scale. In addition to the anger diary, each client was asked to prepare descriptions of seven provoking situations that they were expecting to encounter in the future. These situations were graduated in intensity from low to high. The context of the anger reported in the diaries was explored along with

the other identifiable variables. The particular self-statements fostering the anger, and the coping style used by the client were carefully reviewed. Anger management principles were printed and distributed to each subject which emphasize that events don't provoke anger, but thoughts and beliefs do. Relaxation training began with the previously identified hierarchy item lowest in ranking. Subjects visualize themselves in the specific situation coping with control self-statements and utilizing deep breathing.

The therapist functions as a facilitator and a demonstrator of the principles for coping and management. In this way, the treatment matches the condition of the client. Novaco gathers specific information regarding the subjects' experience of anger.

The anger control program initiated by Novaco was comprised of identifiable thought, feeling, and acting components which were sensitive to specific situational variables. These were consistently emphasized throughout treatment, and were balanced. One of the major strengths of the Novaco model was that it placed great emphasis upon getting a detailed and specific account of the pattern of anger experienced by each subject. Subjects described incidents of anger as though they were watching a slow motion film, reliving frame by frame the thoughts, feelings,

and actions which contributed to escalating anger. In this way, each subject learned the cues and the controls specific to his situation.

Novaco's interventions were based upon the assumption that contextual variables aren't the cause of uncontrolled anger, but that the self limiting thoughts and beliefs are. Therefore, Novaco didn't move to change the contextual factors, but concentrated upon what the individual needs to do to maintain control.

#### EMERGE - BOSTON, MASSACHUSETTS

Emerge, a group counseling program for abusive men, operating in Boston, Massachusetts, actually grew out of local feminist efforts to provide shelters for abused women (Emerge, 1981). Established in 1971, Emerge offers short-term groups (24 weeks) aimed at ending abusive behavior and the learning of new behaviors and attitudes.

Integrating psychological, sociological, and political perspectives of consort violence, Emerge seeks to intervene on levels extending beyond phase one of the cycle of violence. Emerge uses peers to retrain men in acceptable behaviors and to develop self-help skills. Early group dynamics concentrate on processing members' feelings.

Most abusive men direct their feelings at their

partners in a way that projects blame for the incident. This defensiveness is overcome when the abusive man talks about feelings of confusion, hurt, failure, and fear he has about and toward himself. Rationalizations are confronted and alternatives to violent behavior are discussed.

Emerge groups become more introspective, exploring feelings of inadequacy, fear, and failure. The men become aware of their needs for nurturance. They learn to accept personal responsibility for their violent acts.

Emerge conducts an intensive and detailed intake assessment and screening of each candidate for the group. In overview, the questionnaire gathers information about the subject's thoughts, feelings, and actions, but it does not organize them as such. The structured assessment and report, however, is rare among treatment programs and offers the possibility of program interventions being aimed at individual needs.

Various segments of the Emerge program are oriented to thoughts, feelings, and actions. However, the segments are not organized as such, and often seem open and unstructured. Feelings seem to receive a great amount of attention. Little attention appears to be given to changing specific maladaptive thoughts. A moderate amount of emphasis is placed upon actions.

One of the strengths of the Emerge model is its

consistent emphasis upon situational specificity. From the intake assessment to the final evaluations of the men participating in the group, Emerge focuses upon the needs of the individual man. He learns the cues leading to his pattern of violence, though pre-violence thought cues are slighted. Personal plans for control are decided upon. The men are encouraged to ask for time to discuss specific problems encountered in their weekly experience. A here and now emphasis is maintained throughout therapy. This here and now emphasis involves discussions of things pertaining to thoughts, feelings, and actions.

ANNE GANLEY - AMERICAN LAKE VETERANS ADMINISTRATION MEDICAL CENTER

The American Lake Veterans Administration Medical Center in Tacoma, Washington operates a treatment program for men with histories of consort violence under the direction of Anne L. Ganley (Ganley, 1981). Ganley's model has its theoretical base in the social learning theory of aggression. The goal of the program is to eliminate all battering behavior. It is a one year program which combines group and individual therapy.

The assessment component of the program is a vital aspect of the treatment methodology. during intake, a full

description of the subject's use of violence is sought. Assessment does not end with intake, but is an ongoing component of group therapy. To this end, the leaders conduct frequent assessments of the subjects' thoughts, feelings, and actions (although these constructs are not thus named or linked). Ganley's assessment procedures are purposefully specific as she is interested in determining the stressors typically triggering abusive behavior. By gathering information on the subject's thoughts, feelings, and actions, Ganley's later interventions are aimed at specific individual needs.

Ganley makes it clear that the responsibility to end violence is the abuser's alone. Since denial is great, the program consistently confronts the man with the responsibility for his actions. The group operates on self-disclosure which is limited to specific and relevant material. Other concerns are not allowed. The group process includes discussions concerning the difference between anger and battering. Anger is defined as an emotion whose expression rests with the person.

Ganley requires each man to complete an anger log, entering three specific episodes of anger each week. The men are to identify the triggers, rank the intensity of the anger experienced on a ten point scale, detail the self-talk escalating the anger, and reflect upon control self-talk

which would have led to alternative actions. Relaxation techniques are also offered as a means of controlling frustrations and anger. Other interventions include teaching the use of time-outs.

The Ganley program is aimed only at the elimination of abuse. Ganley says that other goals may be admirable, such as saving marriages, or helping offenders actualize their potential as human beings. But Ganley wants her treatment to have an impact upon the immediate issue of abusive behavior. She believes that until the abuser takes responsibility for past behavior, and commits himself to change his destructive patterns, that no other goal can be realized.

The Ganley model consistently requires situational specificity. Beginning with the intake assessment, Ganley is looking for the particular factors leading to the outbreak of violence in phase one. Aspects of the tension building phase of the violence cycle are presented, and each man is led to understand how he is triggered, and how he can alter his specific behavior so as to avoid violence.

Because she uses a social learning conceptualization of violence, Ganley does view familial and social factors of violence as relevant to stopping abuse. When discussing these factors, however, Ganley restricts the focus to those particular family and social dynamics



experienced by the man in question. She purposefully chooses to aim her program at ending battering behavior, and considers this a prerequisite to any other goal.

Every man in the group learns a strategy for ending his pattern of abuse. This includes learning how to change unproductive thoughts, feelings, and actions. While these concepts approximate those contained in the TFA System, they are not identified as such.

#### JEANNE P. DESCHNER - ANGER CONTROL GROUPS

The treatment model devised by Jeanne P. Deschner (1984), is comprised of parallel therapy groups for abusers and victims followed by couples group therapy sessions. Each segment meets for five weeks giving the opportunity for learning anger-control in a peer group support atmosphere preparing for later dyadic interaction. For the purposes of this program review, only the men's treatment program will be examined.

Deschner's model of intervention is based largely on cognitive-behavioral theory with a social learning theory definition of consort violence. Abuse is defined as a learned habit. Deschner makes the distinction between anger, which is instinctual, and abuse, which is conditioned.

Therapy sessions are aimed at fostering anger control. The men complete a weekly anger diary, reporting the nature and extent of conflict, awareness of internal signals, the use of anger control methods, and a rating of the relationship. A consciousness raising exercise invites the men to share earlier experiences of victimization or the factors contributing to their use of violence. Since many accounts are general, leaders ask for descriptions of the most recent incident of abuse. This accounting unites the group in experience and motivation to change. Each man analyzes the feelings he experienced as tension was building prior to the incident. Cues of mounting tension are identified which are explained as signals to take action to avoid violence. Role-plays of the time-out intervention teach the men how to interrupt tension building.

The group frequently returns to reports of conflict from the anger diaries, focusing on the progress made by each man. Leaders note the subject's increasing awareness of internal signals, and his ongoing use of anger-control strategies. The leader introduces the concept of self-talk, explaining how angry feelings can be managed by choosing rational thoughts. These concepts are discussed and practiced in detail. Rational coping statements are reproduced and distributed. Subjects practice visualizing themselves in a predictable stressful situation utilizing

calming and rational self-talk to cope successfully.

The Deschner model contains identifiable thought, feeling, and acting elements. The cognitive restructuring segment illustrates the sensitivity to the role played by irrational thoughts and anger escalating self-talk. Beliefs and self-statements leading to control are substituted. Feelings typical of the tension building phase of the cycle of abuse are explored in detail. Deschner seeks to cultivate an awareness of these feelings which will then serve as cues to activate control strategies. Stress management is also introduced as a way of adequately dealing with the many feelings of tension experienced by abusive men. Several other action alternatives to violence are introduced, including cognitive realignment, assertiveness, reflective listening, diplomatic correction, and time-out.

One of the strengths of the Deschner model is its consistent use of situation specificity. Each session is distinguished by its emphasis upon clearly identified and specific factors of anger or abuse. The treatment methodology eschews generalizations in favor of specificity. Men recount specific incidents of abuse. They describe their own thoughts, feelings, and actions. They make plans for themselves which avoid violence by controlling anger. Role-plays are particularly relevant to the subjects, rather than abstractions.

Higher level factors of violence are discussed but are made relevant to the present need to learn control. Men describe the familial and social factors contributing to their own victimization, and later use of force, but this discussion is immediately brought to bear upon their need to learn non-violent behaviors.

Specific options and practical tools designed to avoid further abuse are taught and practiced. These alternatives include changes in thoughts, feelings, and actions. Adaptive responses to the individual's specific sources of tension and irritation are learned.

#### LEWIS OKUN - DOMESTIC VIOLENCE PROJECT (DVP)

In 1979, Lewis Okun constructed a program at the SAFE House shelter servicing southeastern Michigan (Okun, 1986). His Domestic Violence Project (DVP) is a directive client centered approach aimed at stopping consort violence. His approach emphasizes learning interior and exterior signals of increasing tension so that alternatives can be implemented. Throughout, DVP is problem oriented using specific intervention strategies.

Beginning with the initial client contact, and continuing into the early sessions of group therapy, Okun clearly states that consort violence is, as with all family

violence, unacceptable and unjustifiable. Okun interacts with group members on the basis of unconditional positive regard, but he restricts this regard to the person, and not to the abusive behavior. In order not to add to their experience of rejection, Okun relates to his clients as human beings. By being supportive, Okun is able to guard his client's self-esteem, and strengthen their ego skills. Early in treatment, Okun works with his clients to devise successful strategies to avoid abuse. some of the interventions included using a crisis hot-line, time-outs, negotiating, and limiting anger expression to description instead of violent expression. Group members compile lists of non-violent alternatives. Throughout group therapy, Okun teaches awareness of the emotions as a way to signal the need to avoid abuse.

Okun routinely utilizes confrontation to break through denial and rationalizations. Abusive men, Okun finds, tend to believe that their violent behavior is unavoidable and sudden. Okun maintains that warning signals attend every onset of abusive behavior, and that therefore it is avoidable. He also confronts the denial of sole responsibility for abusive acts, indicating that in each instance the men are able to control themselves. An important point in therapy is the acceptance of personal responsibility for abusiveness.

DVP conducts an intake assessment to gather relevant information about the assailant and his pattern of abuse. This assessment, however, does not specifically identify the subject's thoughts, feelings, or actions contributing to his abusive behavior.

DVP is heavily action oriented. Emotional awareness is directly tied to taking action to avoid violence. Traumatic feelings from childhood experiences are de-emphasized. The thoughts and values learned in childhood and used to justify violence are examined, but are once again immediately tied to responsible behavior. Okun's program has elements resembling TFA concepts, and the entire intervention plan focuses on acceptable actions. If personal issues are not directly relevant to the priority of stopping abuse, then the discussion is steered back to the group goal.

The DVP model consistently emphasizes situational specificity. Okun assists his clients in finding strategies that work for them as they change their abusive patterns. A man in DVP treatment will compile a list of alternative coping behaviors relevant to his situation. However, thought Okun does gather descriptions in his intake interview of problem behaviors and recent experiences of abusiveness, he does not use these as a vehicle for treatment. Okun's model operates on the incentive to act

differently with respect to violence. Some awareness of thoughts, feelings, and actions are fostered in DVP groups. However, the emphasis, as has been stated before, is on new overt actions of control and non-violence, and does not equally emphasize the behaviors of thinking and feeling.

All of the material discussed in DVP groups is limited to stopping abuse by adopting new behaviors. Okun does not do relaxation training, assertiveness training, or cognitive restructuring as many other therapy models might. If material does not directly pertain to woman abuse, Okun declines to use it. Thus, if discussions are wandering from the problem of abuse, perhaps to other contributing factors, Okun steers the group back to center focus. Each batterer completes treatment with a detailed and long list of possible action choices.

## Appendix B

## Evaluation Master Plan

| APPENDIX B<br>Evaluation master plan. |                  | OPERATIONALIZED<br>OUTCOMES  | DATA<br>COLLECTION  | CRITERIA   |
|---------------------------------------|------------------|--|---|--|
| PROGRAM<br>COMPONENTS                 | PROGRAM<br>GOALS |  |   |  |
| TFA Assessment                        | Accurate         | (1) TFA Assessment describes subject experience in pre-violent situation.    | (1) Leader's TFA assessment.  | (1) leader, subject, group agree on TFA Assessment   |
|                                       |                  |  | (2) Subject's TFA self-assessment.  | (2) HBI generally confirms TFA Assessment  |
|                                       |                  |  | (3) Group's TFA of each other.  | (3) MMPI profiles confirm intra- and inter-personal dynamics.  |
|                                       |                  |  | (4) HBI Assessment of TFA functioning   |  |
|                                       |                  |  | (5) MMPI profiles.  |  |
| Group Members                         | Mid-Point Triad  | (1) Number of subjects taking steps toward balancing TFA in tense situation. | (1) leader comparison of Presenting and Predicted TFA Triad.<br>(2) Subject comparison of Presenting and Predicted TFA Triad. | (1) Four out of six (4:6) achieve mid-point (t=f=a) Triad<br>(2) HBI generally confirms TFA assessments. |



## Appendix B (continued)

| PROGRAM COMPONENTS           | PROGRAM GOALS                  | OPERATIONALIZED OUTCOMES   | DATA COLLECTION   | CRITERIA   |
|------------------------------|--------------------------------|--|---|--|
| Group Members<br>(continued) | Mid-Point TFA<br>(continued)   | (3) Group comparison of Presenting and Predicted TFA Triad.<br>(4) Comparison of pre/post HBI results. | (1) Self-report test at pre and post treatment.<br>(2) Leader assessment of quality and quantity of reported cues.      | (1) All subjects increase awareness of pre-violence cues.        |
|                              | Awareness of Pre-Violence Cues | (1) Number of subjects increasing awareness of pre-violence cues.                                      |   |  |
|                              | Adaptive Alternatives          | (1) Number of subjects increasing knowledge of non-violent alternatives.                               | (1) Self-report test at pre and post treatment.<br>(2) Leader assessment of quality and quantity of known alternatives. | (1) All subjects increase knowledge of non-violent alternatives. |
|                              | Become non-Violent             | (1) Number of subjects who   | (1) Compare pre and post CTS  | (1) All subjects cease life-                                     |

Appendix B (continued)

| PROGRAM COMPONENTS           | PROGRAM GOALS              | OPERATIONALIZED DATA COLLECTION   | CRITERIA  |
|------------------------------|----------------------------|---|---|
| Group Members<br>(continued) | Become non-<br>(continued) | <p>stop physical scores</p> <p>(2) Number of subjects who diminish use of emotional abuse. by spouse/partner.</p>         | <p>threatening force during treatment</p> <p>(2) All subjects show lower levels of emotionally abusive acts.</p> <p>(3) Wives confirm change in abusive behaviors.</p>  |
| TFA Material                 | Usable                     | <p>(1) Subjects describe behavior using TFA concepts.</p> <p>(2) Subjects use TFA Triad to illustrate their behavior.</p> | <p>(1) All subjects seen using TFA Triad in presenting problem analysis.</p> <p>(2) All subjects seen using TFA Triad in Predicted problem analysis.</p> <p>(3) Greater than 50% favorable response on feedback item.</p> |
| Favorable Attitude           |                            | <p>(1) Subject ratings on post treatment evaluation form.</p> <p>(2) Group discussion at end of treatment.</p>            | <p>(1) Greater than 50% favorable response on feedback item.</p> <p>(2) Comments are generally favorable.</p>   |

## Appendix B (continued)

| PROGRAM COMPONENTS        | PROGRAM GOALS        | APPENDIX B (continued)<br>OPERATIONALIZED DATA COLLECTION                                   | CRITERIA  |
|---------------------------|----------------------|---|---|
| Group Process             | Favorable Attitude   | (1) Attitude toward homework, length and # of sessions, meeting times, location.            | (1) Subject ratings on post treatment evaluation form.<br>(1) Greater than 50% favorable response on feedback item.   |
| Group Process (continued) | Attitude (continued) |   |   |
| Attendance                | Regular              | (1) Number of subjects present for each session.  | (1) No more than two subjects drop out or terminated<br>(2) All subjects completing group attend 5 out of 7 sessions. |
| Treatment Plan            | Implemented          | (1) Leader follows session plans.   | (1) Leader notes changes to plan.   |
|                           |                      | (1) Sessions follow plan.<br>(2) Begin and end on time.<br>(3) Treatment ends as scheduled. |   |

APPENDIX C

Client Data Sheet

Date \_\_\_\_\_

| Names of family members in the household | Relationship (husband, wife, etc) | Gender | Age   |
|--|-----------------------------------|--------|-------|
| self _____                               | _____                             | _____  | _____ |
| _____                                    | _____                             | _____  | _____ |
| _____                                    | _____                             | _____  | _____ |

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Marital Status (circle one):  
Married                  Divorced                  Separated                  Widowed

Income:  
Gross salary(s) \$ \_\_\_\_\_ Public assistance \$ \_\_\_\_\_  
Child support \_\_\_\_\_ Alimony \_\_\_\_\_

FOR OFFICE USE ONLY:

-----

Ethnic:    B        W        H        O

Case Name: \_\_\_\_\_

Counselor \_\_\_\_\_

APPENDIX C

Intake Self Report, Part One

NAME \_\_\_\_\_

This form asks you to honestly report how much you know about the cues (signals) that you are getting out of control. It also asks you to report what other options you have instead of abusing your partner.

=====

1. What are the signals that you are getting closer to being out of control?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

2. Instead of abusing your partner, what other options do you now have? What else can you do?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

## APPENDIX C

## Intake Self Report, Part Two

This form asks you to honestly report on your behavior DURING THE PAST YEAR.

Report your answers in the following way:

- (a) Never; (b) Once; (c) Twice; (d) 3-5; (e) 6-10;  
(f) 11-20; (g) more than 20

=====

DURING THIS PAST YEAR, how often have you done these things to your wife, girlfriend, or intimate partner?

- |   |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|
| 1. Discussed an issue calmly                        | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 2. Got information to back up your side of things   | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 3. Brought in or tried to bring in someone to help. | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 4. Insulted her or swore at her.                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 5. Sulked or refused to talk about a problem.       | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 6. Stomped out of the house, room, apartment.       | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 7. Caused her to cry.                               | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 8. Did or said something to spite her.              | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 9. Threatened to hit her or throw something at her. | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 10. Threw or smashed or hit or kicked something.    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 11. Threw something at her.                         | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 12. Pushed, grabbed, or shoved her.                 | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 13. Slapped her.                                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 14. Kicked her, bit her, or hit her with a fist.    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 15. Hit or tried to hit her with something.         | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 16. Beat her up.                                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 17. Threatened her with a knife or gun.             | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 18. Used a knife against her, or fired a gun at her | (a) | (b) | (c) | (d) | (e) | (f) | (g) |

-> DID YOU ANSWER THESE QUESTIONS HONESTLY? YES NO

## APPENDIX C

## Structured Intake Interview

## I. PRESENT RELATIONSHIP HISTORY

1. Are you in a primary relationship at the present time?
2. How long have you been in this relationship?
3. How would you describe the quality of the relationship?
4. Are you currently living with (this woman)?
5. Is there a restraining order against you?
6. What do you argue about?
7. Does it take much to get you going?
8. Why do you think you are abusive in this relationship?
9. What are the positive qualities you appreciate about your partner?
10. What are your chief complaints about her?
11. What are the chief complaints your partner has about you?
12. What would you say she appreciates about you?
13. Is it difficult for you to accept criticism from your partner?

## II. HISTORY OF VIOLENCE IN OTHER RELATIONSHIPS

1. Have you been abusive in other relationships? If yes, tell me about these.
2. How did you generally feel after these incidents?
3. Do you also fight with men?
4. Did you fight much when you were young?
5. What are the worst injuries you ever inflicted on anyone?
6. Was there violence in your home while you were growing up?
7. Did your father abuse your mother? you? your brothers/sisters?

## III. SOCIAL/FAMILY HISTORY

1. What were your relationships with your parents like while you were growing up?
2. How do you get along with your brothers and sisters?
3. Do you think you were encouraged to be aggressive or competitive as a youth? In what way?

## IV. WORK HISTORY

1. What kind of work do you do and how do you like it?
2. How do you get along with the boss?
3. Do you talk about work with your partner at the end of the day?
4. If you had your choice, would you be doing the work you are presently involved in, or would you be doing something else? What would that be?

## APPENDIX C

## Structured Intake Interview (Continued)

5. What does your partner do for a living? How do you feel about it?

## V. DRUG HISTORY

1. What kinds of drugs do you use at present?
2. How often do you do drugs?
3. Does your drinking/smoking/drugs (etc) bother you or interfere with other parts of your life? Does it bother other people?
4. Do you see yourself as a social drug user?
5. Do you see any connection between your drug use and your violent behavior?
6. Whe did you first start using?
7. Are you in the habit of using drugs when you are alone?

## VI. EDUCATION HISTORY

1. How far did you go in school? What grade did you finish?
2. What did you like about school? What did you dislike?
3. How far did your partner go in school?
4. Have educational differences ever been an issue in your relationship?

## VII. MILITARY HISTORY

1. Were you in the military? branch? discharge?
2. What did you like about the military? dislike?

## VIII. PRISON HISTORY

1. Have you ever been in jail for any reason? why?
2. How old were you when you were first sent to jail?
3. How old were you when you were last sent to jail?
4. What did you learn from being in jail?

## IX. MEDICAL HISTORY

1. Are you presently taking any medication? for what?
2. Have you ever been hospitalized? for what?
3. Have you ever suffered from high blood pressure, hypoglycemia, coronary disease, hypertension?

## X. TREATMENT HISTORY

1. Have you ever been in counseling before? Why? With whom? How long?
2. What did you like about it? dislike?
3. Are you presently in treatment somewhere?
4. May we speak with these people?



APPENDIX C

Structured Intake Interview (Continued)

XI. OTHER INTERVIEW QUESTIONS

1. What are the cues/signals that you are getting out of control?
2. What alternatives do you have other than abusing your partner?
3. What do you plan to do to avoid ever abusing your partner again?
4. Can you give me 5 problems you expect to have again with your partner? Rank them from #1 (Major) to #5 (Minor).
5. As you think back on the angry outbursts which have resulted in abuse (or nearly so), do they follow a pattern?

XII. TFA SYSTEMS(TM) ASSESSMENT

## APPENDIX C

## Pretest Partner Contact

"Hello, Ms \_\_\_\_\_. My name is \_\_\_\_\_. I am the counselor leading the group that Judge \_\_\_\_\_ sent your husband/boyfriend to. I am sorry to hear what happened to you, and I'd like to help. Your husband/boyfriend gave me permission to talk to you about what happened. Would you mind answering some questions?

"What happened?" (Get a description of the incident that led to court involvement. Ask clarifying questions so that a complete description is recorded. Note especially: the use of force, extent, intensity; the length of time building up; any perceived signals that man was getting out of control.)

"I'm going to ask you some questions about the frequency of your husband's/boyfriend's behavior. How often did your husband/boyfriend commit these behaviors against you during the past year. How often did he:

1. Discuss an issue calmly.
2. Get information to back up his side of things.
3. Brought in someone to help settle things.
4. Insulted you or swore at you.
5. Sulked or refused to talk about an issue.
6. Stomped out of the room, house, yard.
7. Made you cry.
8. Did or said something to spite you.
9. Threatened to hit you or throw something at you.
10. Threw or smashed or hit or kicked something.
11. Threw something at you.
12. Pushed, grabbed, or shoved you.
13. Slapped you.
14. Kicked, bit, or hit you with a fist.
15. Hit or tried to hit you with something.
16. Beat you up.
17. Threatened you with a knife or a gun.
18. Used a knife on you, or fired a gun at you.

Check out if she feels that she is getting enough support and be prepared to refer her to shelters and services for battered women. Thank her for her cooperation. Inform her that you will be contacting her when her husband/partner has finished the program to get her feedback about whether she notices any changes.

## APPENDIX C

## Post-test Partner Contact

"Hello, Ms \_\_\_\_\_. My name is \_\_\_\_\_. I am the counselor leading the group that Judge \_\_\_\_\_ sent your husband/boyfriend to. You remember I said I would try to contact you when he finished the program.

"Has he abused you since being in the group? What happened? (Get a description of the incident. Ask clarifying questions so that a complete description is recorded. Note especially: the use of force, extent, intensity; the length of time building up; any perceived signals that man was getting out of control.)

"I'm going to ask you some questions about the frequency of your husband's/boyfriend's behavior. How often did your husband/boyfriend commit these behaviors against you DURING THE PAST EIGHT WEEKS. How often did he:

1. Discuss an issue calmly.
2. Get information to back up his side of things.
3. Brought in someone to help settle things.
4. Insulted you or swore at you.
5. Sulked or refused to talk about an issue.
6. Stomped out of the room, house, yard.
7. Made you cry.
8. Did or said something to spite you.
9. Threatened to hit you or throw something at you.
10. Threw or smashed or hit or kicked something.
11. Threw something at you.
12. Pushed, grabbed, or shoved you.
13. Slapped you.
14. Kicked, bit, or hit you with a fist.
15. Hit or tried to hit you with something.
16. Beat you up.
17. Threatened you with a knife or a gun.
18. Used a knife on you, or fired a gun at you.

Check out if she feels that she is getting enough support and be prepared to refer her to shelters and services for battered women.

Thank her for her cooperation. Inform her that you will be contacting her periodically over the next year.

## APPENDIX C

Domestic Violence Men's Group  
Treatment Contract

I, \_\_\_\_\_, hereby enter into an agreement with [this agency] to allow their staff to provide me with treatment. I understand and agree to the following conditions regarding my treatment:

1. I agree to be completely honest and assume full responsibility for my abusive behavior.
2. I agree to sign any releases of information required to obtain information about my behavior.
3. I will attend all treatment sessions, and attend on time.
4. I will notify the appropriate staff member as soon as possible about any situation that affects my attendance or promptness.
5. I will not attend any session while under the influence of alcohol or drugs.
6. I will not become verbally threatening or assaultive towards any staff member or client whether inside or outside the building.
7. I will not commit any assault or battery towards my wife/partner.
8. I understand that a staff member is available by calling the agency telephone number (55-1212) and stating that it is an emergency. If I am unable to contact a member of the staff, I will call the HOT LINE (555-1212). I agree that I will use this service in an emergency situation where it is essential for me to speak with a staff member.
9. I understand and agree that any violation of the conditions of this contract may be grounds for termination from the program at the sole discretion of the treatment staff.
10. I give my permission to the leaders of this treatment group to audiotape videotape any and all sessions, which includes my participation.
11. I give my permission to the leaders of this treatment group to use the above mentioned audio and videotape for research and counselor training.
12. I agree to participate in this research project, of which group therapy is a part.

APPENDIX C

Domestic Violence Men's Group  
Treatment Contract (Continued)

13. I also give my permission to the group leaders to contact my wife/partner in order to gather information aconcerning my abusive behavior. Her name is \_\_\_\_\_, and she can be contacted by phone at \_\_\_\_\_. Her address is:

\_\_\_\_\_

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

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

APPENDIX C

Post-treatment Self Report, Part One

NAME \_\_\_\_\_

This form asks you to honestly report how much you know about the cues (signals) that you are getting out of control. It also asks you to report what other options you have instead of abusing your partner.

=====

1. What are the signals that you are getting closer to being out of control?

- a. \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
- c. \_\_\_\_\_
- \_\_\_\_\_
- d. \_\_\_\_\_
- \_\_\_\_\_
- e. \_\_\_\_\_
- \_\_\_\_\_
- f. \_\_\_\_\_
- \_\_\_\_\_

2. Instead of abusing your partner, what other options do you now have? What else can you do?

- a. \_\_\_\_\_
- \_\_\_\_\_
- b. \_\_\_\_\_
- \_\_\_\_\_
- c. \_\_\_\_\_
- \_\_\_\_\_
- d. \_\_\_\_\_
- \_\_\_\_\_
- e. \_\_\_\_\_
- \_\_\_\_\_
- f. \_\_\_\_\_
- \_\_\_\_\_

## APPENDIX C

## Post-treatment Self Report, Part Two

This form asks you to honestly report on your behavior DURING THE PAST EIGHT WEEKS.

Report your answers in the following way:

- (a) Never; (b) Once; (c) Twice; (d) 3-5; (e) 6-10;  
(f) 11-20; (g) more than 20

=====

DURING THE PAST EIGHT WEEKS, how often have you done these things to your wife, girlfriend, or intimate partner?

- |   |     |     |     |     |     |     |     |
|---|-----|-----|-----|-----|-----|-----|-----|
| 1. Discussed an issue calmly                        | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 2. Got information to back up your side of things   | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 3. Brought in or tried to bring in someone to help. | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 4. Insulted her or swore at her.                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 5. Sulked or refused to talk about a problem.       | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 6. Stomped out of the house, room, apartment.       | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 7. Caused her to cry.                               | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 8. Did or said something to spite her.              | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 9. Threatened to hit her or throw something at her. | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 10. Threw or smashed or hit or kicked something.    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 11. Threw something at her.                         | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 12. Pushed, grabbed, or shoved her.                 | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 13. Slapped her.                                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 14. Kicked her, bit her, or hit her with a fist.    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 15. Hit or tried to hit her with something.         | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 16. Beat her up.                                    | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 17. Threatened her with a knife or gun.             | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| 18. Used a knife against her, or fired a gun at her | (a) | (b) | (c) | (d) | (e) | (f) | (g) |

-> DID YOU ANSWER THESE QUESTIONS HONESTLY? YES NO

APPENDIX C

TFA Situation Chart

Describe the problem here:

---

THOUGHTS

IN THIS SITUATION:

What are your thoughts?  
What's going through your mind?  
What's out of control?

---

FEELINGS

IN THIS SITUATION:

What do you feel like?  
Mad? Sad? Glad? Afraid?  
What is out of control?

---

ACTIONS

IN THIS SITUATION:

How are you acting?  
What have you been doing?  
What are your reactions?  
How do you cope? What's out of control?



## APPENDIX C

## Feedback Form

We want your honest opinion about your group experience.  
Answer the following questions by marking:

Excellent (4) Good (3) Fair (2) Poor (1)

|  | (4) | (3) | (2) | (1) |
|--|-----|-----|-----|-----|
| 1. Being with a group of men with the same problem.  | (4) | (3) | (2) | (1) |
| 2. Giving up one of my evenings.                     | (4) | (3) | (2) | (1) |
| 3. Paying my fees.                                   | (4) | (3) | (2) | (1) |
| 4. Doing the homework.                               | (4) | (3) | (2) | (1) |
| 5. The room.   | (4) | (3) | (2) | (1) |
| 6. The way the leader presented the material.        | (4) | (3) | (2) | (1) |
| 7. Letting the leader talk to my wife (or partner).  | (4) | (3) | (2) | (1) |
| 8. The length of the meetings.                       | (4) | (3) | (2) | (1) |
| 9. The number of sessions.                           | (4) | (3) | (2) | (1) |
| 10. Talking about personal problems openly.          | (4) | (3) | (2) | (1) |
| 11. Having a "Men's only" group.                     | (4) | (3) | (2) | (1) |
| 12. The TFA concepts.                                | (4) | (3) | (2) | (1) |
| 13. The TFA triad (diagram) of my problem situation. | (4) | (3) | (2) | (1) |
| 14. Talking about the THOUGHTS leading to violence.  | (4) | (3) | (2) | (1) |
| 15. Discussing the buildup of FEELINGS.              | (4) | (3) | (2) | (1) |

## APPENDIX C

## Feedback Form (continued)

|  |     |     |     |     |
|--|-----|-----|-----|-----|
| 16. Looking at the ACTIONS prior to blowup.                                    | (4) | (3) | (2) | (1) |
| 17. The TFA Situation Chart.   | (4) | (3) | (2) | (1) |
| 18. The group meeting times were convenient.                                   | (4) | (3) | (2) | (1) |
| 19. The group location was convenient.   | (4) | (3) | (2) | (1) |
| 20. The number of sessions was convenient.                                     | (4) | (3) | (2) | (1) |
| 21. I was made to feel a part of the group.                                    | (4) | (3) | (2) | (1) |
| 22. I feel I understand myself better because of the group.                    | (4) | (3) | (2) | (1) |
| 23. I feel I can now get along with my partner better.                         | (4) | (3) | (2) | (1) |
| 24. I can now control my anger better.   | (4) | (3) | (2) | (1) |
| 25. I have learned to take more responsibility for my own behavior.            | (4) | (3) | (2) | (1) |
| 26. I would encourage others with similar problems to join a group like this.  | (4) | (3) | (2) | (1) |
| 27. I feel the group met my expectations.                                      | (4) | (3) | (2) | (1) |
| 28. My participation in the group was:   | (4) | (3) | (2) | (1) |
| 29. I know the thoughts that cause me trouble with my partner.                 | (4) | (3) | (2) | (1) |
| 30. I can change my thoughts to control my feelings.                           | (4) | (3) | (2) | (1) |
| 31. Now I can control my thoughts and feelings in order to control my actions. | (4) | (3) | (2) | (1) |
| 32. The TFA concepts will help me in other situations.                         | (4) | (3) | (2) | (1) |
| 33. The control TFA Triad (diagram) of my future problem situation.            | (4) | (3) | (2) | (1) |

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