

GROUP THERAPY FOR MEN  
VIOLENT TOWARD THEIR MATES  
FINAL REPORT

SUBMITTED

BY

DAVID M. WEHNER

TO THE

CRIMINOLOGY RESEARCH COUNCIL

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SALISBURY CITY COUNCIL

## ABSTRACT

A pilot intervention project was conducted to determine whether men violent toward their wives or partners could be identified and engaged in successful behaviour change. It was hypothesized that group therapy would be a useful vehicle for attracting and engaging violent men and that a behavioural skills building form of therapy would be superior to Transactional Analysis techniques, non-directive group meetings and no intervention at all.

A key component of the project focused on collection of socio-demographic data from both the men and their partners in order to provide specific information about violent relationships from the perspective of both partners, rather than from the woman, which has been the case in all prior research. The information yielded valuable insights into the dynamics of spouse abuse and highlighted that programmes focusing on the behaviour of violent men are essential.

Treatment outcome indicated that group therapy using cognitive-behavioural techniques was indicated as the intervention of choice. However, the smallness of the sample (76 men and women), the fact that it was a voluntary self-referred population, and a substantial non-response rate at follow-up intervals, diminishes generality and requires further replication before findings can be accepted without reservations.

The contents of this report are based on the  
original research of the writer,  
except where due reference is  
made in the text.

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DAVID M. WEHNER

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FOR THOSE WHO HAVE SUFFERED

AND FOR THOSE WHO CARED ENOUGH TO CHANGE

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David M. Wehner

April, 1985.

CHAPTER 1 :INTRODUCTION

The present project was conducted under the auspices of the South Australian Health Commission. It involved the identification of a group of men who had been violent toward their spouses or cohabitantes, and were willing to meet regularly in a group counselling situation. The men in the group were encouraged to use one another as contacts and resources, and to develop mutual support networks, with the goal of avoiding future violence in their relationships with women. Counselling concentrated on the factors that allow some men to view violence directed at women as a legitimate form of behaviour.

The hypotheses to be tested within the programme were:

- 1) that a group setting is a useful vehicle for attracting this type of clientele and keeping clients in the programme; and
- 2) that a behavioural skills building form of therapy would be more successful in stopping violence than therapy based upon Transactional Analysis techniques, non-directive group meetings similar to Alcoholics Anonymous, or no intervention at all.

The goals of the project were:

- 1) to get the group members to acknowledge that they have a problem -- physical and emotional abuse of their partners -- and that it must stop.

- 2) to increase the men's awareness of the reasons for their violent and abusive behaviour.
- 3) to explore the men's present ways of dealing with anger and frustration in a relatively non-threatening environment (the group) and to help them learn alternative coping skills. They would be able to establish a sense of commonality and to share ideas essential for fostering trust and insight, making the group more attractive than the few alternatives currently available.
- 4) to provide a new option to women who are in violent relationships. Strong evidence exists suggesting that women want to continue the relationship if the violence can be stopped.
- 5) to provide extensive data which will aid research into an area in which there is relatively little solid information.
- 6) to attempt to establish an effective therapy for a clientele with whom it has in the past proved most difficult to work.

#### A. Philosophical Perspective

Definition: Generally speaking, a victim of spouse abuse is an individual who has suffered persistent or serious verbal, economic, social, or physical abuse at the hands of her part-

ner which has a sustained emotional/psychological effect. The partner is any male with whom she has or has had a significant relationship.

Verbal abuse refers to the frequent, if not daily, onslaught of words used to demean a partner. Consistently, women in abusive relationships are accused of being dirty, fat, ugly, stupid, mentally ill, incompetent, bad mothers, unfaithful, lousy lovers, and bad cooks.

Economic abuse can occur in two ways. One the one hand, a woman may be placed in charge of the family finances. Her husband may give her \$200.00 with which to pay \$400.00 in bills. When she is unable to pay all of the bills, and household services such as telephone or electricity are terminated, she is then accused of being an incompetent household manager. Alternatively, the husband may demand control of all financial resources within the home, including those of his partner if she is working. He then pays all bills and severely limits the woman's access to money. Frequently, women in abusive relationships are in the position of having little or no money to buy suitable clothing, provide recreation for themselves and/or their children, and to buy other personal items.

Social abuse can also manifest itself in two different aspects. In the first instance, the woman may be a member of the workforce. Her partner may take her to work, meet her for lunch,

and pick her up immediately after work. During the course of the day he may call her six or seven times to ensure that she is not engaging in illicit sexual activity with her male colleagues or supervisors. Alternatively or concomitant to the above, he may take her on social outings such as parties or trips with family friends or relatives and then proceed to use verbal abuse to denigrate her in front of the others. This type of abuse can also be extended through attempts to restrain the woman from making all social contacts of which he disapproves; such as with parents, other relatives, and close friends.

Physical abuse is often the most obvious form of abuse. By this the writer refers to aggressive forms of behaviour leading to and including tissue damage. This includes the pushes, shoves, and "gentle" slaps which many individuals refer to as the "normal" rough and tumble of relationships. The pushes, shoves and slaps all too frequently give way to punches, kicks and use of weapons leading to black eyes, bruises, abrasions, lacerations, broken bones and more severe types of physical injuries. Sexual abuse is subsumed under physical abuse. This entails the unwanted sexual demands, rape, and other violent sexual acts used to demean and denigrate the woman.

The combined emotional and psychological effects on the woman who receives these various forms of abuse are extremely potent. She perceives herself as having no power; often he is her

only contact with the outside world and she receives little or no information concerning the gross inappropriateness of his behaviour. She comes to believe the things about herself that she constantly hears and is led to believe that she is responsible for the abuse she receives. She lives in constant fear - fear that she cannot meet his demands and fear that she or the children will provoke him and then have to suffer the consequences.

While the above definition indicates the true parameters of spouse abuse, the present project focused on clients who were involved in some form of physical abuse of their partners within the previous two months. This decision eliminated the difficult task of establishing inclusion criteria for the remaining three forms of abuse when physical abuse was absent.

#### Causes of Abuse:

Spouse abuse has been recognised as a serious community problem only within the last decade. There have been three basic interpretations of this behaviour. The first has focused upon individual pathology. The second interpretation has taken a structural approach, locating causation in inadequate social, cultural, and economic structures and in interpersonal "structures" such as the family. The third interpretation expands the first and second approaches by placing domestic violence within an historical framework that analyzes social, economic,

political, and personal power relationships. Each of these interpretations is dealt with in detail in a review of the literature that follows.

This project was guided philosophically by elements of all three of the prevailing interpretations. The literature suggests that men who abuse their partners share certain psychological characteristics (e.g. low self-esteem) and that therapy is therefore an appropriate tool to aid them. However, the literature also suggests that stress stemming from inadequate material and interpersonal resources can contribute to a man's lashing out in violence. A group setting can therefore best counter such structural deficiencies. It was envisaged that group members would act as a support network, and that alternative coping skills could be taught within this supportive group structure. Since anger and violence are frequent responses to the stresses in the men's lives, such coping skills -- which are interpersonal and therefore can best be taught in a group setting -- are essential.

Finally, the resort to brutal physical and emotional violence against women -- rather than other types of disturbed behaviour -- can only be understood within the context of the historical and present-day power relationships between men and women, and in conjunction with a culture that tolerates, if not encourages, the use of violence as a legitimate means of resolving disputes. Therefore, the groups not only focused

on issues of personality, or on methods of dealing with anger, but further encouraged the participants to realise that violence is an inappropriate and illegitimate means of dealing with any of their real or perceived problems.

#### B. Why Work With Men?

This project addressed two issues within the area of spouse abuse:

- 1) It is geared toward men. In Australia, virtually all attention and funding in the field of domestic violence have been directed toward the women facing violent relationships. Since the women are coping with threatened or actual physical violence, any overall program must grant priority to securing the safety and well-being of the women and children exposed to domestic violence. But by ignoring males who abuse, society has ignored the root of the problem. Ignoring the men has meant that women who stay in or return to violent relationships (a majority of the women) are not being helped, nor are their children. Even if all women who wanted to leave abusive relationships were able to do so, the problem would remain unsolved, for nothing has been done to change the behaviour of the men. They are still free to go out and establish new relationships, and other women will become their vic-



tims. Existing agencies have not met the challenge of working with violent men. Research has shown that this type of individual is not a willing client, and that most counselling approaches, particularly individual counselling, have not been successful (Straus, Gelles and Steinmetz, 1980). A host of commissions, agencies, and experts in the field have called for new approaches in working with violent men. The list is long, including the Select Committee on Violence in Marriage (U.K. 1975); Anne Ganley, Ph.D. and Lance Harris, Ph.D., Domestic Assault Program, Lake Veterans' Hospital (Tacoma, Washington, U.S.A.); R. Emerson Dobash and Russell P. Dobash; Department of Sociology, University of Sterling (Sterling, U.K.); Donald G. Dutton, Department of Psychology, University of Vancouver (Vancouver, Canada); Royal Commission in Human Relationships, Final Report (Australia, 1977); Women's Information Switchboard Domestic Violence Phone-In Report (Adelaide, 1980); Report of the New South Wales Task Force on Domestic Violence (1981); The Domestic Violence Action Group Workshop Manual (Adelaide, 1982); and the Report of the Review into Domestic Violence in Tasmania (1983).

In addition, every agency the writer has contacted within the Adelaide metropolitan area has indicated that an ongoing programme for violent men was needed. These agencies include: Crisis Care, the women's shelters, the Legal Services Commission, all marriage guidance agencies, Life Line, the

Women's Information Switchboard, all of the Adelaide metropolitan area's community health centres, and the Premier's Women's Advisory Committee on Domestic Violence.

- 2) The few programmes that do exist for men who abuse women (all overseas at present) have done, on the whole, no evaluation regarding effectiveness. This project placed particular emphasis on thorough data collection and evaluation in hopes of providing a model for future work and answering the questions of whether group therapy is a viable approach in dealing with spouse abuse, and how best to provide that therapy.

#### C. Economic and Social Consequences of the Programme

The economic costs of spouse abuse are not clear. In the United States it is estimated that abuse related absenteeism results in a loss to the country of 3.5 million dollars U.S., plus another \$100 million U.S. spent each year for the treatment of injuries (Gregory, 1981). The degree of absenteeism resulting from abuse and the amount of money spent on medical treatment for abused women in Australia are not known. Nor do we have precise figures for the amount of money paid by Social Security in Supporting Parent Benefits or in unemployment benefits received by women who have left violent relationships. Financial information is also lacking from state housing authorities,

legal institutions and police departments. The records kept by these agencies do not detail this type of information. In examining women's shelter records for the Adelaide metropolitan area, however, it becomes apparent that nearly every case of spouse abuse registered involved at least one of the above categories of state expense.\* An attempt was made to establish the estimated costs of domestic violence in South Australia. The chart below illustrates what the writer believes to be the absolute minimum cost incurred by the state and federal governments as a result of allowing spouse abuse to exist at current levels.

#### ESTIMATED COSTS OF DOMESTIC VIOLENCE IN SOUTH AUSTRALIA

(Note: In most cases the financial figures recorded are estimates - excluding those with an asterisk - based on extensive consultation with individuals working within each agency. These are professional estimates from the agency member, not my estimate.)

1. Housing Trust:

Ownership of Women's Shelters in S.A. 1982	\$1,400,000*
Operating expenses per annum	est. 50,000
  
2. Department of Community Welfare:

Shelter staff salaries 1981	759,000*
Emergency financial aid rendered by D.C.W. district Offices	est. 50,000
Crisis Care - 50% of all home visits involve domestic violence related problems. I am awaiting further information regarding monetary costs.	
  
3. Legal Costs:

Legal Services Commission spends 35% of their budget on Family Law. It is estimated that 60-70% of that amount is spent on cases involving domestic violence.	500,000
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\* In the six shelters covered, there were 363 clearly identified incidents of spouse abuse over the period July, 1981 to June, 1982. The writer examined the data concerning 177 of these cases.

Family Court-officers have estimated that 40-50% of their cases involve accusations of domestic violence. A Court Counsellor doing research at the Melbourne Registry estimates that 80% of all Family Court Counselling referrals involve couples who state domestic violence is a serious problem in the relationship.

4. Medical Costs:

Cost per year	est.	1,000,000
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Flinders Medical Centre and Lyell McEwin Hospitals are currently gathering data involving the number of women they see in casualty departments who have been assaulted by the man they live with. This information includes extent of injury, cost of treatment, age and postcode of the victim. Other metropolitan hospitals are being requested to collect this information.

5. Police Costs:

A South Australian police inspector has stated	500,000
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that approximately 15-20% of police calls involve a response to domestic violence.

6. Social Security:

Cost per year	est.	2,000,000
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Perhaps the key agency. How many women leave abusive relationships and end up on Supporting Parent Benefit or Unemployment Benefit and how long do they receive this support? Nine different individuals were consulted in arriving at this figure. They include Social Security Social Workers, pensions officers, enquiry officers, and administrative officers.

TOTAL ESTIMATED COST 7-10 million dollars  
PER YEAR.

While this chart represents only a rough estimate of the costs involved it does serve as an indication of the vast amount of state funding absorbed by domestic violence. The implications for future policy and planning are quite clear.

Several surveys have indicated that the primary hope of abused women is that the violence will end so that they can continue

to live with their mates (Geller, 1978; Women's Information Switchboard Phone-In, 1980; Hopcroft, 1983). Should this indeed be the case, an end to male violence would result in a significant amount of financial savings on the part of state and federal governments, as well as significant reductions in medical costs.

The social and psychological consequences of effective intervention are even more important. Thousands of women are currently experiencing the devastating effects of having been beaten by a person they love. The pain and suffering caused cannot be evaluated in financial terms, but can be experienced and witnessed in the horrific incidents these women describe. The psychological damage and fear are profound.

The children are victims as well. Repeatedly, they witness and frequently experience, the violence of their fathers. This too extracts an unestimatable psychological price. Further, the violent man serves as a role model for the children (Women's Information Switchboard Phone-In, 1980; Straus, Gelles and Steinmetz, 1980 and Stacey and Shupe, 1983). The children learn that violence toward another person is one option in coping with relationships. This has enormous social consequences. Violence experienced and witnessed by children becomes self-perpetuating, assuring abuse in the next generation as many of the young victims grow up to become, themselves, adult abusers and victims (Straus, Gelles and Steinmetz, 1980). An

effective program geared toward stopping the violence will be a significant step in breaking the cycle of abuse.

CHAPTER 2 :LITERATURE REVIEW

Recently, there has been a substantial increase in the number of books, journal articles, and research commissions and committees, investigating and reporting on domestic violence. The vast majority of the literature concerns graphic descriptions of abuse perpetrated upon women, the debilitating effects of the abuse, and the impotence of social service agencies in dealing with the problem. Unfortunately, very little has been written concerning the source of abuse -- men. What little that has been written about men is almost always based upon descriptions of them by their partners. While there are an increasing number of journal articles on the topic there are no books dealing with initiatives focused upon the male spouse abuser.

There appears to be a tendency on the part of those currently writing on the subject of domestic violence to rely very heavily on the few empirical studies that have been completed to date. More disturbing, results are frequently quoted out of context, and invalid generalisations are made (as an example see page 16). Rather than clarifying the issue, these practices have clouded our understanding of spouse abuse.

As an aid to clarity the writer has divided the review of literature into six parts. The first presents a chronology of growing expert awareness concerning the extent and implications of spouse abuse. The second analyses the major interpretations of its causes. The third and fourth sections elaborate upon the literature which deals

with issues particularly relevant to this project. The fifth section reviews relevant statistics, and the sixth section examines overseas programmes for abusers.

#### A. Chronology

Erin Pizzey published the first book on the abuse of women in 1974, Scream Quietly or the Neighbours Will Hear. Pizzey's book traced events leading up to the establishment of the first women's shelter (Chiswick Women's Aid in England in 1971). It also revealed the extreme violence inflicted upon women and the lack of response from social service agencies. At approximately the same time a book appeared in the United States by Richard Gelles (The Violent Home, 1974). Gelles' book reported the results of his study of 80 families in two New Hampshire cities. The work had several strengths: 1) it was the first intimate look at this sensitive topic in America, 2) it made genuine attempts to avoid class bias (a very complicated and difficult issue in domestic violence), and 3) it provided researchers with their first hard statistics in the area of domestic violence. Gelles himself acknowledged that the project was limited, very exploratory, small in scope, and not representative of any large population. There also appears to have been some bias in the sampling procedure. Unfortunately, a number of people writing on the topic of domestic violence began to cite his statistics without qualifying them, and implied that



Gelles' findings could be generalised; this is still the case in more recent works (Martin, 1977; Roy, 1977; Freeman, 1979; Scutt, 1983; and Stacey and Shupe, 1983), resulting in some distorted "facts" about domestic violence.

Also in 1974, Dr. John Gayford conducted a study of 100 battered women (Gayford, 1975). The value in his study lay in its attempt to detail the types and extent of injury women were receiving. It also endeavoured to gain useful information about violent men through interviews with their partners. He argues that socialization and alcohol abuse are significant factors leading to wife abuse.

The next series of publications all attempted to pull together the facts known at that point concerning the degree of spouse abuse, progress being made in the establishment of shelters, responses by social and legal authorities, and possible steps to be taken by women in abusive relationships. Examples of these types of books are: Roy, 1977; Martin, 1977; Fleming, 1978; and Davidson, 1978.

A sharpened focus came in 1979, when the best American work on the topic to date was published by Dr. Lenore Walker, a clinical psychologist. In her book The Battered Woman, Walker identified some of the dynamics of an abusive relationship. Of particular note is her "cycle theory". Walker describes three distinct phases through which the couple passes. Initially,

there is the "tension building stage". During this period, the man may yell, act irritable, and perhaps threaten his victim, but he will not seriously abuse the woman physically. She covers her anger and attempts to placate him, while fearfully anticipating the second stage. Stage two is the "acute battering stage". Here the man explodes and severely attacks the woman, doing serious bodily harm and stopping only when he is exhausted or feels that the woman has received "sufficient punishment". Frequently the woman is left in a state of shock, and is often too incapacitated to get medical attention on her own. Stage three entails apologies and strong statements of love by the man. If the woman has left him, he will do or say whatever is necessary to get her to return (or stay if she is threatening to leave). These promises often include giving up alcohol, abjuring violence, and statements of complete reformation. He often buys expensive gifts for her and the children. It is here that the woman, desperately wanting to believe that her loved one will reform, frequently opts to remain in the relationship. While "cycle theory" certainly applies to some proportion of violent relationships, and is a useful tool in explaining patterns of abuse to victims, it does not appear to fit a substantial number of violent relationships where violence occurs at random with no identifiable causes or patterns.

Walker also describes a pattern of "learned helplessness" on the part of the woman. This theory is based on the work of Seligman (1975). Within the violent relationship, this concerns the fact

that the woman perceives that despite steps she takes to end the violence, the violence will continue. Walker has documented numerous instances where women engage in a series of steps, whose failure teaches helplessness. The woman first tries to change her own behaviour or that of the children. She attempts to meet all demands imposed by her husband, such as having meals prepared by a certain time or having his laundry done a certain way. As this does not usually end the violence, she risks confiding in friends, family, a doctor, or a religious leader. Walker found that such figures advised the woman to go back and try to make the relationship work, or told her that she needed to behave in less provocative ways, leaving her feeling responsible for the problem, isolated, and helpless. Meeting frustration here, the woman may finally call the police during or after an attack, only to find them reluctant to intervene. Thus Walker found that women are not crazy or masochistic but, rather, exhibit helpless behaviour that is learned and, given the lack of aid that women received, is realistic. This description of behaviour has been exhibited to some degree by nearly every woman with whom the writer has worked in six years in the field of domestic violence. Women's shelter administrators and staff throughout Australia also consistently report evidence of this behaviour.

Important contributions in the field have also been made by Rebecca Emerson Dobash and Russel E. Dobash. They have worked to establish reliable statistics (1976, 1977, 1978), have

rendered effective critiques of work done in the field (1981), and have made significant contributions to the intellectual framework necessary in approaching spouse abuse (1981).

By far the best work done in Australia is the compilation of articles edited by Carol O'Donnell and Jan Craney, Family Violence in Australia (1982), and the work of Jocelyne Scutt, Even in the Best of Homes, Violence in the Family (1983). Of particular interest in the first book is the study done by O'Donnell with Heather Saville which corroborates evidence presented in two earlier studies, showing that domestic violence exists in significant percentages in all social classes, as identified by the Congalton Scale (1982)\*. Their study examined the plight of 145 women contacted at eight women's shelters in the Sydney metropolitan area, and highlights once again the social and psychological consequences of abuse. Other articles in the book provide a thorough overview of domestic violence in Australia, including a history of the women's shelter movement, and suggests possible solutions to the problem (including a call for programmes geared towards working with violent men). Jocelyne Scutt's book offers a biting critique of the police and criminal justice system in their response to violence in the family by the finest feminist legal mind in Australia. Her stinging criticism of the police and courts and their use of the

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\* The Congalton Scale divides social classes into four types of work description: professional; managerial; sales, small business, clerical and trades; and unskilled work.

law go far in explaining why very little has been done to stem the flood of violence against women.

This description has included only major works. The focus has been on women victimised by abuse, with much less attention paid to the abuser. This is a shortcoming of the literature and the research.

B. Major Interpretations of the Causes of Spouse Abuse:

The first interpretation of wife-beating that was made focused on individual pathology. Two distinct models developed within this interpretation. The first, argued primarily by psychiatrists and psychologists, claims that spouse abuse results from individual psychological disorder. This theory holds that men who are violent toward women have individual defects or peculiarities. They are viewed as "sick" or "deviant", having drug addiction problems and psychopathic tendencies (Reynolds and Siegle, 1959; Wolfgang, 1969; Field and Field, 1973; Snell, Rosenwald, Robey and Franingham, 1964; Scott, 1974; and Price and Armstrong, 1978). Dr. John Gayford (1975) sees these men as being "pathologically jealous --/with their violence frequently brought on by alcohol", and as persons "badly brought up". Erin Pizzey (1974) stated "no one likes the word psychopath -- but that is exactly what he is -- aggressive, dangerous, plausible, and deeply immature".

These theories have sometimes been used to assign responsibility

for abuse to the female victims, with arguments that women are masochists, or some "battered women are hooked on an adrenalin high associated with violence and simply cannot leave it alone" (Pizzey and Shapiro, 1981). Shultz (1960) states: 'The victims in spouse assaults can always be assumed (emphasis added) to have played a crucial role in the offence, and may have directly or indirectly brought about or precipitated their own victimization'. Indeed, Dobash and Dobash (1978, 1981) feel the theory is so prevalent that they claim "Psychiatric papers do not vary from the general pattern of placing responsibility for wife beating on the wife". Writers in this category worked mostly at a time when little if anything was known about spouse abuse. However, this type of argument is still being printed, so it is apparent that some people still support the approach (Pizzey and Shapiro, 1981; Borkowski et al., 1982). The body of research accumulated thus far simply does not support this contention (for instance research concerning learned helplessness).

The basic problem with an approach focusing on deviance and severe psychological disorder is that it puts forth an "exceptionalistic explanation of a universalistic problem" (Ryan, 1979). Some abusive men may be psychopaths, some alcoholics, and some "badly brought up", but all male abusers are not deviants or psychopaths. It is also a single factor analysis of a problem with more than one cause. Furthermore, even if all violent and abusive men did exhibit severe psychological problems, the theory does not explain why their behaviour is

violent only toward the women with whom they live, frequently being models of deportment with other persons.\*

The second model locating causation in individual psychology does not posit severe personality disorders, but rather develops a psychological profile of men who abuse and of women who remain in abusive relationships. At a general level, researchers have established typologies of violent men (Lock, 1969; Eblow, 1977). Regarding spouse abusers, numerous authorities have found that abusive men frequently display particular characteristics, including jealousy, low self-esteem, endorsing standard sex-role stereotypes, poor communication skills, and projection of blame onto others (Walker, 1979; Gayford, 1974; and Ganley and Harris, 1978). Note: These character descriptions usually come via the abused partner - very few spouse abusers have actually been clinically assessed for verification of this speculation. Women who remain in abusive relationships are frequently described as having low self-esteem, endorsing standard sex role stereotypes, accepting responsibility for the batterer's behaviour, and believing that no one will be able to help them resolve their predicament except themselves (Walker, 1979).

This model, taken alone, also fails to explain why domestic violence occurs, as it offers no insights as to how these characteristics lead to physical violence (and tolerance of it)

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\* The recent work of Stacey and Shupe (1983) disputes the notion that spouse abusers are normally abusive only to their partners. The present study provides limited support for Stacey and Shupe's contention.

rather than some other form of behaviour. It does, however, offer important insights into the types of personalities likely to be involved in violent relationships, and thereby aids the researcher in developing effective methods of treatment.

The second major interpretation views spouse abuse as being caused by structural factors. These factors include economic conditions, such as financial hardship, low wages, poor housing, over-crowding, isolation, and unfavourable and frustrating work conditions (Freeman, 1979).

Dobash and Dobash (1974) view this structural approach favourably, but extend it to include certain cultural patterns, such as "socialization into a sub-culture of violence, limited access to and achievement of status within the larger social system, and lack of effective sanctions on the part of the immediate social audiences and of relevant social agencies, and the general status of women". Gelles (1974) essentially agrees, saying that "violence is an adaptation or response to structural stress", but adding that as a precondition, violence must have been learned as an appropriate response to stress in order for it to occur as a response.

In addition, Newton (1981) and Joines (1980), among others, have stated that domestic violence is best viewed from a "systems" perspective. Systems theory analyses the structure of families, arguing that when two people marry, they "become three; there is the husband, the wife, and the relationship. Any change



in one of these three .... will produce a corresponding reaction in the other two in order to bring the system back into a position of homeostasis or balance". (Newton, 1981). The relationship operates within a set of implicit rules established over a period of time. For instance, couples establish patterns of closeness and distance from each other. Should one partner change the degree of distance, the other will respond to re-establish the implicit pattern. Within the violent marital relationship, violence is viewed as a homeostatic device which once again achieves balance (Newton, 1981).

The general structural approaches are weak in that the lower socio-economic classes are most likely to suffer from inadequate material conditions, yet we know that spouse abuse occurs among all classes (O'Donnel and Saville, 1981). They also fail to explain why violence is the manifestation of stress, rather than some other disturbed behaviour. Nor do they explain why wife beating is the chosen form of violence.

While systems theory approaches have become quite popular in recent years, the writer believes that they are grossly inappropriate as a useful method in dealing effectively with most domestic violence cases. Systems analysis requires data input from the entire system. In most instances information is available only from the woman, who provides only one perspective on the whole family system. Alternatively, information comes only from the man. Rarely does the couple present together. This creates

difficulty for the model in that the theory requires the perspective of each member of the system in order to formulate an accurate representation of what is happening within the system. More seriously, systems analysis as practised focuses only on the structural patterns of the family systems and not the structural patterns of the larger social system which has a profound affect on the family system. Historically, social structural conditions have effectively lowered the status of women in society, have placed very low priority on them in the economic distribution of resources, have created an exceptionally high level of "acceptable" violence in society, and have allowed for the normalization of the use of violence in the family. (Needless to say, this violence is almost inevitably aimed at women and children.) These same social structural conditions invariably lead to an indifferent response to violence by the social service agencies which are so crucial in determining whether violence is checked or allowed to proliferate. Systems theory inappropriately throws responsibility back on the family, usually the woman who is far more likely to present, and expects her to alter the family system through whatever means. This occurs in the face of the underlying social structural conditions described above, to which family systems theorists pay lip service or completely ignore. The issue of responsibility for initiating and maintaining violence is lost in the systems shuffle, and dehumanized by making the family system responsible rather than those who perpetrate violence -- usually men. Finally, there is no known evidence supporting Family therapy as an effective intervention in the area of domestic violence while

there is limited evidence suggesting that it is ineffective (Star, 1983). The work of McIntyre (1985), a systems therapist, expands this critique of family therapy and severely criticizes those who choose the approach for spouse abuse intervention.

The third interpretation of violence towards women is based on the social learning theory of violence, coupled with an historical analysis of male-female relationships. Violence is a learned behaviour. This has been demonstrated by laboratory studies (Bandura, 1973; Bandura et al., 1973; Bandura and Walters, 1963; and Singer, 1971); clinical work (Clement and Ervin, 1972; Steele and Pollock, 1974; Helfer and Kempe, 1974); and survey research on family interaction (Owens and Straus, 1975; and Steinmetz, 1977). Patriarchy is a social structure, existing historically and at present, based on the dominance of the male in society. Violence directed at women, according to this theory, is a way of disciplining them and ensuring the maintenance of the status quo. Men define the limits of female behaviour by controlling the decision-making and economic centres of society. Women are expected to adhere to these limits, and invite abuse when they exceed them. Abuse of women is an expression of the power relationship between men and women; the culture allows and teaches violence as a technique of domination. Similarly, women are acculturated to accept and expect a situation in which they play a subordinate role. As Bell and Newby (1976) argue, it is a "belief on the part of many wives that not only do their husbands possess greater power but that, in the last analysis, they ought to do so". Deference is fostered by the process of

sex role socialization, both within the family and at school, and is one of the vital spokes in the wheel of patriarchy. It is important to note that according to this interpretation, patriarchy does not in itself cause woman abuse. It does, however, create a framework within which men view women as being inferior. The societal toleration of violence, makes it likely that when confronted with an uncooperative partner, they can readily resort to it without fear of consequences.

An obvious criticism of this critique might be that not all men beat their wives or cohabitees, rendering the theory questionable. However, given the variety of tools available to men, the use of force is, in most instances, unnecessary. As stated above, the socialization of women creates an environment where many (most?) support the view that men have more power and authority and allow them to direct the family accordingly. Where women disagree with their partners, stand up to them, and demand an equal voice in decision-making, many men wield coercive tools other than violence to reinforce their position. Such measures may involve invoking the exhortations of the church or other social institutions, regressing into childish passive-aggressive behaviour such as drug abuse, or emotive tantrumming, and withdrawal of economic support. Ultimately the man triumphs while lifting no more than his voice. Violent responses are reserved only for the most intransigent women or for those men who perceive that their social power and authority are most threatened.

But why is male violence directed primarily against uncooperative

or threatening cohabitees and not other women? The answer is twofold. In the first instance, the historical legal position of women has been that of little more than chattel property - held initially by the father and later by the husband. Assaulting a woman other than one's wife meant that the assailant would face the consequences from her "protector". In recent times the "protector" has become more the law than the husband and father. Either way, the consequences for striking a woman other than your own could be quite serious. Striking one's own wife is, of course, quite another matter. In the second instance, it could well be argued that male violence is constantly perpetrated against other women. The victims of rape and indecent assault are always predominantly female (Brownmiller, 1975). One of the most common acts of war is the rape of the women belonging to the side of the vanquished. In both instances violence against women becomes a distinct possibility when they venture forth without or are deprived of protection.

Overall, this interpretation offers substantial insight into the cultural milieu that tolerates and perhaps creates woman abuse. However, when used as the sole interpretation of violence, the theory is inadequate. Within the patriarchal system there are countless men who, while subscribing to the idea of male dominance, will not resort to violence or the abuse of women under any circumstances. What differentiates this patriarchal man from the one who resorts to violence?

C. Interpretations of Why Men are Violent:

Little has been written concerning the fact that some men believe it is permissible to use violence against the women with whom they cohabit. Some authorities have argued (in accordance with the third interpretation given above) that men grow up learning that violence is a legitimate option, and that society constantly reiterates and reinforces that view (Straus, Gelles, and Steinmetz, 1978; Maccoby and Jacklin, 1974; and Pogrebin, 1974). As small children, boys begin to emulate their fathers and other male role models. They usually learn that they must control their feelings and stifle their insecurities. Early on they are introduced to violence. It may be in the form of television programmes, movies, athletics, children's games, or in the home, watching dad hit mum.

Gelles et al. (1974) argue that television, movies, and some types of games do contribute to the level of violence in American culture, although to what degree is unclear. More importantly they present evidence that the level of violence a child experiences in the home corresponds highly with the degree of violence he manifests as an adult. In their study of 2143 American families representative of the general population, they found that children whose parents were never violent to each other were themselves much less violent in their adult relationships. They further argue that the physical punishment of children teaches them three unintended lessons: 1) that violence, since it is used to teach "morally correct behaviour", teaches the

"moral rightness" of hitting members of the family; 2) that those who love you the most are also those who hit you; and 3) that violence is permissible when other things do not work (pg. 102-104).

This, however, implies that women are as violent as men, which Gelles et al. do indeed believe. Their justification of this is weak, for it does not take into account the significant difference in strength between men and women; and it ignores the questions of who initiated the attack, who received the most severe injuries, and who experiences the greatest degree of psychological and emotional damage as a result of the attack. Men are stronger, they usually initiate the attack, and it is the women who suffer; physically, psychologically and emotionally. The evidence supporting this is overwhelming (Dobash and Dobash, 1976; Eisenberg and Micklow, 1977; U.S. Commission on Civil Rights, 1978; O'Donnel and Craney, 1982; Scutt, 1983; Hopcroft, 1983). Dobash and Dobash (1976) have further criticized the theory of equal male and female violence by challenging the evaluative techniques used by Gelles et al.. They show, for instance, that defensive violence (e.g. shoving away an attacker, or fighting to protect a child) is not distinguished from aggressive violence.

Other evidence documenting that men are more violent than women may be found in the work of Maccoby and Jacklin (1974). The two researchers analysed the data given in over 100 empirical

studies concerning how the sexes differ in many areas of psychological functioning. They conclude that boys are handled and played with more roughly, and receive more physical punishment from their parents. For this and other reasons "the greater aggressiveness of the male is one of the best established and most pervasive of all psychological sex differences" (p.368).

Although their analysis is not specifically concerned with domestic violence, Maccoby and Jacklin state conclusions drawn from empirical studies of aggression, dominance, and submission that suggest why men abuse women. The authors found:

- 1) Aggression is a relatively primitive means of exerting influence over others. It entails risks and costs for the aggressor as well as the victim, and will normally (emphasis added) be superseded by alternative forms of interaction as individuals acquire skills needed for more mature approaches.
- 2) Dominance of one individual over another can be maintained by aggression only to the degree that the dominee is not free to leave the relationship (i.e. to the degree that the individual needs the relationship and has no good alternative). This, indeed, is one of the reasons why aggression is of limited effectiveness. (pg.369)

Applying this analysis to the problems of wife beating, we are justified in making the following points: 1) If men do not have mature coping skills, aggression becomes a likely mode of behaviour. 2) Since evidence exists that abused women must, or feel they must, remain in the violent relationship (see below), aggression becomes an extremely effective tool.

One myth that needs to be dispelled is the notion that alcohol



causes abuse. Alcohol use has been reported to be as high as 40-60% in incidents of wife beating (Gayford, 1975; N.S.W. Bureau of Crime Statistics and Research, 1975). Bard and Zacker (1979) believe that the percentage is exaggerated. Their study, based upon 962 family disputes in New York City attended by specially trained police, showed that alcohol was, or may have been, a factor in only 21% of their sample. In another study, Carlson (1977) interviewed 101 battered women, and found that none of them perceived alcohol to be a cause of their beating. Gelles (1974) argues that alcohol is used as an excuse for abuse in many cases, with individuals getting intoxicated "in order to carry out the violent act" and then denying what occurred, "I don't remember, I was drunk", or pleading for forgiveness, "I didn't know what I was doing" (p.116-117). It is much more appropriate to view alcohol abuse as a symptom rather than a cause of wife battering.

We are left, then, with the fact that our culture views violence as a legitimate means of resolving frustration, anger, and conflict - especially for males. The question remains, however, of why, if this is the case, only some men are violent, and why only some violent men abuse their wives. The answer is suggested by uniting the major interpretations discussed in Part B of the literature review: Psychologically, certain men have a profile that creates stress and may predispose them to violence; structurally, certain men face greater stress, frustration and anger in their daily lives and in relationships and

lack the skills necessary for coping with these problems. Having learned culturally that violence, especially violence against women, is a legitimate response, they lash out at the woman closest to hand, who is probably most closely identified in their minds with their problems.

Research so far accomplished has really only suggested the possible factors leading to wife abuse. Much more clearly remains to be done, especially research into the attitudes and behaviour of the men. The evaluation procedures within this project should make a significant contribution of data to this important issue.

#### D. Interpretations of Why Women Stay

Popular opinion and, to an extent, the literature in the field, has suggested that women who stay in abusive relationships must either deserve the abuse or must somehow enjoy it (Walker, 1979; Bowden, 1981; Reynold and Siegle, 1959). These assertions are not only myths, but contribute to the idea that a battered woman is some sort of foreign entity that exists elsewhere -- certainly not within the local neighbourhood. Furthermore, they blame the victim and contribute to popular and governmental disinterest in aiding persons involved in domestic violence. Contrary to these widespread myths, there are valid reasons why women choose to stay in abusive relationships; economic, legal and emotional reasons.

Women in our society are responsible for children, and when they are heads of household, women are poor (Minnesota State Task Force on Domestic Violence, 1981; Roberts, 1985). The Australian woman earns 67¢ to every \$1.00 earned by an Australian man (Roberts, 1985). If women are employed (many are not), they are concentrated in part time employment without benefits such as superannuation or paid vacations, or are employed in low-paying clerical positions. Until recently, women who wanted careers had to avoid marriage, as until 1977 in Australia they were sacked upon pregnancy, if not upon marriage (McCulloch, 1982). For the woman attempting to break out of an abusive relationship, therefore, economic considerations loom large. If she is already employed, she faces the prospect of supporting herself and her children on an inadequate salary -- once she has found appropriate housing. If a homemaker, she faces the additional problems of finding work and child care or, alternatively facing the poverty of Supporting Parent Benefit and constant child care without respite.

Legally, women have not fared much better. The codes of the South Australian Law of Property (1910-1975) are an indication of their legal standing. Essentially, the codes relegate women to a position approximately equal to that of children.

In cases involving abuse, the victim often comes into contact with the police before encountering any other legal institution. Police have traditionally focused upon quieting the situation

and leaving as quickly as possible. There has been a strong reluctance on the part of the police to apprehend abusing husbands, even when there has been evidence of abuse (Scutt, 1982, 1983; Hopcroft, 1983). Indeed, as recently as 1974, the California Penal Code still said that a woman must be more greatly injured than the common standard for battery to press charges against her husband (Calvert, 1975). A study conducted in Washington, D.C., showed that of 7500 women who attempted to place charges against their husbands, only 200 were able to do so (Field and Field, 1973).

Although magistrates and judges may issue peace complaints, restraining orders, or injunctions instructing a man to refrain from abusing a woman, they often fail to do so, just as they often fail to refer abused wives to appropriate social agencies. Women are faced with judges who "tend to believe that domestic violence is a private matter and does not belong in a court of law" (Fromson, 1975). Frequently, judges take no action, or refer the women to Family Court. A study of Chamber Magistrates in Sydney showed that in 68% of the wife-beating cases, no referral was made (Johnson, Ross and Vinson, 1982). In cases where charges have been brought, "Belief in reconciliation, scepticism of the woman's story, and the reluctance to imprison a wage earner often move judges to dispose of wife abuse cases by releasing men on bail or on their own recognisance" (Fromson, 1975). None of this guarantees a woman's future safety. Having once initiated legal action, the woman now has to contend with a partner who is undoubtedly angry that charges have been filed,

but at the same time has received an implicit message from the legal system that his behaviour is not an offence on which any great emphasis is placed.

The third reason why women stay concerns emotions. Because of the abuse, these women suffer from a poor self-image, and are embarrassed and ashamed of their situation. They feel that they are failures as mothers and wives, and want to avoid the perceived stigma of a divorce (Gibbeson, 1976). Sometimes there is pressure from a woman's religious adviser, doctor, or family not to end an abusive relationship, but to "try to make it work" (Walker, 1979). Other abused women feel isolated and do not tell anyone of their abuse (Women's Information Switchboard Phone-In, 1980; Hopcroft, 1983). They may feel that their children need a father or that they cannot get along alone. They perceive themselves as having no power to change the situation, a realistic perception given the forces operating against them.

Perhaps more than anything else, abused women want to believe that their men will reform, particularly when the men make strong statements of contrition and love following a beating. Alternatively, the man may engage in other types of coercive behaviour designed to keep the woman in the home or facilitate her return. During the course of this research the use of these "pursuit techniques" was sufficiently pervasive such as to warrant special attention in the results section (see below).

The economic, legal and emotional obstacles faced by an abused woman become debilitating over time, and she feels unable to act. It is essential to realise that these obstacles are the primary reason that most women view their options as narrow or non-existent, and choose to remain in unhappy and violent marriages and relationships. They are not masochistic. They do not want to be beaten and do not manipulate the relationship so as to provoke beatings. Programmes for abusers that successfully end woman abuse are welcomed.

E. Statistics:

Prior to 1974 there were only professional guesses regarding the extent of spouse abuse, and no known effective treatment methods. Most of the studies done since that time have dealt with small numbers of people and are not statistically representative. These statistics have given some general ideas on levels of violence and the number of people staying in violent relationships, but have not generated detailed data. Donald Dutton (1981) further feels that there are biases inherent in the samples reported in all studies of domestic violence. Indeed, most samples are comprised of court appearances for assault (e.g., N.S.W. Bureau of Crime Statistics and Research, 1975; and Dobash and Dobash, 1978); police records of calls (Dobash and Dobash, 1979); the files of hospital casualty wards (Borkowski, Murch and Walker, 1983); the occupants of women's refuges (O'Donnell

and Saville, 1982); or phone-ins and other similar surveys (Women's Information Switchboard Phone-In, 1980; N.S.W. Committee on Domestic Violence, Survey on Services, 1981). The many social and economic factors influencing the composition of these samples are obvious, and it is clear that they do not permit generalisation to the society at-large. Inferences regarding the incidence and the nature of the problem must be regarded with this qualification in mind.

Rather than focus on a myriad of international statistics, many of which contradict each other, and all of which have the aforementioned problems with applicability, this section will focus on the largest and most statistically valid data accumulated to date. The state of Minnesota in the United States, population 4,059,800 has embarked upon a comprehensive programme to provide information on battered women. A data collection system was established by legislative mandate in 1977 and placed under the auspices of the Minnesota Department of Corrections, which states:

Minnesota Statutes require all hospitals, physicians, public health nurses, law enforcement agencies, social workers and community health workers to report assaults or threats of assaults on women by husbands, male relatives or males with whom they are residing or have resided in the past ....

Forms for medical and law enforcement agencies were distributed in January, 1978 to approximately 6,000 physicians, 186 hospitals, 74 public health agencies, and 286 sheriffs and police departments (Minnesota State Task Force on Battered Women, 1981).

The budget for 1980-81 was \$2,995,712 U.S. with \$250,000 budgeted for programmes for violent men. The projected budget for 1982 was \$3,434,900 U.S.

The Minnesota statistics will be used as the basis for a comparison with Australian studies. The Australian studies are consistent with most studies in that they involve relatively small numbers of people and have the same types of problems as those discussed above. The data for these studies was gathered primarily in New South Wales and South Australia. One may claim that the American study reflects only the known incidence of spouse abuse, and that a socio-economic bias exists in that it focuses upon people who present to the various social agencies -- mainly unemployed or working class people. This may be true, but until ways are discovered to establish the "true" levels of domestic violence, the Minnesota statistics are undeniably the best.

Medical, law enforcement, and human service agencies in Minnesota submitted 11,593 reports on battering from July, 1978 to June, 1980. Based on these reports, the Department of Corrections estimated that 86,945 assaults of women occurred during this two-year period. Comparing the Department's data with that collected in Australia, we see:

- 1) Statewide in Minnesota, 1,956 women and 2,623 children were housed in shelters (15 of them) from October, 1979 to October, 1980. Throughout the state, 68% of the requests for shelter



could not be accommodated. In New South Wales, for the year 1980, 11,000 women and children were housed in 33 shelters (N.S.W. Task Force on Domestic Violence, 1981)\* Three thousand women and children could not be accommodated. In South Australia during the last six months of 1981, 967 women and 1,310 children were housed by the 10 reporting shelters. Within the Adelaide metropolitan area only, data obtained from four of eight shelters for July, 1981 to June, 1982, showed 569 women housed, 61% of them were victims of battering.\*\*

- 2) In Minnesota, medical agencies reported 3,194 cases of abuse. Thirty-nine percent of the total are known to have returned to the marriage after treatment. It was not known were 50% of the women went after treatment. No information is available regarding the number of women in Minnesota shelters, or women who went through the Minnesota court system, who returned to the marital home. A study of 184 cases of spouse abuse handled by the N.S.W. Chamber Magistrates showed that 36.4% of the women returned to the relationship almost immediately following court appearances with those who had been in relationships the longest being the most likely to return (Johnson, Ross and Vinson, 1982). In Adelaide, a

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\* O'Donnel and Saville (1982) estimate that 50% of women in New South Wales women's shelters were there because they had been abused by their partners.

\*\* Of the eight shelters in the Adelaide Metropolitan area, the writer gathered statistics from six. The figure of 61% is calculated from data at those four shelters specifically geared toward problems involving domestic violence.

sample of 125 cases of spouse abuse reported by Crisis Care from July, 1980 to June, 1982, showed that 36.9% of the women remained in the relationship immediately following the abuse. A study of data collected by the Adelaide area women's shelters showed that of 363 abused women, 46.3% returned to their partners within two to three weeks of arrival.

These examples reflect only the number of women who return directly to the relationship. Many women, when leaving a shelter, will go into an alternative accommodation (Housing Trust, friend's home, etc.). Shelter staff state that a substantial percentage (it is not known how many) eventually end up back with their assailant.

- 3) Regarding the length of abuse, of 3,507 medical reports in Minnesota, 28% showed the abuse had gone on for a year or less, 38% reflected abuse lasting for 1 to 5 years; and 22% of the women stated that violence had occurred for five or more years. About 93% of the women had experienced abuse on more than one occasion. Most Australian reports indicate that abuse has gone on for years but do not provide specific information (Johnson, Ross and Vinson, 1982; O'Donnel and Saville, 1982; Women's Information Switchboard Phone-In, 1980).

Turning in our statistical review to the Adelaide metropolitan area, Crisis Care responded to a total of 346 incidents of abuse from July, 1980 to June, 1981. In the same period, six women's shelters encountered 363 cases of abuse; approximately 27% of this total came from referrals made from Crisis Care. Life Line engaged in personal counselling with another 125 persons experiencing violence in their relationships and conducted "telephone counselling" with another 462 individuals over the period of July, 1980 to June, 1981. The Women's Information Switchboard averages 22 telephone calls a month from women who are seeking assistance in dealing with their violent relationships.

These figures are only indications of the level of abuse. Certainly some people will come into contact with more than one agency. On the other hand, we have no reliable data from medical agencies, Legal Services Commission, or the courts which would undoubtedly add to the figures. These agencies do not at present record these figures. During 1984, the South Australian police began compiling statistics on the number of spouse abuse calls that they attend. Information regarding the number of such calls by the police were unavailable at the time of writing.

#### F. Existing Programmes for Abusers

Until recently, spouse abusers have been the invisible villains in studies and programmes aimed at addressing domestic violence.

Little has been done to develop methods of treatment, and then employ them in a systematic fashion. Of existing programmes, very few have attempted any more than a perfunctory evaluation of the results of techniques utilised in attempts to eliminate violence within a relationship. There have basically been two types of approaches, those dealing with voluntary participants and those working with a mandatory referral and court diversion system.

One of the first voluntary groups for men was conducted in 1976 by the Victim's Information Bureau of Suffolk, New York (Geller, 1978). The programme was designed to run for ten weeks, with the goals of sensitizing the men to their violence and helping them to rechannel their aggression into more socially acceptable forms, and to later become involved in a couples' group. There were seven participants. Throughout the initial sessions, the men denied responsibility for their violence and blamed their wives for it. By the fifth session, some of the men began to acknowledge that the violence was their responsibility and motivation for change became evident. The group leaders reported that genuine progress was being made as the group began to focus on the difficulty of change and on exploring alternative modes of behaviour. By session seven, the group was progressing toward the stated goals, but began to focus on the upcoming final session. They felt they needed more time and were angry when they realised that the group would not be extended. Little progress was made thereafter. Overall, the programme was felt

to have been a success in terms of achieving the goals; however, there was no formal evaluation.

Another organisation offering a group setting for violent men is the men's collective called Emerge, located in Boston, Massachusetts (McCormick, 1978). The programme focuses on multi-faceted training rather than therapy. Leaders feel that a group approach is best in that it breaks down social isolation and provides a safe environment in which to explore the roots of behaviour and to learn ways to change. The programme, using contracting to stop the violence, is aimed at pinpointing sources of stress, identifying patterns of violence, teaching relaxation and other methods of stress response, and examining sex role pressures. Personal responsibility for violence is emphasised, as is establishing intimate bonds with others besides the spouse. Using this approach in a group setting, Emerge claims a 90% success rate "during treatment". It is not clear what that means, and there is little data available to support this claim. The programme appears to have a sound approach; however, the claimed success rate is unrealistically high -- especially without follow-up evaluation.

Drs. Anne Ganley and Lance Harris (1978) attempted more intensive treatment in a programme conducted at a Veterans Hospital in Tacoma, Washington. Initially, the intervention was designed as a residential program with the men living at the hospital for six weeks and undergoing intensive treatment in a group

setting. The residential period would then be followed up with six months to a year of out-patient group work. The planned programme collapsed when men refused to agree to live at the hospital for the first six weeks. However, the out-patient group work continued. Ganley and Harris used an extensive screening and assessment procedure (psychological testing, detailed histories of participants). They conceptualised domestic assault as a learned behaviour requiring change. The men were approached with the idea that they were responsible for and could control their violence. Psychological abuse was also regarded as an equally important form of abuse requiring change. Participants were taught how to differentiate feelings of anger from other feelings. The group leaders taught methods of expressing anger without violence, as well as physical relaxation techniques for coping with stress. Some success with this programme was reported, although systematic evaluation was not conducted.

The Minnesota Department of Corrections spent \$250,000 on programmes for men in 1980 (see statistics section). Three separate programmes were conducted in the St. Paul-Minneapolis metropolitan area. Again, the instrument of treatment was primarily group counselling (Minnesota State Task Force on Domestic Violence, 1982). The duration of each programme varied somewhat but averaged approximately twelve weeks. Available statistics showed that just over 50% of the men starting the programmes, completed them, with another 19% feeling that sufficient progress had been achieved, leading to voluntary termination. The remain-

der dropped out. The content of each programme varied somewhat but again leaned toward a skills building approach. While claims of programme success are made, definitions of success and evaluative procedures are not in evidence.

The Domestic Abuse Project (Star, 1983) has operated as an adjunct to the abuser programmes in Minneapolis (the details of this project have only recently reached Australia). The Project grew out of the frustration of a number of family therapists who believed that their model failed miserably in meeting the needs of clientele affected by domestic violence. They concluded that their model placed more emphasis on the victim's role than the abuser's behaviour (Star, 1983).

The directors of the Project adopted a four-pronged response to spouse abuse. The plan entailed therapy for all family members with a specific focus on group therapy for men utilising a cognitive/behavioural approach, separate self-help networks for the men and women, a 24-hour crisis 'phone line, and a community intervention/education programme. The clientele participating in the programme were a combination of volunteer and mandatory referrals (see section below on mandatory referrals). This programme has made no statements regarding effectiveness and offers no evidence of evaluation. It does, however, appear to address domestic violence with a systematic methodology and has much to offer in terms of how best to remedy this debilitating community problem.

There have also been a number of programmes based on court-ordered diversion. Several courts in North America, and more recently in Australia, now screen criminal charges stemming from spouse abuse, seeking to resolve the charge outside the criminal justice system (e.g., by a mandatory order for counselling or mediation/dispute settlement procedures). An example is the Miami-Dade Dispute Settlement Centre in Dade County, Florida. The approach employed here is for both partners to enter into written contracts which, if violated, could lead to a case being returned to the prosecutor. Similar programmes are the Frontenac Family Service in Kingston, Canada; Citizen Dispute Settlement Centres in Dayton and Columbus, Ohio; and the Pima County (Arizona) Pre-trial Release Program. In instances where mandatory counselling is ordered, active participation in and completion of a specific programme is normally required. This may be augmented by a further requirement that absence of additional violent incidents for a period of one year occur prior to the dismissal of pending charges (Minnesota State Task Force on Domestic Violence, 1981).

In Australia, New South Wales and Victoria have operated Community Justice Centres and Legal Aid Community Centres for approximately four years. Both states pursue the dispute resolution process with mediators with no formal powers who encourage both parties toward a voluntary settlement of their differences. Unlike their American counterparts, they do not supplant conventional legal processes so that participants may further pursue their cases in court.



These attempts at diversion through counselling, mediation and conciliation all report favourable results. However, in speaking of "success" most programs speak in terms of how many cases did not go to court, how much money is saved by clients and the courts, and how much more time prosecutors have to prepare cases. Roesch (1978) has shown that little is really known of the effectiveness of this form of pre-trial intervention, as projects either had not been evaluated at all, or had used weak experimental designs that did not allow for definitive conclusions.

This shortcoming is the least of the problems with these types of interventions as they are currently employed. To begin with, in cases where criminal procedures are involved, they focus solely on the abusive incident which gave rise to the charge, eliminating all other considerations until the sentencing stage (Dutton, 1981). This creates problems for the victim, who is confronted with the much broader issue of long term safety within the relationship. Secondly, mediation and arbitration imply that both parties are on an equal footing and able to negotiate agreements regarding future behaviour. In the first instance, this implies that victims bear an equal amount of responsibility for their partner's criminal behaviour, and in the second instance ignores the intimidation and coercion frequently employed by the husband, leaving the woman too frightened to negotiate effectively. Further, these types of procedures aid the abuser, who will minimize or deny his violence, conceal it if confronted, and present as a model

citizen during the periods of negotiation. The overall effects of these procedures is to decriminalize dangerous acts; acts that predominantly inflict pain, suffering and long-term psychological damage on women.

Diversion and mediation may yet be a useful tool. However, changes in practice need to occur. Rather than serving as an option to criminal procedures it would be more appropriate to employ them in conjunction with criminal proceedings and without regard to other sentencing options. Should these procedures be employed, care should be taken to 1) meet the interests of the client, not bureaucratic interests, and 2) ensure that whatever treatment or resolution is achieved, the programme be evaluated for effectiveness.

### CHAPTER 3 : RESEARCH DESIGN AND METHODS OF THIS PROJECT

#### A. Funding:

Initially, it was envisaged that a true experimental design, the Pretest-Posttest Control Group Design (Campbell and Stanley, 1963) would be utilised. However, owing to a variety of complicating factors (primarily funding constraints and factors jeopardising external validity) a quasi experimental intersubject design was chosen.

The project was funded primarily by the South Australian Health Commission and also received grants from the Institute of Criminology in Canberra and the Salisbury Council. Total project funding was approximately \$55,000. In the first instance the Health Commission allotted \$11,600 to conduct a single group (eliminating the possibility of using the Pre-Post Control Group Design) which would serve as a pilot study of the feasibility of conducting such groups. As there was an immediate and large response in the number of individuals presenting for group therapy, additional funding was requested to expand the project. The request was granted and the additional groups were organised.

#### B. Staffing and Venue:

The staff for the project consisted of a director/researcher

(the writer), five facilitators, who conducted the groups, a research assistant who conducted interviews and performed other administrative tasks, and a clinical psychologist who scored psychometric tests used in the project.

Clovelly Park Community Health Centre served as the administrative base of the project, with actual group work conducted at this Health Centre, as well as Ingle Farm Community Health Centre, Para District Child, Youth and Family Service, and St. Corantyn Clinic.

C. Selection of Group Members and Controls:

To acquire clientele a referral system was established. This entailed contacting a wide variety of social service agencies, advising them of the nature of the project and its aims and goals, and soliciting referrals. The writer also conducted interviews with radio, television and print media to advertise the need for volunteers. Finally, pamphlets describing the type of therapy offered were widely distributed within the community. All of these methods brought referrals to the project.

The breakdown in referral sources is as follows:

<u>SOURCE</u>	<u>NUMBER</u>
Crisis Care	23
Media	22
Community Health Centres	13
Department of Community Welfare	12
Lifeline	7
Dept. of Social Security	6
Women's Shelters	5
Catholic Family Welfare Bureau	4
Department of Corrections	4
General Practitioners	3
St. Corantyn Clinic	3
Other Clients	3
Elura Clinic	2
Adelaide Central Mission	2
GROW	1
Marriage Guidance Council	1
Primary School Teacher	1
Police	1
Psychiatrist	1
Queen Elizabeth Hospital	1
Flinders Medical Centre	1
TOTAL	<u>116</u>

From this pool of volunteers, group members were selected randomly, lottery style. The first group consisted of ten group members who were selected prior to the establishment of the remaining

three groups owing to the change in Health Commission funding. The remaining three groups contained twelve members each. A drop-out rate of 40-50% was anticipated, based on the programmes offered by the Department of Corrections in Minnesota.

D. Content of Group Sessions:

Group sessions were conducted once weekly for 2½ to 3 hours. Each group was conducted for a period of six months. The relatively long period of therapy was chosen based on the belief that this was a difficult type of clientele and that there would be a substantial degree of resistance to overcome and that acquisition of alternative means of expressing anger and frustration would be a slow process.

The sessions were geared toward giving the men insight into their behaviour and its consequences, and teaching the men new coping skills and alternative non-violent methods of behaviour. The first group operated on the principles and techniques of Transactional Analysis, and was conducted by a senior clinical psychologist and a social worker. Within their framework they viewed individuals as being affected by four basic emotions; happiness, sadness/hurt, anger and fear, with fear underlying all of the other emotions. Their primary aim was to facilitate differentiation of all of the emotions, and in particular, becoming aware of their fear. From there, using the T.A. frame-

work and jargon they worked with group members to deliver cognitive structures for self control of behaviour, as well as teaching and reinforcing their responsibility for feelings and behaviour.

The second group, led by two social workers, focused on the use of cognitive behavioural techniques and skills building. The focus of the group was upon the man's anger. The counsellors helped the men identify their level of anger in domestic dispute situations, establish how it relates to their violent behaviour, and teach them specific strategies to prevent further incidence of violence. New strategies included learning communication skills, relaxation techniques, and how to differentiate anger from the other feelings. They also examined the roots of violence as a learned behaviour, consequences of abusive behaviour, and the role that society and sex-role stereotyping play in domestic violence.

Group three functioned as a non-therapy group, and met under the same conditions as groups one and two. The hypothesis tested here is whether mere presence in a cohort group which discusses members' violence is sufficient to alter the individual's behaviour. One individual, a social worker, acted as the group facilitator/discussion leader. He did not perform any therapeutic functions, but merely encouraged members to discuss their problems and to find solutions to them amongst themselves. His role was to focus the conversation, clarify ambiguities, and re-direct the conversation.

Group four acted as a non-treatment, non-meeting control sample. The purpose of this non-intervention control sample was to examine the outcome for individuals who present with a stated interest in behaviour change, but who did not engage in group therapy. With regard to ethical considerations, members of this group were offered alternatives to group therapy as opposed to waiting for six months to begin group work. Those who selected the alternative (2 people) were replaced by random selections of individuals from the referral list.

E. Data Collection and Evaluation Techniques:

Preliminary data collection consisted of taking detailed histories of volunteers, and their partners who were interviewed separately. This information was acquired with the aid of a seven page interview instrument designed by the writer in conjunction with Mr. Tony Cleland, a lecturer at Flinders University (Appendix I). All group members were also asked to complete a Clinical Analysis Questionnaire (CAQ). The CAQ is a test which simultaneously measures normal and pathological trait levels and provides a multidimensional profile of the individual (Krug, 1980). It contains 28 scales which provide information on personality structure and pathology and has been found to be an excellent diagnostic and treatment planning tool in the area of family violence (Cardillo and Sahd, 1977; Star, 1978; and Star, Clark, Coetz and O'Malia, 1979).



The CAQ contains 272 items, 128 (Part I) covers the normal personality structure based on the 16 Personality Factor Questionnaire (Cattell, Eber and Tatsuoka, 1970). The remaining 144 items (Part II) cover depression and pathological traits. The median test-retest (one-day interval) reliability coefficient across all 28 scales is 0.73 with an internal consistency median coefficient of 0.71. The nine second order factors have a median test-retest reliability coefficient of 0.92. The median construct validity coefficient for second order factors is 0.79.

The CAQ was administered prior to the start of the group, at the conclusion of the group and again at a six month follow-up session to determine whether there was any significant change in the major categories measured by the instrument. A ten dollar fee was paid to all individuals who completed the post- and six-month follow-up tests. In the case of the fourth group, \$10.00 was paid at all three testing intervals.

In addition to the pregroup interviews, separate interviews with each man and his partner occurred concomitant to the testing intervals. Again the interview instrument was designed by the writer with Mr. Cleland (Appendix II). The purpose of the interviews was to ascertain whether the violence had lessened or ceased and how both partners felt about the relationship at that point in time. Of particular interest was whether the woman was feeling safer in the relationship as a result of the interventions. The final source of data came from the group facil-

itators who were asked to comment on whether they believed group members had changed, remained the same or worsened, and whether they believed the group techniques they employed were of use with this type of clientele.

There are limitations to each of the evaluation techniques employed. With testing, a practice affect is possible and may confound test results. Concerning the interviews as an evaluation tool, there would be an obvious bias on the part of the subject against admitting that abuse is still occurring. Although an interview with the woman may prove to be more informative, she may also minimise or deny continual abuse owing to embarrassment or shame; alternatively she may be threatened with further violence for divulging the truth.

Regarding the interview instruments, it was necessary to perform cross checks (carried out by the research assistant) to ensure that data gained from the interview was reliably recorded (nearly all interviews were audio taped). Experimental mortality is also a factor as a differential loss of respondents from groups or a failure to complete CAQ and interviews creates missing data which confounds findings. Multiple-treatment interference may also have had a confounding effect as some of the men or their partners either had seen someone regarding problems with violence either prior to the project or at some time during the twelve month period that they participated in the project. The final unavoidable limitation in the research design stems

from the self-selection of the clientele. As the group members are volunteers, it will only be possible to discuss the results of the study in the context of a self-referred population.

#### F. Analysis of Success:

The success of this project was evaluated using both qualitative and quantitative measures. Qualitative measures include:-

- 1) a completion rate for the groups of at least 50%;
- 2) evidence that group members have begun to use alternative coping skills in their relationships.
- 3) statements from the female partners regarding an increase in their feelings of personal safety within the relationship.

A variety of quantitative measures was also employed. Test results are, of course, by their nature, quantitative. Other data was quantified as well, however. Information from the interviews was reduced into quantifiable categories and analysed for evidence of recurrent patterns. No attempt was made to quantify individual episodes of violence in terms of degrees of brutality or means of inflicting violence (e.g., slaps, use of weapons, etc.), as a number of researchers have criticised the validity of such scales (Dobash and Dobash, 1981).

The independent variable to be evaluated is the efficacy of each type of group therapy approach (Transactional Analysis, Cognitive Behaviourism, discussion group and no intervention) for abusive males in limiting or ending their violence. Wilcoxon and T-tests were used to evaluate significant changes in behaviour. In addition, where possible, analyses of variance and suitable non-parametric statistical tests were undertaken on a variety of dependent variables. Nonstatistical data analysis methods were also utilised.

CHAPTER 4 :RESULTS

The results of this study have yielded a wealth of unique information in the area of spouse abuse. Much of what is known about spouse abuse has been learned through the anecdotal revelations of women who have escaped the violence by gaining shelter and safety at a women's refuge. Only 6 of the 43 women interviewed for this project had spent time in a refuge. This allows for a comparison of the stories of these women with those attending shelters. More importantly, it is the first time in Australia (one of the very few times in the world), that both the victims and the perpetrators of abuse have been interviewed. As previously stated, these interviews were conducted separately and afford the opportunity to compare the two stories and identify similarities and differences. To ensure that information was accurately recorded, with the permission of clients, the interviews were audio-taped (some clients withheld their consent and were therefore not recorded). Following completion of the interviews, seventy per cent of the tapes were randomly checked to ensure that responses were reliably recorded. For those interviews conducted by the writer the reliability check was independently performed by the research assistant. The reverse was the case in those instances where the research assistant conducted the interviews.

As an aid to clarity the result section is divided into seven sections. The first section describes background sociodemographic data gathered during the intake interview. This data is compared with previously reported findings in spouse abuse research. A review

of a series of violent events reported by the couple comprises the second section. This offers an opportunity to review each partner's perception of the causes of the violence, the frequency and extent of abuse, what happens after the violence and how each partner feels about their use or experience of violence. This is followed with an overall review of the conflict tactics used by each partner during all disagreements. A comparison is made of the tactics employed by project participants with those that they learned to use or experienced with their parents as children. Fourthly, the outcome of each group is reported at the end of the initial six month period of therapy. Completion rates, and verbal reports from the men and women regarding the value of the therapy are described. The subsequent six-month follow-up interview comprises the next section, which is a review of the same questions asked at the first follow-up. The results of psychometric testing (CAQ's) are the topic of the sixth section, with the final section being concerned with a discussion of the project hypothesis in light of the results.

#### Note on Group Differences, Respondents, and Response Categories

Owing to the fact that only one therapy group was initially funded, there was a difference in the size of the first and subsequent groups, with there being ten original members in the former and twelve in the latter. When subsequent funding was authorised the larger size was chosen as there was an abundance of volunteers and group leaders preferred to start with the larger number. All group members were selected randomly, lottery style. However, membership of the first group was established prior to the other three groups.

To determine whether there was any intergroup difference among the four groups, a Kruskal-Wallis analysis of variance was performed on the following dependent variables: age of participants, relationship status, length of relationship, length of separation (if any), education level, income, number of children, number of siblings in family of origin, the occurrence of the first violent incident, and the frequency of violence. The null hypothesis was supported, meaning that there was no evidence of significant difference between the four groups. In addition, an analysis of variance was performed on the group mean scores for the initial (base-line) CAQ tests. Again, there was no evidence of significant intergroup differences (see Appendix 3).

A total of seventy-six individuals consented to interviews for this project. Seventy-one of the interviewees provided sufficient information to be included in the statistical analysis. Approximately 4/5 of the respondents consented to the audio-taping of their interview. The total number of male cases will be considered to be 40, which is the number of male respondents for which data is available. There are 31 female respondents. Where N is equal to more than 40, this is because the number of responses in any particular category reflects more than one categorical response. Where N equals less than 40 for men and 31 for women, this reflects information that was withheld, not remembered or classified as missing.

The labels assigned to response categories reflect an attempt to capture as nearly as possible the original expressions and ideas of

individual responses in that category. Most of the results are summary statistics. Some analysis of conjunction of variables would be possible by recoding or compressing the data, however this was not attempted as it was believed that such a recoding and compression would have been open to a wide variety of criticisms and led to dilution of true responses.

## I. BACKGROUND AND SOCIODEMOGRAPHIC DATA

### A. Respondent Backgrounds and Sociodemographic Data:

The age of project participants ranged from 20 to 57 (Table 4:1). Sixty percent of the men in the sample were in the 25 to 39 age bracket, while 77.4% of the women fell into this age group. This data is very similar to that reported by other investigators (Minnesota State Task Force on Battered Women, 1981; New South Wales Bureau of Crime Statistics and Research, 1975; and Women's Information Switchboard, 1981).

Regarding relationship status, nearly half of the participants were separated when they joined the project (Table 4:2). Most of the others (both men and women) feared that the relationship would end owing to the violence.

To date, no information has been reported anywhere in the literature regarding the relationship status of violent men who present for therapy as opposed to violent men who do not present.



TABLE 4:1

## AGE OF PARTICIPANTS

Age Group	Number	%
<u>Male</u> 20-24 years	4	10%
25-29 years	10	25%
30-34 years	6	15%
35-39 years	8	20%
40-44 years	6	15%
45-49 years	5	12.5%
50-54 years	1	2.5%
Total	40	100%
<u>Female</u> 20-24 years	3	9.7%
25-29 years	9	29%
30-34 years	8	25.8%
35-39 years	7	22.6%
40-44 years	1	3.2%
45-49 years	2	6.5%
55-59 years	1	3.2%
Total	31	100%

TABLE 4:2

## RELATIONSHIP STATUS

Relationship Status	Number	%
Married	16	40%
Married/separated	12	30%
De facto/engaged	4	10%
De facto/engaged/ separated	6	15%
Parent/child	1	2.5%
Single	1	2.5%
Total	40	100%

Several possibilities exist. It could be that men who do not present believe that the violence is not a threatening factor in the relationship, and that the woman will stay regardless of what happens. Alternatively, they may believe the violence in the relationship is a problem, but see it either as something brought on by the woman, or that use of force is part of any relationship, and is legitimised by the fact that little note is taken of men who use violence in their relationships with women. Either way, the man justifies his behaviour and perhaps genuinely believes that no particular emphasis should be placed on the loss of a relationship owing to violence. A fourth possibility is that the men see the violence as a problem and are deeply concerned about its effect on the relationship, but they are either too frightened to approach someone for help or genuinely believe that nothing can be done. Seven men participating in the project made spontaneous statements to this effect during the interview process. They were frightened and genuinely believed that there was little they could do about their problem, until they discovered that a programme addressing violence had been established.

The other side of the coin, and one which is more problematic for therapists, concerns motivation. Are the men presenting for therapy genuinely interested in behaviour change or are they attempting to create an illusion of change in order to keep a partner from leaving or to woo her back if she has left? In two instances this was clearly the case. In the first instance a project participant from the first group attended

all sessions, made several statements regarding his cessation of violence, and was believed by the group leaders to have made enormous progress in controlling his dangerously violent behaviour. It was later established that there had been several violent incidents directed at his wife and children from whom he was separated, during and after the therapy course. He constantly rang his wife and encouraged her and the children to return to the marital home, citing his participation in the programme as evidence of change. Finally, it was discovered he had been sexually abusing his adolescent daughter for at least five years, including attempts of sexual abuse during his group therapy participation. He did, in fact, convince the family to return to the marital home after completion of the therapy programme. However, the wife and children quickly departed as he immediately engaged in the same violent behaviour which had been so much in evidence prior to the programme. In the second instance, an individual participating in the second group, had attended nearly all sessions, had abjured violence throughout the six months of therapy, and had participated in all group exercises. However, on the night of the final session he stated that he believed women were the cause of violence and that it was his wife's actions that caused her to get hit, not anything that he did. When later queried about this by the writer, he said that he did think he had "changed a bit" but that his primary aim had been to stabilise the relationship as his wife had been on the verge of departure. In both instances the therapists believed that their clients

had made substantial progress. In the first case the therapists were totally convinced that the man had made dramatic changes. These episodes serve as cautionary tales of the potential difficulty of relying on subjective therapist evaluations, and is the primary reason why the writer decided to de-emphasise all facilitator reports of therapeutic change.

Clearly, there is a need for further investigation regarding the correlation of relationship status and men who present or do not present (information regarding those who do not present would be readily available from women's shelters) for therapy, and if possible, the reasons for presentation or non-presentation. There is also a need to investigate better screening methods to establish whether participants are genuinely motivated to change their behaviour or use the intervention as a ruse to maintain the status quo.

As with other studies, the length of the relationship varied (see Table 4:3). Nearly half of the sample had been together for five years or less. This figure is somewhat higher than comparable studies (e.g. New South Wales Task Force on Domestic Violence, 1981 stated that 35.5% of their sample had been together 5 years or less). Aside from the possibility that such a difference may have occurred as a result of statistical probability, the most likely reason for this difference could be that relationship duration information from other studies is usually based on women's shelter populations and less frequently on community survey results. Members of these populations may not have been in a position to request or insist that their

TABLE 4:3

LENGTH OF RELATIONSHIP

Length of Relationship	Number	Percent
0 - 2 years	12	30%
2 - 5 years	6	15%
5 - 10 years	7	17.5%
10 - 15 years	7	17.5%
15 - 20 years	3	7.5%
20+ years	3	7.5%
(N.A.)	2	5.0%
Total	40	100%

partner do something about his behaviour. They therefore persisted in the relationship for a longer period until the abuse became intolerable. It could be that when a specific service is offered (counselling for men), couples (or at least one partner) will seize upon the opportunity to initiate change rather than continue in an unsatisfactory relationship.

Two-thirds of the sample had either been separated (this meant leaving the marital home for more than 24 hours owing to violence) only once previously or not at all (Table 4:4). The average duration of separation was 1-3 months. This finding is in marked contrast to most research reports concerning domestic violence. The usual pattern has been that the women will leave a number of times but will soon return to the relationship owing to the difficulties outlined in the section concerning why women stay. The duration of these separations is usually

TABLE 4:4

PREVIOUS SEPARATIONS

Previous Separations	Number	Percent
None	15	38.5%
1	11	28.2%
2	4	10.3%
3	3	7.7%
4	1	2.6%
5	1	2.6%
6	1	2.6%
7+	1	2.6%
Unspecified	2	5.1%
Total	39	100%

reported to be several days to a few weeks. The most likely reason for this difference would be that the individuals participating in this study had less violent relationships than the women who present at refuges and upon whom most domestic violence research is based. Further evidence supporting this contention appears throughout this statistical analysis. If the relationships of the project participants were less violent then it would be likely that there would be fewer separations, although it is difficult to account for why the separations that do occur would be of a longer duration.

The education level of the men involved in the project was slightly below that of their partners (Tables 4:5 and 4:6). The mean age at which the men left school was 15.45 years, while the mean age of the women leaving was 15.58 years. Fifty-five per-

TABLE 4:5

## EDUCATIONAL LEVEL: WOMEN

Educational level (age left school)	Number	Percent
<u>Male</u>		
13 years	1	2.5%
14 years	8	20%
15 years	13	32.5%
16 years	12	30.0%
17 years	3	7.5%
18 years	2	5.0%
19 years	1	2.5%
Total	40	100%

TABLE 4:6

## EDUCATION LEVEL: WOMEN

Educational level (age left school)	Number	Percent
<u>Female</u>		
13 years	1	3.2%
14 years	4	12.9%
15 years	7	22.6%
16 years	14	45.2%
17 years	5	16.1%
Total	31	100%

cent of the men left school by the age of 15 as opposed to 38.7% of the women. Compared to the rest of the South Australian population, both the men and the women in the project clearly left school at an earlier age (Table 4:7), however a greater percent-

TABLE 4:7                      EDUCATION LEVEL: MEN AND WOMEN  
 (From S.A. Yearbook, 1983)  
 (Sample's figures in brackets)

Age left school	Men	Women
13 years	3.8% ( 2.5%)	4.0% ( 3.2%)
14 years	22.3% (20.0%)	23.6% (12.9%)
15 years	22.4% (32.5%)	25.1% (22.6%)
16 years	23.0% (30.0%)	23.6% (45.2%)
17 years	15.8% ( 7.5%)	14.4% (16.1%)
18 years	6.3% ( 5.0%)	-
19 years	2.6% ( 2.5%)	

age of men left earlier than normal compared to women. Over 71% of all S.A. males left school at 16 years or younger, compared to 85% of the men in the project, while 76.3% of all S.A. women left at 16 or younger as opposed to 83.9% of female project participants. This pattern is similar to results obtained by other research (Switchboard Phone-In, 1981; Stacey and Shupe, 1983).

At first glance this information would appear to support those who would suggest that domestic violence is a problem of the poor and uneducated. (The income information below will depict a similar pattern.) However, all users of public health services or facilities tend to have lower education levels, lower status occupations and lower incomes, and will be overrepresented in public health statistics.



Individuals with a greater amount of education and financial resources will tend to utilise resources in the private sector (Stacey and Shupe, 1983). As previously demonstrated in the Literature Review, we know that domestic violence occurs across the socioeconomic spectrum. It is unknown how many women in the higher socioeconomic brackets use their access to greater resources as an escape valve and how many choose to remain in the relationship for whatever reasons. The challenge for those hoping to provide effective responses is to find ways that will encourage all perpetrators and victims to effectively address (as opposed to escape) the problem, not just those with less education and money.

That the men had slightly less education than the women could support the theory that they have fewer personal or social resources and are therefore more prone to use violence as a coping mechanism (O'Brien, 1981). While this theory has been promoted for years, no one (including this researcher) has actually formally investigated this situation and established reliable data on the subject. The men's CAQ results (Section VI) will clearly indicate that they have characteristics that would indicate that they are low in resources, much as would be the case in any clinical population. The question is whether they have fewer resources than their partners. Future researchers should undertake to address this issue.

Information regarding the occupation of the men again indicates that abuse is found at all levels of the socioeconomic spectrum

(Table 4:8). The relatively high percentage (24.5%) of unemployed men matches findings reported by Carlson (1977) who interviewed 101 battered women; but is in contrast to Scutt (1983) who found that only 1.5% of a sample of 119 spouse abusers were unemployed. Stacey and Shupe (1983) reported that 15% of a sample of 504 violent men were unemployed. All four researchers based their information on the responses of battered women. With the exception of Scutt's findings, the other researchers reported that unemployed men were statistically over-represented in spouse abuse cases based on the S.A. Yearbook 1983, breakdown of male occupation (Table 4:9). The most likely explanation for this would be the tendency for lower socioeconomic classes to utilise public health services to a greater extent than has been previously stated. This appears to be the case, particularly in light

TABLE 4:8

OCCUPATION OF MEN

Occupation - Male	Number	Percent
Professional/Technical	3	7.5%
Executive/Managerial	3	7.5%
Clerical	2	5.0%
Sales	2	5.0%
Farm etc.	1	2.5%
Transport/Communication	2	5.0%
Trades	11	27.5%
Production/Process etc.	3	7.5%
Service/Sport/Rec.	2	5%
Pensioner	11	27.5%
Total	40	100%

TABLE 4:9 OCCUPATION OF MEN IN S.A. LABOUR FORCES

(Sample Figures in brackets)

Occupation (those currently in labour force)	Men	
Professional/Technical	11.2%	( 7.5%)
Exec./Managerial	7.9%	( 7.5%)
Clerical	7.6%	( 5.0%)
Sales	6.4%	( 5.0%)
Farmers/Fishermen/etc.	9.4%	( 2.5%)
Miners, etc.	0.4%	( - )
Transport/Communication	6.1%	( 5.0%)
Trades/Production/Process	37.8%	(27.5%)
Service/Sports/Recreation	4.4%	( 7.5%)
(Armed Services)	0.9%	( - )
Unemployed (men)	7.8%	(27.5%)

of the fact that the breakdown of occupation classes of violent men is roughly equal to that of all working men with the exception of those on unemployment. Of those in the study who were unemployed, 7 of 9 had been unemployed for more than six months.

The occupations of female project participants were similar to all previously reported findings, with over half listing home duties or pension as their occupation (Table 4:10).

Male income was predominantly low relative to the general population and closely resembled research findings of the vast majority of domestic violence enquiries (Table 4:11).

TABLE 4:10

OCCUPATION OF WOMEN

Occupation - Women	Number	Percent
Professional/Technical	3	9.7%
Exec./Managerial	3	9.7%
Clerical	4	12.9%
Sales	1	3.2%
Trades	1	3.2%
Service/Sport/Rec	3	9.7%
Home Duties	6	19.4%
Pension	10	32.3%
	31	100%

TABLE 4:11

MALE INCOME

Income - Men	Number	Percent
\$59 - \$154	12	32.4%
\$155 - \$288	17	45.9%
\$289 - \$423	5	13.5%
\$424 - \$576	2	5.4%
\$577+	1	2.7%
Total	37	100%

The women who reported their weekly income once again demonstrate the poverty level of existence with which they are confronted (Table 4:12). While the numbers reported here are low, all domestic violence research has found a preponderance of women in the two lowest income categories.

TABLE 4:12

FEMALE INCOME

Income - Women	Number	Percent
\$59 - \$154	10	52.6%
\$155 - \$288	7	36.8%
\$289 - \$423	2	10.5%
	19	100%

As with all other domestic violence studies, there were between one and three children in the marital home in about 75% of the cases. More interesting was the number of children in the family of origin of both partners. For the men, 17 of 40 (42.5%) came from families which had four or more children. Results from the women showed that 20 of 31 (70%) came from families with at least four children. These figures are slightly higher than the norms for family size during the subject's childhood (especially so for women). Number of siblings in family of origin has not been reported in domestic violence studies to date, so it is unknown as to whether this is a uniform phenomena. Without further data it would be difficult to speculate as to the reasons for the overrepresentation of large families in spouse abuse cases.

The number of prior serious relationships of the men and women in the study yielded useful information. Most of the men had had at least one prior serious relationship, with 37.8% indicating that they had at least two or more (Table 4:13). Note: the term serious relationship was not defined and left to the judgement of respondents.

TABLE 4:13

PRIOR RELATIONSHIPS - MEN

Have you had many serious relationships with other women/men?	Number	Percent
None	8	21.6%
One marriage	6	16.2%
One marriage + others	6	16.2%
1 serious relationship	3	8.1%
2 serious relationships	6	16.2%
3+ serious relats.	8	21.6%

Nearly half of the women on the other hand, reported no prior serious relationships and only 9.7% reported two or more (Table 4:14). An obvious problem may be that the men and women were at variance with what constituted a serious relationship. The women's version of seriousness tended towards prior marriage or no other serious relationships, while the men tended toward both marriage and multiple serious relationships.

TABLE 4:14

PRIOR RELATIONSHIPS - WOMEN

Have you had many serious relationships with other men/women?	Number	Percent
None	15	48.4%
One marriage	3	9.7%
One marriage + others	9	29.0%
1 serious relationship	1	3.2%
2 serious relationships	1	3.2%
3+ serious relats.	2	6.5%

More importantly, more than half of the men reported that they had been violent in their previous relationships, while 77% of the women reported that they had never experienced physical violence previously, and 16.1% reported having experienced it only once before. The men reporting prior use of violence had gone through the greatest number of relationships. This information is valuable in several respects. It suggests that women do not gravitate from one violent relationship to another, as has been implied in earlier research. It also contradicts the notion that women cause their own abuse (unless, of course, one accepts the notion that men who are violent in successive relationships are, in each instance, driven to violence by women). There is a clear indication that when battered women do escape abusive relationships, their former partners establish new relationships and the pattern begins again. Although this information can not be regarded as conclusive, it does provide substantial evidence that more programmes directed at men are necessary.

Each individual was asked if he had participated in counselling previously, what type of counselling and their assessment of the outcome of the counselling. More than half (21 of 40 or 52.2%) had engaged in prior counselling. Of those that had, ten (25% of the total sample, 52.6% of the counselling participants) reported they had participated in marital counselling. The remaining cases dealt with a variety of issues unrelated to spouse abuse. Thirteen of the twenty-one men reported that they had found the counselling unhelpful, six found it useful, and two were undecided. In only two instances was violence discussed. Both cases involved men who had seen psychiatrists because of concern for their violence. After discussing the situation with

the men, both psychiatrists declared that there was nothing wrong with the men and that they just needed to control their tempers. Neither man found this intervention useful.

Only eleven of the thirty-one female respondents had engaged in prior counselling the majority of it being marital counselling. Their evaluation of the counselling was similar to that of the men, with most finding it unhelpful. While several had discussed abuse in the relationship, they gained no insight as to how to deal with the problem.

That more of the men had engaged in counselling is a point of interest. Generally speaking, women are more likely to engage in various types of counselling than men. While the present sample is too small to make any conclusions, it may be that spouse abusers are more stressed than other subsets of the male population. The stress may manifest itself in terms of personal discomfort to such a degree that the individual overcomes the normal male reticence to engage in counselling. Some support for this contention is found in the CAQ results, which indicate that the example as a whole were more insecure, depressed, paranoid and anxious than normal populations.

With regard to the theory that violent patterns emerge from the childhood home owing to personal experience (the generational transfer hypotheses, see for example Langley and Levy, 1977), the men and women were asked how they "got on" with their parents as children. Only 25% of the men reported a genuinely positive relationship with their fathers (Table 4:15). Fifteen



men (37.5%) reported bad relationships with their fathers, primarily owing to violence; and the same number expressed an ambivalent attitude toward their fathers.

TABLE 4:15                      RELATIONSHIP WITH FATHER - MEN

How did you get on with your father?	Number
<u>Got on well</u>	10
Shared interests	5
Felt close to him	3
Had time for kids	1
Was not violent	5
Generous father	2
Only punished fairly	7
<u>Got on badly</u>	15
Didn't feel close	10
Strict father	10
Violent	12
Stubborn man	2
Didn't have time for kids	8
Alcoholic	1
Lot of arguments	4
<u>Ambivalent</u> (Mixed responses)	15

The men reported a much happier picture regarding their mothers, with 71.6% reporting that they got on well (Table 4:16). Eight (21.1%) of the men felt ambivalent toward their mother and 7.9%

reported a poor relationship with their mother. None of the men described their mother as violent.

TABLE 4:16                      RELATIONSHIP WITH MOTHER - MEN

How did you get on with your mother?	Number
<u>Got on well</u>	27
Loving mother	4
Felt close to her	9
Got on with her better than father	3
Sympathetic woman	4
Generous	2
<u>Got on badly</u>	3
Had no time for her kids	2
Domineering/critical	3
Nervy sort of woman	2
No warmth from her	2
<u>Ambivalent</u> (Mixed reponses)	8

The women reported a slightly better relationship with their fathers, though certainly not perfect (Table 4:17). Approximately, 37% got on well with their fathers while 30% reported a bad relationship, in all cases owing to violence on the part of their father. The remaining third reported ambivalent feelings for their fathers.

The women also indicated an overall positive relationship with their mothers, though not to the same degree as the men, with 60%

TABLE 4:17                      RELATIONSHIP WITH FATHER - WOMEN

How did you get on with your father?	Number
<u>Got on well</u>	11
Felt close to him	6
Had time for his kids	2
Only punished fairly	1
Kind, considerate etc.	4
<u>Got on badly</u>	9
Didn't feel close to him	7
Violent	9
Strict, etc.	8
Alcoholic	1
Hypochondriac	1
Abused her sexually	2
Problems when a teenager	1
<u>Ambivalent</u> (Mixed responses)	10

indicating that they got on well, 16.7% indicated a poor relationship (two women described their mothers as violent) and 23.3% felt ambivalent toward their mother (Table 4:18).

The respondents were also asked if there had been violence between their parents when they were children, and how frequently it occurred. In the total sample, 32 of the 64 respondents related that there had been some degree of violence in the

TABLE 4:18      RELATIONSHIP WITH MOTHER - WOMEN

How did you get on with your mother?	Number
<u>Got on well</u>	18
Felt close to her	9
Caring, warm etc.	5
<u>Got on badly</u>	5
Didn't feel close to her	4
Violent	2
Lot of arguments	2
Took her money	1
Problems when a teenager	2
'Silly' sort of woman	1
<u>Ambivalent</u> (mixed responses)	7

childhood home. In every instance the violence was reportedly initiated by the father and in some instances the mother would retaliate. The vast majority of the mother's violence was characterized as defensive violence. More men (58.8% or 20 of 34) reported violence in their childhood home than women (40% or 12 of 30) (Tables 4:19 and 4:20). These figures are very similar to those presented by the Department of Corrections in Minnesota (1981) and Stacey and Shupe (1983) which are based on much larger samples. Of those men reporting that violence had occurred, 60% said it occurred often, while half of the women who witnessed abuse said it occurred often. This, of course, is

only the abuse which the children knew about, the true incidence of abuse would very likely be higher.

TABLE 4:19                      PARENTAL VIOLENCE - MEN

How often would your parents push, grab or hit each other?	Number	Percent
Often	12	35.3%
Sometimes	3	8.8%
Seldom	5	14.7%
Never	12	35.3%
Don't know/ Unspecified	2	5.8%

TABLE 4:20                      PARENTAL VIOLENCE - WOMEN

How often would your parents push, grab or hit each other?	Number	Percent
Often	6	20.0%
Sometimes	1	3.3%
Seldom	5	16.7%
Never	15	50.0%
Don't know	2	6.7%
N.A. (Mother died when born)	1	3.3%

There is evidence for and against the generational transfer hypotheses. Clearly the men had less positive relationships (much of it owing to violence) with their father than the women. Where women had poor paternal relationships, violence was inevitably cited as the primary problem. The men were more likely to report that violence occurred between their parents and to describe the occurrence as often. This would be a powerful conditioning exercise for observers. However, 35% of the men indicated that they did not consider their father to be violent, as did 50% of the women.

Clearly, other variables influence their decision to use violence as an option. Also, it is not known how many men witness or experience violence as children but shun its use as adults. The generational transfer hypotheses theory on its own is not an adequate explanation of why domestic violence occurs. Violence in the childhood background, or the lack of it, is not a reliable predictive or descriptive variable. It is much better to view it as an important aspect of a more general social learning model which takes into account a greater number of variables in explaining why violence occurs.

B. Drug and Alcohol Factors:

Much has been written regarding the relationship between alcohol and domestic violence, almost all of it based on battered

women's assessments of the role alcohol played in their abuse. Most recent literature indicates that alcohol has been consumed in 50-60% of all spouse abuse cases (Johnson, Ross and Vinson, 1982; Scutt, 1983; and Hopcroft, 1983). The common stereotype is of a drunken husband who stumbles in during the evening and demands food and sex and becomes physically abusive if his demands are not met to his satisfaction. The alcohol has released his inhibitions, will allow him to do as he pleases, and will later serve as his 'alibi' when he claims he cannot remember what happened, or that he did not know what he was doing. To more clearly establish the role of alcohol in domestic violence, five questions concerning alcohol involvement were asked at different points in the interviews. Each partner was asked whether he or she had a drug or alcohol problem, and whether their partner had one (Tables 4:21 and 4:22). They were later asked to describe in detail, three violent events which had occurred with their partners. A series of questions followed each description, including a query as to whether any alcohol or other drugs had been consumed in the previous 24 hours (Tables 4:23 and 4:24). Finally, near the end of the interview, each individual was asked whether they believed drug or alcohol abuse was a factor in the violence, and if so, in what way (Tables 4:25 and 4:26).

TABLE 4:21                      DRUG OR ALCOHOL PROBLEM - MEN

Have you ever had an alcohol or drug problem?	Number	Percent
None	29	72.5%
Present drink problem	5	12.5%
Past drink problem	3	7.5%
Violent when drunk	1	2.5%
Drugs problem	2	5.0%
Has your partner ever had an alcohol or drug problem?	Number	Percent
None	30	75%
Drink	5	12.5%
Prescribed drugs	3	7.5%
Don't know	1	2.5%
Not applicable	1	2.5%

TABLE 4:22                      DRUG OR ALCOHOL PROBLEM - WOMEN

Have you ever had an alcohol or drug problem?	Number	Percent
None	25	80.6%
Present drink problem	3	9.7%
Past drink problem	1	3.2%
Drugs	1	3.2%
Tranquilisers	1	3.2%



Table 4:22 (cont.)

Has your partner ever had an alcohol or drug problem?	Number	Percent
None	17	56.7%
Present drink problem	4	13.3%
Past drink problem	6	20.0
Drugs problem	1	3.3%
Pills compulsion	1	3.3%
Tobacco	1	3.3%

TABLE 4:23 ALCOHOL CONSUMPTION PRIOR TO VIOLENCE - MEN

Had either of you had any alcohol or other drugs within the last 24 hours?	Number	Percent
No	48	55.8%
Both had been drinking	13	15.1%
He was drunk	7	8.1%
She was drunk	3	3.5%
He was drinking, but not drunk	7	8.1%
He had had drugs	2	2.3%
Can't remember	6	7%
	86	100%

TABLE 4:24 ALCOHOL CONSUMPTION PRIOR TO VIOLENCE - WOMEN

Had either of you had any alcohol or other drugs within the past 24 hours?	Number	Percent
No	42	56%
Both had been drinking	13	17.3%
He was drunk	7	9.3%
She was drunk	2	2.6%
He was drinking but wasn't drunk	6	8%
He'd had drugs	1	1.3%
Can't remember	4	5.3%
	75	100%

TABLE 4:25 DRUG OR ALCOHOL USE AS A FACTOR IN VIOLENCE - MEN

Do you think drug or alcohol use is a factor in the violence? In what way?	Number	Percent
Not a factor	20	54.1%
No control when drunk	4	10.8%
Shortens his fuse	4	10.8%
Shortens fuse for both	3	8.1%
Her drinking a factor	1	2.7%
She dislikes his drinking	2	5.4%
Her drugs a factor	2	5.4%
Cigarettes (lack of) a factor	1	2.7%

TABLE 4:26 DRUG OR ALCOHOL USE AS A FACTOR IN VIOLENCE - WOMEN

Do you think drug or alcohol use is a factor in the violence? In what way?	Number	Percent
Not a factor	15	53.6%
Cause of the violence	2	7.1%
Trigger to the violence	7	24.0%
Dope helps	1	3.6%
Other	3	10.7%

The responses provide substantial food for thought. Most men (72.5%) believed that they did not have a substance abuse problem. Five of the men (12.5%) felt that they had a current alcohol problem and two (5%) felt that they had other substance abuse problems. Their partner's essentially agreed, with 56.7% believing that the men did not have a drinking problem. Only four of the women (13.3%) felt that their partner had a present drinking problem. The only area of disagreement was that more of the women (20%) believed that their partners had a past drinking problem. This is in contrast to 7.5% of the men who felt that they had a past drinking problem. Both the men and women were in agreement that most of the women did not have a drinking problem (75% and 80.6% respectively). Five (12.5%) of the men felt that their partners had a drinking problem and three (9.7%) agreed. This relatively good concordance between the partners was not expected. It had been envisaged that there would be a greater degree of disagreement in establishing who

had what problems.

The role of alcohol in violent incidents was also lower than anticipated, again with very good interpersonal agreement concerning whether either party had been drinking. The men reported that alcohol was not involved in 55.8% of the 86 incidents they described, while the women reported no alcohol involvement in 56% of the 75 incidents they described. When violence occurred with alcohol involvement, the most frequent mode was when both partners were drinking; 15.1% as reported by the men and 17.3% as reported by the women. Both men and women said that the man had been drinking but was not drunk in 8% of the cases. Men said they were drunk and violent in a further 8% of cases while the women said they were drunk and violent in 9.3% of the incidents.

When later asked whether they felt drug or alcohol abuse was a factor in the violence, the men and women were again in substantial agreement. Most said it was not a factor (54.1% of men, 56.6% of women). There was, however, a clear indication by both sides that alcohol could act as a trigger mechanism, galvanizing the release of pent up frustration or anger. However, all parties agreed that the potential for violence was always present, with or without alcohol. The general belief was that alcohol more easily facilitated the inevitable. About 10% of the male responses indicated the belief that the women were somehow responsible for the violence.

On the basis of these results it appears that most violence occurs without drugs or alcohol present, and when it does occur both parties are more likely to have been drinking, rather than one or the other. This finding has never been reported previously and hardly fits the above described stereotype of a violent man. There are several possible reasons for these results. As previously stated, much of what is known about alcohol involvement has come from reports of women attending at refuges. It could well be that the women in shelter populations have different experiences of abuse (undoubtedly more severe) and they reliably report incidents of alcohol involvement. On the other hand, as there has never been a reliability check, they may have overestimated the true incidence of drug and alcohol use. With it being clear that the present study would solicit information from both parties, the tendency to overestimate may have been reduced. Although the sample is too small, of the six women who had been in attendance at shelters, all were in substantial agreement with their partners concerning these issues. There is a clear need to further investigate this issue with emphasis placed on determining the true role of alcohol and other drugs, and whether battered women in refuges are significantly different from other battered women, and in what ways are they different.

C. Sexual Relationship and Sexual Abuse

The respondents were also asked to comment on whether they felt that their sexual relationship was related to the violence, and in what way (Tables 4:27 and 4:28).

TABLE 4:27      SEXUAL RELATIONSHIP A FACTOR - MEN

Do you think your sexual relationship is in any way related to the violence?	Number	Percent
Not a factor	16	42.1%
Sexual relationship a cause of violence	9	23.7%
(Bad) sexual relationship an effect of violence	3	7.9%
Problems with jealousy	3	7.9%
Unspecified	3	7.9%
Don't know	2	5.3%
(N.A.)	2	5.3%

Just over 40% of the men and women agreed that the sexual relationship was not a factor in the violence. However, the agreement ended there. Nine (23.7%) of the men believed that the sexual relationship was a cause of the violence as opposed to four (12.9%) of the women. Nine (29.9%) of the women believed that the sexual relationship had deteriorated as a result of the violence, while only three (7.9%) of the men believed this to be the case. The differing points of view are noteworthy. Of

TABLE 4:28      SEXUAL RELATIONSHIP A FACTOR - WOMEN

Do you think your sexual relationship is in any way related to the violence?	Number	Percent
Not a factor	13	41.9%
Sexual relationship a cause of violence	4	12.9%
(Bad) sexual relationship an effect of violence	9	29.0%
Unspecified	1	3.2%
Don't know	3	9.7%
(N.A.)	1	3.2%

those men who believe the sexual relationship is connected to the violence, over half believe it is the cause of the violence. Of those women who believe that the (bad) sexual relationship is related to the violence, nearly two-thirds believe that it is an effect of the violence.

The men and women were also asked if they had ever been sexually abused (Tables 4:29 and 4:30). Five men (13.1%) responded in the affirmative, while over a quarter (26.6%) of the women had been sexually abused by their father, a relative or a friend. Current domestic violence studies have not differentiated the various forms of physical abuse that parents inflict upon children. Hilberman and Munson (1977) found that 50% of their sample of 66 battered women had experienced childhood abuse. Scutt (1983) reported that 30% of her sample of 119 battered

women had experienced abuse and Stacey and Shupe (1983) reported that 38% of their sample of 318 violent men had been abused as children. This information came from the men's partners who were women's shelter residents.

TABLE 4:29                      SEXUAL ABUSE - MEN

Were you ever sexually abused?	Number	Percent
No	33	86.8%
By an acquaintance	4	10.5%
By a stranger	1	2.5%

TABLE 4:30                      SEXUAL ABUSE - WOMEN

Were you ever sexually abused?	Number	Percent
No	22	73.3%
By father	4	13.3%
By a relative	3	10.0%
By a friend	1	3.3%

It is clear that a significant proportion, though by no means a majority, of men and women are abused as children. This factor and violence between parents may be two of the strongest influences on children's adulthood behaviour. Future researchers should continue to explore such factors and investigate ways in



which this information can be utilised. One possibility would be to use this information as part of a general community education programme directed at sensitising the public to factors which correlate highly with spouse abuse and informing individuals where they can get assistance if needed.

D. Involvement with Police and Courts and Assaultive Behaviour

Are spouse abusers normally violent towards others outside of the marital home? Walker (1979) thought not, estimating that only 20% of her sample of 120 battered women had partners who were abusive toward others. A number of researchers, however, challenge Walker's contention, saying that abusers have a much higher rate of assaultive behaviour within their community, and that most spouse abusers have criminal records. In Gayford's (1975) survey of 100 battered women, they reported that 52% of their partners had prison records, 33% involved violent offences. Johnson, Ross and Vinson (1982) found that 40% of their sample of 167 battered women had partners who had previous convictions. Half of the assailants had served time in jail or in child welfare institutions. However, 25% of the convictions concerned traffic and disorderly behaviour. A further 15% of convictions were for property offences and 18% of the convictions involved offences against another individual (no breakdown was given regarding the nature of the offence). One in four of those with criminal records had three or more convictions recorded against them.

Stacey and Shupe (1983) found that over 80% of the 450 battered women they interviewed in the Dallas-Forth Worth, Texas area had partners with arrest records. Of these men, 7% had been arrested for spouse assault, 7% for spouse assault and the assault of others, 26% for violence against others, 34% for other criminal activity and 8% for driving under the influence of alcohol. The researchers found that outside of spouse assault, one of four of the abusers were arrested for violence against people outside the family. While this is a most damaging indictment of the character of these violent men, it must be noted that this picture is probably not representative of the general population of violent men. In the first instance, the sample is drawn once again from battered women in attendance at women's shelters, probably the most seriously abused of the battered women population. Secondly, the upper reaches of the socio-economic spectrum, where a substantial amount of abuse occurs, is not represented in these results. The sample is dominated by individuals with low education, few job skills and who are the most economically vulnerable.

An attempt was made in the present study to determine whether the same general pattern of male involvement with the police and judicial systems existed. Both men and women were asked if they or their partners had ever been involved with the police or judicial systems (Tables 4:31 and 4:32).

TABLE 4:31 INVOLVEMENT WITH POLICE OR COURTS - MEN

Any trouble with the police or court system?	Number	Percent
None	10	15.6%
Domestic	5	7.8%
Unlawful gain	13	20.3%
Drink/drugs	8	12.5%
Driving	14	21.9%
Aggression	8	12.5%
Unspecified	4	6.3%
Only when young	2	3.1%
	64*	100%

TABLE 4:32 INVOLVEMENT WITH POLICE OR COURTS - WOMEN

Has your partner ever had any trouble with the police or court system?	Number	Percent
None	14	37.8%
Only when young	4	10.8%
Unlawful gain	3	8.1%
Drunk/drugs	5	13.5%
Driving	3	8.1%
Aggression	6	16.2%
Unspecified	1	2.7%
Other	1	2.7%
	37*	100%

\* Reflects multiple responses.

Both men and women agreed that the women had a very minimal involvement and this information is not presented. It appears that the women underestimated their partner's involvement as 37.8% believe that he had no involvement while only 15.6% of the men stated that they had no involvement. Of the 84.4% of the men who had had some involvement, the most prominent offences were for driving (21.9%) and unlawful gain (20.3%). Aggression related offences ranked third, constituting 12.5% of all offences. It is important to note that this information does not reflect convictions. It was believed that there would have been far fewer responses if the criterion was based solely on conviction rates. While the information reflects substantial involvement with the criminal justice system, these results are affected by the tendency of project participants to come from the lower end of the socioeconomic spectrum. On the other hand, with the criterion only being contact or involvement with the police or courts, it could be that the true rate of involvement for individuals with fewer material resources is even higher than that reported by Stacey and Shupe.

The women reported over 42% fewer contacts than the men, which indicates that there were offences about which the women did not know. (However, there were also fewer women respondents.) Of the ones they did know about, aggression headed the list, followed by drinking and drug offences and offences that took place when the man was an adolescent. The total number of responses is not sufficient to draw any definite conclusions.

To further investigate the extent of violence outside of the home, the men and women were also asked if they had been involved in fights or other physical violence outside of their home (Tables 4:33 and 4:34). Again, the women's involvement has not been illustrated as both men and women agreed that the women had a minimum of involvement in violence outside of the home.

TABLE 4:33      VIOLENCE OUTSIDE THE HOME - MEN

Have you ever been involved in fights or other physical violence outside your home?	Number	Percent
None	12	23.1%
Pub fights etc.	12	23.1%
Fights when young	12	23.1%
Through jealousy	2	3.8%
Because of a rip off	4	7.7%
At work/sports	7	13.5%
Unspecified	3	5.8%
	52*	100%

\* Reflects multiple responses

Both the men and the women agreed that in 70% or more of the cases, violence had occurred outside of the home. When violence occurred, the men reported fights at pubs, fights when they were young, and fights at work or on a sports field as the three most likely places of violence, respectively. The women who again gave fewer responses, agreed that pubs were the most like-

ly places of non-home violence. This was followed by fights with his or her family and fights at work or on a sports field. The men did not mention any fights with other members of the family.

TABLE 4:34 PARTNER'S VIOLENCE OUTSIDE THE HOME - WOMEN

Has your partner ever been involved in fights or other physical violence outside your home?	Number	Percent
None	10	29.4%
Pub fights etc.	11	32.4%
Fights when young	1	2.9%
Through jealousy	2	5.9%
Because of a rip off	1	2.9%
At work/sports	4	11.8%
Fights with his/her family	5	14.7%
	34*	100%

\* Reflects multiple responses

Overall, the present study obviously confirms that a substantial amount of violence occurs outside as well as inside the marital home. The overwhelming majority of this violence is perpetrated by the men against women or by men against each other. While a number of statements have been made that battered women attending at women's shelters may be a special subset of the battered women population, this information could be viewed as evidence

against such a contention, as violence was rife in this predominantly non-shelter population. However, both types of samples (shelter and the present study) are subject to the socioeconomic biases previously discussed.

## II. THE VIOLENT EVENTS

In examining the violent events, the primary issue was how each partner perceived the situation. Almost every researcher in the area has indicated that the few men with whom they have had contact minimize or deny the abuse, or blame it on some other external factor, which is most usually his partner. The present study offers the first report in Australia (and in the world as far as is known) regarding what both partners say about violent incidents. The knowledge that each partner would be interviewed separately probably served as an inducement to give accurate information.

The men and women were in basic agreement concerning the onset of violence. About 52% of the women and 50% of the men agreed that it started within the first five years of the relationship; the majority of which began within the first two years (Tables 4:35 and 4:36). The remaining information concerning onset reflects substantial agreement between men and women. The only area of interest is in the number of men as opposed to women who could not remember when the abuse began. More than twice as many men

indicated they could not remember, a possible indication of their reluctance to discuss the matter. Owing to the relatively small numbers, no firm conclusions can be drawn from these responses.

TABLE 4:35                      FIRST VIOLENT EVENT - MEN

When was the first violent event?	Number	Percent
0-2 years ago	12	31.6%
2-5 years ago	7	18.4%
5-10 years ago	4	10.5%
10-15 years ago	5	13.2%
15-20 years ago	2	5.3%
20+ years ago	1	2.6%
Can't remember	7	18.4%

TABLE 4:36                      FIRST VIOLENT EVENT - WOMEN

When was the first violent event?	Number	Percent
0-2 years ago	10	32.3%
2-5 years ago	6	19.4%
5-10 years ago	5	16.1%
10-15 years ago	4	12.9%
15-20 years ago	1	3.2%
20+ years ago	1	3.2%
Not defined temporally	1	3.2%
Can't remember	3	9.7%



The above information is similar to other length of abuse reports (based only on battered women). Of 3,507 medical reports filed with the Minnesota Department of Corrections (1981), 46% of the abuse had been occurring for two years or less, 28% of the abuse for a year or less. A total of 66% of the abuse occurred for five years or less. Stacey and Shupe (1983) in their sample of 454 women reported that 54% had endured the abuse for two years or less, and 26% had experienced abuse for less than a year. These two reports indicate that more women endured the abuse for a slightly shorter period of time prior to presenting to a helping agency. This could be insignificant or an indication that the severity of abuse was greater, and the victims were now more inclined to leave quickly. Another factor in the Minnesota report is the legal obligation of all medical practitioners to report abuse upon presentation.

Reports of frequency of abuse produced some noticeable differences (Tables 4:37 and 4:38). The women were far more likely to report that abuse was often (39.3% as opposed to 6.9% of men). The men were more inclined to say abuse occurred sometimes (51.7% to 39.3%), and about as likely to say that it seldom occurred (24.1% vs. 21.4%).

Other research findings give much stronger support to the contention by women that abuse occurs frequently (once every 3 weeks or less). Stacey and Shupe (1983) reported that of 513 women they saw, 12% experienced abuse daily, 26% more than once a week, and 35% 1-3 times per month. The Women's Information Switchboard

TABLE 4:37                      FREQUENCY OF ABUSE - MEN

How frequent is the violence?	Number	Percent
Often (= once every 3 weeks, or less)	2	6.9%
Sometimes (= once every 1-4 months)	15	51.7%
Seldom (= once every 6 months to 3+ years)	7	24.1%
Not defined temporally	2	6.9%
Can't remember	3	10.3%

TABLE 4:38                      FREQUENCY OF ABUSE - WOMEN

How frequent is the violence?	Number	Percent
Often (= once every 3 weeks or less)	11	39.3%
Sometimes (= once every 1-4 months)	11	39.3%
Seldom (= once every 6 months to 3+ years)	6	21.4%

Phone-in Report (1981) indicates that 40.4% of their 156 respondents experienced abuse at least weekly, with a further 19.9% experiencing abuse more than once a month.

Here again may be some evidence that men minimize the reported frequency of abuse, unless one is prepared to believe that women

consistently over estimate the frequency of abuse. It would appear on the balance of probability, and the likelihood that men would want to cover at least a few of their tracks, that the women's stories are more reliable.

The respondents were asked to describe three violent events (first, worst and most recent) and identify what they believed to be the key issue or issues (Tables 4:39A and 4:39B). For men the six most common responses in order of frequency were: his partner's provocation, poor communication, cannot remember, jealousy, relieving his feelings, and children/family problems. The women viewed key issues as poor communication, their assertiveness, children/family problems, trivial domestic argument, expectations about domestic responsibilities, and relieving his feelings, in that order. These most common responses constituted 61.9% of the total number of responses for men and 60.9% of the total number of responses for women.

The fact that three issues (poor communication, children/family problems, and relieving his feelings) were found in the top six for both parties indicates some consensus regarding problem areas. A fourth issue, provocation vs. assertiveness, is very likely a chicken and egg argument. The women believed that they were standing up for themselves, putting their point of view and actively disagreeing with their partner. The men tended to feel that they were being given a hard time, that the women were wrong and that they were being denigrating. Given that

TABLE 4:39A

## ISSUES - MEN

Violent Events: 'Issue' - men	Number	Percent
His laziness at home	2	1.3%
Power struggle	12	7.9%
Her being out late	3	2%
No communication	19	12.5%
Her provocation	21	13.9%
Problems with children/ family	14	9.2%
Money problems	7	4.6%
Work problems	4	2.6%
Relieving his feelings	14	9.2%
Jealousy	14	9.2%
Sexual problem	2	1.3%
Lack of feeling from her	6	3.9%
Trivial domestic argument	11	7.2%
Effect of alcohol	4	2.6%
Her being drunk	3	2%
Other	1	0.6%
Can't remember	15	9.9%
Total	152*	100%

\* Reflects multiple responses

both sides see communication as a big problem, it would follow that one side feels provoked, the other assertive. On the basis of these results, any intervention should give priority to

TABLE 4:39B

## ISSUES - WOMEN

Violent Events: 'Issue' - women	Number	Percent
Domestic responsibility	11	7.6%
Bad communication	28	19.4%
Her assertiveness	13	9%
Kids/family problems	13	9%
Work/money problems	9	6%
Pregnancy	3	2%
Not letting him stay overnight	4	2.7%
Sexual problem	3	2%
Jealousy	9	6%
Relieving his feelings	10	6.9%
No feelings	5	3.5%
Trivial domestic argument	13	9%
Her provocation	2	1.4%
Alcohol	9	6%
Other	8	5.5%
Can't remember	4	2.7%
Total	144*	100%

\* Reflects multiple responses

improvement in communication. Men in particular need information regarding how to express themselves clearly and without endangering people. Violence directed at partners is a totally inappropriate response regardless of provocation. The frequency with

which 'relieving his tension' was cited indicates appropriate stress management techniques are needed to supplant the one currently utilised (violence). The frequency with which children and family problems led to violence could be an additional indicator of stress, or could indicate the need for better parenting skills. Many, if not most of the men in the study, had great difficulty in relating to their children. 'Cannot remember' (3rd) and 'jealousy' were the other important issues for men. While the men had difficulty remembering what caused a violent altercation, the women appeared to have fairly good recall, 'cannot remember' ranking near the bottom of their responses. Although the men did not appear to actively prevaricate, the high rate of forgetfulness would have to be assumed to be more than coincidental.

In working with violent men, perhaps the most complex and difficult task is to acknowledge the men's perception of what they believe to have happened (or what they have forgotten has happened) and confront them (sensitively) over what actually occurred. Until the individual is prepared to acknowledge his use of violence, and the effect that it has on those he abuses, little can be done in the way of helping him change his behaviour. Jealousy also ranked fairly high in the women's perception. In all but one instance, the jealousy had to do with the men's lack of trust in their partner. It is believed that this is an issue of dependency which is discussed below.

Trivial domestic arguments (4th - e.g. watching television, playing games etc.) and expectations about domestic responsibilities (5th) were the two issues that did not make it into the men's top six 'issues'. Trivial domestic arguments, in fact, ranked seventh for the men, and is obviously viewed as a fairly common issue for them. The men, however, did not mention disagreements about expectations concerning domestic responsibilities. That the issue ranked highly as a concern of women is an indication of friction over housework. As has been amply documented elsewhere, women are traditionally expected to keep house, but expectations of men to participate in the housework (in some cases, to at least not complain about the way it is done) have increased. Most men participating in the study indicated that they thought their partner should do most, if not all the housework. Given this view, their admitted communication difficulties and their probable interpretation of assertiveness as provocation, and their willingness to resort to violence, it is not surprising that housework issues lead to violence.

Other researchers have reported a somewhat different picture of the issues which were involved with violent incidents. Dobash and Dobash (1979), in their sample of 106 battered women in shelters, reported that sexual jealousy was viewed as the issue by 45% of the women. This was followed by arguments over money (17%), expectations about domestic work (16%) and the husband's drinking behaviour (6%). The Women's Information Switchboard Phone-In (1981), found that of their 262 'issue' responses,

35.1% of the callers cited the man's alcohol use as the problem; 16.4% cited jealousy; 11.8% cited arguments about money, 7.6% cited arguments about household matters; and 4.9% cited arguments about children as the problem. Similarly, Stacey and Shupe (1983), whose sample included 542 women primarily from women's shelters (giving 1,371 responses), reported that 70% of the women viewed alcohol/drug use as an issue, 66% believed jealousy was a problem, 58% felt job pressure (financial) was a problem, 26% mentioned sexual demands, 16% cited family problems and 14% pregnancy. Once again, the question of alcohol involvement arises. The latter two studies found that it was a predominant issue, while Dobash and Dobash and the present study found it to be a relatively insignificant factor. The most likely answer would be that the surveys are based upon different types of populations, however both the Dobashes and Stacey and Shupe based their studies on shelter populations, while approximately 19% of responses to the Switchboard Phone-In came from women who had been in attendance at shelters. That all of the other findings are based upon female responses could be significant, and obviously needs further investigation.

The men and women were also asked to describe how the man's anger built up (Tables 4:40 and 4:41). Predictably, both parties gave far fewer 'anger build-up' responses than issue responses, indicating that while there are a variety of issues within each relationship, the men's emotional responses are fairly standard.



TABLE 4:40

## ANGER BUILD-UP - MEN

Violent events - how did anger build-up : men	Number	Percent
No build-up	6	6.6%
Argument → violence	26	28.6%
Argue → Brood → violence	5	5.5%
Brood → Argue → violence	21	23%
Provocation → violence	14	15.4%
She ignored him → violence	8	8.8%
Argument → her violent → him violent	6	6.6%
No anger	1	1%
No memory	4	4.3%
Total	91*	100%

\* Multiple responses

TABLE 4:41

## ANGER BUILD-UP - WOMEN

Violent events - how did anger build up : women	Number	Percent
No build-up	20	25%
Argument → violence	29	36.2%
He brood → argue → violence	11	13.7%
Her assertive → violence	5	6.2%
He ignore her → her anger → violence	3	3.7%
She ignore him → violence	7	8.7%
She provoking → violence	2	2.5%
Argument → she violent → he violent	2	2.5%
No memory	1	1.2%
Total	80*	100%

Three methods of anger build-up accounted for 57% of the male responses. They were: an argument which led to his violence (28.6%); him brooding about something, arguing and eventually erupting into a violent outburst (23%); and him believing that his partner was provoking him (15.4%). It is interesting to note that while many of the men could not remember the "issue" which gave rise to a violent event (Table 4:38), most could remember how their anger built up. On the other hand, their frequent belief that the 'issue' (Table 4:38) was her provocation is congruent with the frequent belief that anger built up as a result of her provocation. This tends to confirm that many men believe that it is the woman who causes the violence. These men fail or are reluctant to acknowledge that no one 'makes them' hit another human being, and that there are other responses available when they are feeling angry or even provoked. This is viewed as one of the key issues in therapeutic interventions with men. Learning to differentiate the cause and source of angry feelings from their ability to control their response to that anger is essential.

The three most predominant responses given by women reflected nearly 75% of the total. They were: an argument preceding his violence (36.2%); undetectable anger build-up (25%); and his brooding which led to an argument that culminated in a violent outburst (13.7%). The men and women are in rough agreement on two of the three most common methods of anger build-up. However, the women were over four times more likely to say that they could not detect his anger prior to the actual occurrence

of violence. This may reflect that the men have some idea (at least in retrospect) as to what they are getting angry about, but from the women's perspective there is no overt manifestation of anger until the violence occurs. This places many women in a totally defenceless position. Again, teaching the men to detect their level of anger, the feelings behind the anger and appropriate methods of reducing or eliminating the angry feelings is essential.

While few, if any, previous findings on method of anger build-up have been reported in the literature, there is a wide ranging variety of anecdotal reports which tend to confirm the most common forms of anger build-up, which the present project has identified. While it would be useful to conduct more thorough research on the topic of anger build up (preferably with larger samples), it does seem apparent that much of the problem of domestic violence is directly related to male anger. The implications for those advocating various forms of intervention are obvious.

The extent of violence and need for medical attention was also investigated. Each individual was asked to relate three violent events (first, worst, and last) and to describe the extent of violence in each. A few events entailed the men throwing things around, or hitting walls or other objects, rather than their partners (Tables 4:42 and 4:43). They were then asked if anyone needed medical attention after the incident (Tables 4:44 and

4:45). There was remarkable agreement concerning the extent of violence. For the men, slapping or spanking comprised 30.4% of the responses; kicking or biting comprised 25.6%; and pushing, grabbing and shaking totalled 17.6% of the responses. These three forms of violence represent 73.6% of the total number of male responses. The women's responses were very similar. A total of 34.8% of their responses indicated they had been kicked or bitten; 15.2% indicated slapping and spanking; and 14.4% of the total number of responses indicated pushing, grabbing and shaking.

Both men and women said that some punching (by men) had occurred. Because both sides had some difficulty differentiating punches from slaps, all responses were treated as slaps. Slaps were far more frequently reported than punches. Both forms of violence were very capable of inflicting serious damage based on respondents' reports. The women gave a wider range of responses and reported a slightly higher degree of serious violence compared to the men. However, given the similarity of responses, it does appear that the men were prepared to a large extent to acknowledge the degree or severity of violence which they had meted out. The question arises as to whether the responses of men and women would have been similar had only one or the other been interviewed. The answer for women would be 'Yes' based on other research data (see below). The question of whether men will provide accurate information concerning the extent of their abuse when they are the sole sources of information remains for future researchers to decide.

TABLE 4:42

## EXTENT OF VIOLENCE - MEN

What was the extent of violence - men	Number	Percent
No physical violence	4	3.2%
Hit objects	3	2.4%
Threw objects	1	0.8%
Pushing, grabbing, shaking	22	17.6%
Slapped/spanked	38	30.4%
Hit with objects	4	3.2%
Kicked, bit etc.	32	25.6%
Beat up	2	1.6%
Partner violent too	9	7.2%
No memory	8	6.4%
Unspecified	2	1.6%
	125*	100%

How do these figures compare with other research findings? Stacey and Shupe (1983), Scutt (1983) and the Minnesota Department of Corrections (1981) have all reported figures which appear to indicate that the extent of abuse is much more severe than the present study would indicate (Table 4:44).

TABLE 4:43                      EXTENT OF VIOLENCE - WOMEN

What was the extent = of violence - women	Number	Percent
No physical violence	2	1.8%
Hit objects	7	6.2%
Threw objects	5	4.4%
Pushed, grabbed etc.	18	14.4%
Slapped/spanked	19	15.2%
Hit with object	3	2.6%
Kicked, bit, etc.	39	34.8%
Beat up	5	4.4%
Threaten with knife	1	0.8%
Used knife	1	0.8
Rape	1	0.8%
Woman violent too	5	4.4%
Unspecified	6	5.3%
	112	100%

TABLE 4:44                      EXTENT OF ABUSE - OTHER STUDIES

Stacey and Shupe (1983). N=542

Slaps	83%
Punches	75%
Kicks	62%
Threats to use Weapons	52%
Sexual Abuse	24%

cont.

Table 4:44 cont.

Scutt (1983). N=119

Punches	71.4%
Slaps	62.2%
Kicks	46.2%
Threats to use Weapons	32.7%

## Minnesota Department of Corrections (1981)

N=1,976 Shelter Reports

Pushed, Shoved or Grabbed	81%
Slapped	73%
Punched	65%
Kicks	46%
Threatened with Weapons	29%

However, these studies reflect whether the respondents had stated the act in question had ever occurred and affirmative responses were taken as a percentage of the base number. Had the present study used this methodology, it would have achieved virtually the same high percentages. When the responses are recorded as a percentage of the total number of responses given, we find: (Table 4:45)

TABLE 4:45

<u>Stacey and Shupe (1983)</u>	<u>N=1,813</u>	<u>Scutt (1983)</u>	<u>N=318</u>
Slaps	24.6%	Punches	26.7%
Punches	22.3%	Slaps	23.3%
Kicks	18.5%	Kicks	17.3%
Threats to use weapons	15.5%	Threats to use weapons	11.9%
Sexual Abuse	7.5%		

\* The Minnesota report did not provide the total number of responses which prohibits computation of percentages.

The percentages for slaps and kicks are very similar to those reported in the present project. As the other reports are based on shelter populations, it would appear that they are giving very reliable information. However, the percentages for punches, threats to use weapons and sexual abuse (in Stacey and Shupe only, Scutt used unrelated figures for sexual abuse statistics) are much higher than those found in the present project. We thus have data which implies that shelter populations are similar to other battered women populations and evidence which contradicts this contention. In the case of Stacey and Shupe it can be argued that because the figures are based on an American population, indicators reflecting more severe forms of violence will be higher as there are a greater number of weapons and reported crimes of violence in America ("The Advertiser", March 9, 1985). Such is not the case with Scutt's findings, as her population was comprised of women from New South Wales. The difference in populations question remains unanswered.



The extent of injuries requiring medical attention stemming from the violent events was also recorded (Tables 4:46 and 4:47). Nearly all violent incidents resulted in some form of tissue damage (e.g., welts, bruises, minor lacerations) which is a uniform finding in all domestic violence research. The question put to the respondents was "Did anyone need any medical attention?". The intent was to determine what percentage of the sample had been injured to the extent of needing to be treated by a doctor. In retrospect, a better question would have been "Did anyone see a person from the medical profession as a result of the abuse, and what were they treated for?". Nevertheless, men and women were in substantial agreement (77.9% and 81.2% respectively) that no outside medical attention was necessary as a result of the abuse. In fact, it is somewhat surprising that the men reported a greater number of injuries or conditions which required outside medical attention. In all cases it was the women who were injured.

TABLE 4:46

EXTENT OF INJURIES - MEN

Did anyone need medical attention?	Number	Percent
None	67	77.9%
Head injury	3	3.5%
Bruising	4	4.6%
Bleeding	2	2.3%
Stitches	3	3.5%
X-ray check	1	1.2%
Chiropractor	1	1.2%
Teeth damaged	1	1.2%
No memory	4	4.6%
	86*	100%

\* multiple response

TABLE 4:47                      EXTENT OF INJURIES - WOMEN

Did anyone need Medical attention?	Number	Percent
None	65	81.2%
Bleeding	2	2.5%
Stitches	1	1.2%
X-ray check	3	3.7%
Chiropractor	1	1.2%
Eye drops	1	1.2%
Nerves	1	1.2%
Other	5	6.2%
No memory	1	1.2%
	80*	100%

\* Multiple response

Other research findings appear to indicate a greater number of injuries requiring medical attention (Table 4:48).

TABLE 4:48                      EXTENT OF INJURIES - OTHER FINDINGS

Dobash and Dobash (1981)

N=629 (responses to question concerning what injuries they received).

Cuts	14.8%
Fractures	4.1%
Internal injuries	2.2%
Burns	1.4%

cont.

Table 4:48 cont.

Stacey and Shupe (1983)

N=1005 (percentage based on total number of responses  
to question regarding injuries received.)

Cuts	23.4%
Broken bones	11.7%
Other	7.5%
Burns	4.8%
Complications with Pregnancy	4.1%

Minnesota Department of Corrections (1981)

N=3,194 medical reports concerning victims who presented.

Bruises and Lacerations	81%
Fractures	9%
Internal Injuries	1%
Other	4%
No injury	5%

In only the Minnesota report can it be assumed that all victims were injured to the extent that it warranted medical attention. The degree of outside medical involvement in the other two reports is uncertain, though it would be safe to assume that cases involving fractures, internal injuries and complications with pregnancy would entail a visit to a doctor. In the present study, there were no reports of fractures, burns or complications with pregnancy (although some pregnant women had been hit in the stomach). The Dobash and Dobash and Stacey and Shupe findings were based on shelter populations, while the Minnesota statistics reflect all women who presented following abuse.

The American-based studies appear to reflect a greater number of these more serious injuries than the Dobash findings and Australian reports (Scutt, 1983 and Hopcroft, 1983). However, to date there is insufficient data for an adequate comparison. Nevertheless, we do know that almost all incidents of abuse leave some form of tissue damage injury regardless of which country the victim is from. That in itself is sufficient evidence that a serious international problem exists and needs immediate attention.

How was the problem of abuse handled or resolved (Tables 4:49 and 4:50)? The most frequent response by both men and women was that they communicated (31% vs. 22.9% respectively). At this point more men believed that there was communication in the relationship, although nearly a quarter of the women agreed with them. Given that violent incidents did not cease following this form of communication, one is led to speculate about what transpired in the conversation following abuse. Two possibilities are likely and both work to the advantage of the men. The first is that following the abuse, the man pursues his point of view concerning the topic that led to the abuse (e.g., housework, accusations of infidelity, etc.). The woman, having been "softened up" by a few decisive blows, either accepts his point of view as valid or is cowed into silence through sheer fear, despite her continued opposition to her partner. Her opposition is seen by both as the cause of the violence, the implied communication is that if she agrees with him she will not get hit.

Secondly, it could be that the man is remorseful (a question of genuineness is discussed below) following abuse. He explains what caused the violence (stress, job pressure, frustration etc.) and promises that it will not happen again. She explains how she feels about the situation and all is forgiven. However, it happens all over again; the next day, a week later or three months later. These styles of communication do not resolve the problem, they perpetuate it. Once again, the implications for those involved with interventions are obvious.

Both men and women (18.1% and 14.6% respectively) were also fairly consistent in saying that there was no resolution to the problem, an explicit acknowledgement of being short on ideas of how to deal with the issue. On occasion, both attempted to resolve the problem by bringing in outside help. However, as we have seen in an earlier section, rarely was violence discussed and outside help was not viewed as being terribly useful. The other "resolutions" employed by the partners were found to be equally ineffective. Some men (8.6%) failed to recall how the issue was resolved, while all the women could recall some decision about the problem being made.

Reactions to the violence were viewed as critical information, particularly so in the case of the men. The man's reaction to his use of violence gives a strong indication of which type of intervention strategy is most likely to be effective. Men who do not perceive the violence to be a problem or believe

TABLE 4:49

## PROBLEM RESOLUTION - MEN

How was the problem resolved?	Number	Percent
No resolution	21	18.1%
He just stopped	17	14.7%
Left home, went for a walk, etc.	9	7.7%
Temporary separation	7	6%
Permanent separation	4	3.4%
Communicated	36	31%
She got her way	1	0.09%
Brought in outside help	11	9.5%
Can't remember	10	8.6%
	116	100%

TABLE 4:50

## PROBLEM RESOLUTION - WOMEN

How was the problem resolved?	Number	Percent
No resolution	14	14.6%
He just stopped	13	13.5%
Left home, went for walk	13	13.5%
Temporary separation	16	16.7%
Permanent separation	3	3.1%
Communicated	22	22.9%
Brought in outside help	13	13.5%
Other	2	2.2%
	96	100%

that it is justified would probably be less likely to benefit from a counselling intervention, and the only alternative is relentless prosecution by the police and courts. Those who know they have a problem and are troubled by it, while being held accountable for prior criminal acts by the police and courts, may also learn ways to change their behaviour through effective counselling practices. The primary question from a resource point of view is which group is larger and how many resources need to be applied to each group to achieve the desired result; stopping the violence. The results from the present study are based only on reports from men who presented for counselling; presumably an indication of an intention to address their problem. There is an immediate need to determine what proportion of the total violent men's population this subgroup represents and to distribute resources accordingly. In the present sample, those presenting for counselling reported being quite disturbed by their behaviour (Table 4:51). The forty men gave 169 responses concerning their feelings following violent events. Over half of those responses indicated strong feelings of unhappiness or deep remorse and a desire to apologise for their behaviour. Nearly every man had these types of feelings after at least one of the violent events. When the response categories remorseful etc., felt like an animal, unhappy etc., guilty, shock/disgust, embarrassed/ashamed, and felt sick inside are combined, they represent 75.7% of the total number of responses.

TABLE 4: 51 HOW THEY FELT AFTER VIOLENCE - MEN

How did you feel after each violent event?	Number	Percent
Remorseful, sorry, apologetic	53	31.4%
Angry, wild, pissed off	16	9.5%
Like an animal	6	3.5%
Justified	9	5.3%
Unhappy, distraught, rotten, miserable	37	21.9%
Guilty	8	4.7%
Shocked at his behaviour - disgusted with self	9	5.3%
Embarrassed/ashamed	11	6.5%
Relieved that frustrations were vented	4	2.4%
Out of control	3	1.8%
Depressed	4	2.4%
Felt sick inside	4	2.4%
Can't remember	5	3.0%
	169	100%

Statements from the men included:

"I felt like a right bastard."

"I've never seen a point in violence. It doesn't do any damn good anyway. I know it sounds hypocritical. Ah, I could never understand, I still can't today; how people can pick on one person and beat the hell out of 'em, you know, one person to another. I'd never gone for (wife's name) clenched fist, I always tried to justify what I'd



done. I just don't believe in violence. I've been a couple of times where, the situation has been where I've hit her and used violence on her, physical violence, but it's regretted straight away thereafter, it's too damn late then."

"I felt like a loser. I felt denigrated by my own actions, ...I resented my behaviour."

"I feel weak, as if I'm being a weak person, that I can't have a decent relationship and I feel that now. I don't like ah, I don't like virtually, or I feel that I'm being called an idiot or being treated as one you know. I just sort of react, I don't know. Maybe it's because I know that I'm wrong, and it just sort of builds up and it gets to a stage where I can't, I can't let anybody beat me. I've gotta win at all costs. I was like that playing sports. I've got no patience, no patience at all with anybody. Something needs to happen - to change."[sic] .

"I just felt sorry for her. I had promised her I'd never hit her again after the last time. And then I let myself down and I let her down too."

"I was embarrassed. There'll be other things that have happened in the past. These things'll build up inside and I'll explode. I shove around and things and push. Actually, to be honest, I think I know exactly what I'm doing. It's not that I lose control. I explode but I know what I'm doing ... I was sorry for what I'd done afterwards but I knew what I was doing. I was embarrassed."

"I'm a bit of a showperson. You know I'm all right till you get to know me, I'm a very friendly happy person, social, but the people, the people that live with me see what I'm actually like when I drop the front unfortunately. I get moody and depressed. I feel ashamed. I can't say it with words so I blow up."

However, nearly 10% of respondents said they were still angry with their partner and over 5% felt justified in their behaviour. Another problem focuses on the intent of the emotional state.

When violent men are feeling "bad" and "sorry" about the results of their behaviour, are they indicating a preference for change,

or are they merely attempting to restore the status quo by getting their partner to think he will change; and what will he do if she is not responsive to his remorse or apologies? This question arises as, after six years of experience in the field, there appears (at least for most cases) to be a clear pattern of behaviours exhibited by the man following abuse. As they are clearly identifiable they have been labelled pursuit techniques and are, in the opinion of this writer, one of the crucial tools used against women in order to keep them in the relationship.

The first pursuit technique is called "buy back". Following the abuse the woman is showered with flowers, chocolates, poems and love letters. The man expresses his deep regret, promises that the violence will not be repeated and focuses on all of the positive aspects of the relationship. If the couple have children, they too may receive presents, especially if the woman has actually left. This can include sweets, toys, chocolates, special outings and the like. The father is usually careful to keep the toys etc. at his residence which leads the children to pressure mother to reunite the family. This tactic works in that the battered woman is receiving the messages of love that she clearly wants and has the evidence (presents etc.) which supports his good intentions. She wants desperately to believe that he will change. Children returning from access periods trumpet the positive aspects of their father and want to return to daddy - and their new toys. The

woman, feeling obligated to respond to the positive intent behind the gifts, hopes for the best and returns.

However, another pursuit technique may be used. Buy-back may not have worked or was not the tactic of first choice. The man may rely upon "helplessness" to mend the relationship. He will make an approach to his partner (in the home, on the phone, or at a relative's or friend's house) and say quite clearly that he cannot cope without her. He has not eaten for three days, he is physically and emotionally ill, his clothing needs washing and mending and the house is falling apart. In fact, life is so terrible that he cannot go on, and he may as well kill himself if she will not come home to take care of him. The effect on the partner can be drastic. He is unable to cope without her. Who is going to cook and sew for him. She believes, and has been led to believe by our society, that woman's role in the family is that of nurturer; if he is in such a terrible state she has obviously failed in her role. Finally, she cannot bear the prospect of being responsible for his death. Again it is likely that she will return if she has left or stay if she was planning to leave.

The third and final pursuit technique may be used as well, but is far more likely to be employed following the failure of the first two pursuit techniques; it is the resort to more violence. He will contact the woman and threaten her and possibly the children with bodily harm or death if they do not

rejoin him. If he knows where she is he may go to her residence and behave violently, either attacking her directly or breaking down doors, smashing windows and furniture and the like. The threat is that there will be more of the same unless she returns. If he can only contact her telephonically he will make similar threats, and in addition will threaten to burn down the marital home, threaten those he believes to be helping her, and so on. Frequently the man is able to discover the woman's location and he informs her that every move she makes he will be watching her. She will not know when he will pounce. In this situation it seems reasonable to live with the enemy you know rather than worry about the one lurking in the bushes. These tactics may be employed in successive stages in the order described or in differing combinations. Just one of the tactics may be employed. If the man is successful with any of these tactics, it/they will be repeated.

Nearly all of the project participants exhibited these pursuit techniques repeatedly in their relationships, and were frequently successful. It is of crucial importance to confront the men and explain to them that such tactics are manipulative in nature; why they are successful; that they are expressions of dependency and that their goal is immediate gratification rather than genuine behaviour change. By being aware of and addressing the use of pursuit techniques with men who present for counselling, and asking them to clarify their true intentions (repeatedly if necessary), the writer believes that genuine

motivation to change can, to a large extent, be distinguished from attempts to manipulate the partner into staying in the relationship. Although these views are purely impressionistic, they were believed to be of great value in assessing project participants. However, as previously mentioned, some men were still able to mislead people into thinking that they were genuinely attempting to alter their behaviour. It would be useful for future researchers to further investigate impressionistic beliefs of this nature.

Predictably, women experiencing abuse were left feeling physically and psychologically damaged (Table 4:52). The thirty-one women gave a total of 152 responses. Following abuse, 31.6% of the responses indicated that the women felt frightened, scared or terrified of the man with whom they lived. Nearly all of the women reported being frightened after at least one of the three violent events they described. While there was a wide range of emotional experience; fear, anger at her partner, physical or emotional hurt, and resentment of the partner were the feelings most often expressed.

One woman said:

"I think all along I felt the same way. Sort of frustrated, as if ... nothing sinks in as to what I was trying to get through. You know, he never understood how I felt or what my feelings were. What he said was the way it was gonna be sort of thing. I'm just scared all the time now."

Another, following a description of the worst violent incident, stated:

TABLE 4:52 HOW THEY FELT AFTER VIOLENCE - WOMEN

How did you feel after each violent event?	Number	Percent
Scared, terrified, frightened	48	31.6%
Angry with him	20	13.2%
Resentful, bitter, disgusted with him	12	7.9%
Physically/emotionally hurt	14	9.2%
Shocked	8	5.3%
Sad, flat, depressed	6	3.9%
Confused, upset	7	4.6%
Frustrated	6	3.9%
Sorry for him	4	2.6%
Churned up inside, physically ill	8	5.3%
Determined that it wouldn't happen again	8	5.3%
Suicidal	3	2%
Humiliated, ashamed, powerless	6	3.9%
Can't remember	2	1.3%
Total	152	100%

"I was really terrified. That was probably the scariest I'd ever been, probably in my whole life. He was scared, he'd realized that he had gone too far. 'Cause I couldn't talk I couldn't even breathe properly. And I thought I was going to throw up and come out to the toilet. I started dry retching and he comes up behind me and tries to comfort me, I mean he's the one that caused it. I feel so angry and loathe him for what he's done."

A third woman described her reactions to the first violent event:

"I was in shock. It was the first time I had had any physical violence laid on me by anyone you would call a friend. He thought it was all over. He was sitting on his front doorstep with his head in his hands crying like a baby. I mean how can you even cope with that sort of; I mean you can't just be hard and cold and unemotional when you actually see that man crying like he's really sorry for what he's done. So you think, well, it's never gonna happen again."

"Afterwards I felt very very bitter. I probably didn't have very much confidence in myself then so I would've blamed myself. I think I probably had it said to me so many times by mum and my sisters that I should give in. You know, I should give a bit more and maybe I psychologically thought that I should do it at that stage as well."

There has been relatively little research reported concerning the feelings of men following abuse. Stacey and Shupe (1983) reported that 27.7% of the 1227 responses they received from battered women who were describing how their partners felt were descriptions of apologies. A further 21.8% of the responses indicated that the women believed that the men felt the abuse was justified. A more adequate comparison has not been possible, as researchers are only now starting to solicit such information from the men themselves. A few of the battered women's studies have recorded the women's feelings (e.g. Women's Information Switchboard Phone-In, 1981), and have reported that the most frequent reactions have been anger, humiliation, shame, guilt and fear. All such reports describe the enormous and frequently permanent impact that the abuse has on the women.

### III. CONFLICT TACTICS

During the intake interview, each individual was asked a series of questions about how arguments or disagreements were conducted with their parents when they were children, and how arguments or disagreements are currently conducted with their partners. There were several reasons for soliciting this information. In the first instance it was worthwhile to determine whether each respondent believed their parental home to be a breeding ground for violence (i.e. were they thumped as children when they disagreed with their parents). Secondly, an attempt was made to determine whether violence experienced as a child correlated with violence experienced or expressed as an adult. Thirdly, with each individual being asked what they did in a disagreement and what their partner did, a comparison would be possible between what the men perceived to be happening during conflicts and what the women perceived to be happening. Such responses would also give some indication of the perceived degree and severity of violence in the relationship.

Using "conflict tactics scales" for these purposes provides information which can only be regarded as impressionistic, rather than hard data. As numerous studies have shown, the reliability of the human memory is influenced by a wide variety of variables and is not thought to be dependable. Furthermore, such scales do not effectively differentiate different types



of violence and violence severity (e.g. offensive vs. defensive violence; the effects, physical or psychological, of a slap or a punch; or the relative power differential between a male slap vs. a female slap). These difficulties combined with the restraints of a relatively small number of participants make statistical comparisons, especially those showing significant differences in conflict tactics, findings which can only be regarded as indicators of trends rather than as hard scientific facts. Nevertheless, when the combined responses were examined the trends were quite strong and cannot be ignored.

Each respondent was asked eighteen questions about behaviours which might occur in a disagreement with a parent or partner. There were four numerically valued categorical responses indicating the frequency with which the target behaviour occurred; never (0), hardly ever (1), sometimes (2), and usually (3). The responses to each question were tabulated and a mean score was computed for the men and women in the sample respectively. Selective comparisons were then made between the mean score of each of the participants and their parents and examined for significant differences in conflict tactics employed. Both a Wilcoxon test and a T-test were employed. The primary assumption of the latter is that interval level data are used but the response categories (never, etc.) could be considered to be ordinal data. The non-parametric equivalent was therefore also used with relatively little difference between results.

The first comparison is between the conflict tactics that the men's parents employed with them as children (4:53). As can be seen, the men believed that their mothers were significantly more likely ( $p \leq 0.05$ ) to discuss an issue calmly, bring in a third party to try to settle an issue, and cry. They believed that their fathers were significantly more likely to do or say something to spite them; insult them or swear at them; throw, smash, hit or kick something; threaten to hit them or throw something at them; push, grab, shove them or pull their hair; slap or spank them; hit or try to hit them with something; kick, bite or choke them or hit them with a fist; and beat them up. This, of course, fits the Western societal tradition of the male parent handling the majority of the "disciplining" of the male child. The intensity of the "discipline" (mean response score) is worth noting.

The responses given by the women indicated that there was not much difference between the conflict tactics that their parents employed with them as children (Table 4:54). Their mothers were significantly more likely to discuss an issue calmly and cry while their fathers were significantly more likely to insult them or swear at them. Of the aggressive responses, the trend was that the father was always (with one exception) more likely to be the aggressor.

Perhaps the most important disparity between 4:53 and 4:54 is the substantial difference in mean scores of the men's fathers

TABLE 4.53      CONTRAST BETWEEN FATHER'S TACTICS AND  
MOTHER'S TACTICS IN DISAGREEMENTS WITH THE MALE CHILD

	MEAN SCORES		T TEST		WILCOXON TEST	
	FATHER	MOTHER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=33) .939	1.818	3.64	.001	- 3.070	.002
2) Get information to support their argument	(N=30) .467	.933	1.88	.070	- 1.852	.064
3) Bring in a third party to try to settle things	(N=30) .233	.733	2.41	.023	- 2.157	.031
4) Leave or refuse to talk about an issue	(N=31) 1.613	1.065	1.79	.084	- 1.661	.097
5) Cry	(N=33) .242	1.636	5.95	.000	- 4.015	.000
6) Yell at or isolate you	(N=32) 2.406	2.125	1.25	.222	- 1.177	.239
7) Do or say something to spite you	(N=33) 1.273	.515	2.69	.011	- 2.395	.017
8) Insult you or swear at you	(N=32) 1.719	.688	3.52	.001	- 2.981	.003
9) Throw, smash, hit or kick something	(N=33) .970	.182	2.80	.009	- 2.499	.012
10) Threaten to hit you or throw something at you	(N=32) 2.031	1.344	2.30	.029	- 2.013	.044
11) Throw something at you	(N=32) .594	.406	.78	.440	- .785	.433
12) Push, grab, shove you or pull your hair	(N=32) 1.563	.938	2.51	.017	- 2.240	.025
13) Slap or spank you	(N=32) 2.063	1.531	2.42	.022	- 2.016	.044
14) Hit or try to hit you with something	(N=32) 1.688	.625	4.84	.000	- 3.621	.000
15) Kick, bite, choke or hit you with something	(N=33) .970	.121	3.34	.022	- 2.817	.005
16) Beat you up	(N=32) .906	.094	3.52	.001	- 2.888	.004
17) Threaten you with a knife or gun	(N=32) .250	.125	.72	.474	- .734	.463
18) Stab you with a knife or fire a gun at you	(N=32) .063	.031	.44	.662	- .447	.655

\* 2-tailed test

	MEAN SCORES		T TEST		WILCOXON TEST	
	FATHER	MOTHER	T VALUE	P *	Z SCORE	P *
1) Discuss an issue calmly	(N=29) 1.138	2.069	3.27	.003	- 2.604	.009
2) Get information to support their argument	(N=25) .840	.920	.25	.808	-.392	.695
3) Bring in a third party to try to settle things	(N=27) .407	.444	.15	.879	-.039	.969
4) Leave or refuse to talk about an issue	(N=27) 1.407	1.000	1.39	.177	- 1.335	.182
5) Cry	(N=29) .310	1.138	- 3.72	.001	- 2.935	.003
6) Yell at or isolate you	(N=28) 1.536	1.893	-.98	.336	-.885	.376
7) Do or say something to spite you	(N=29) .828	.586	.89	.379	-.594	.552
8) Insult you or swear at you	(N=27) .889	.259	2.35	.027	- 2.191	.028
9) Throw, smash, hit or kick something	(N=29) .414	.207	1.03	.312	- 1.014	.310
10) Threaten to hit you or throw something at you	(N=29) 1.000	.690	1.10	.279	-.847	.397
11) Throw something at you	(N=29) .207	.241	-.21	.839	-.280	.779
12) Push, grab, shove you or pull your hair	(N=29) .517	.448	.27	.791	-.306	.760
13) Slap or spank you	(N=29) 1.310	.931	1.49	.148	- 1.373	.170
14) Hit or try to hit you with something	(N=28) .893	.571	1.16	.256	- 1.130	.258
15) Kick, bite, choke or hit you with something	(N=29) .241	.103	.75	.459	-.730	.465
16) Beat you up	(N=29) .414	.103	1.80	.083	- 1.604	.109
17) Threaten you with a knife or gun	(N=29) .103	0	1.36	.184	- 1.342	.180
18) Stab you with a knife or fire a gun at you	(N=29) .035	0	1.00	.326	- 1.000	.317

\* 2-tailed test

and women's fathers. By comparison of mean scores, the women's fathers were more likely to discuss an issue calmly, get information to support their argument, bring in a third party to try to settle things and cry; all non-violent conflict tactics. The men's fathers, however, scored higher (in some cases more than one mean scaled score higher) on every one of the aggressive or violent responses. This would tend to debunk the notion preferred by some individuals that battered women are likely to have been physically abused as children (the question of sexual abuse as previously discussed may be another matter). It supports the contention that many violent men gained their first experiences with violence in the parental home by being on the receiving end of their father's aggression.

The next comparison is between the present disagreement tactics employed by the male subject with those that his father used with him as a boy and then those disagreement tactics employed by his mother when he was a child (Tables 4:55 and 4:56). Regarding their fathers, the men as adults perceived themselves to be significantly more likely to discuss an issue calmly; get information to support their argument; bring in a third party to try to settle things; cry; do or say something spiteful; insult or swear at his partner; and throw, smash, hit or kick something. They saw their father as being significantly more likely to yell at them or isolate them and to hit or try to hit them with something. Outside of the clear indication that the men believe that they are doing more non-violent communication as adults than their fathers did with them as boys, there is no conclusion

TABLE 4.55

## CONTRAST BETWEEN OWN TACTICS AND FATHER'S TACTICS : MEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	FATHER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=35) 1.800	.857	- 4.43	.000	- 3.263	.001
2) Get information to support their argument	(N=28) 1.429	.393	- 3.99	.000	- 2.978	.003
3) Bring in a third party to try to settle things	(N=27) .815	.259	- 2.50	.019	- 2.068	.039
4) Leave or refuse to talk about an issue	(N=34) 1.265	1.471	.760	.451	- .649	.516
5) Cry	(N=35) 2.543	.257	-16.39	.000	- 5.012	.000
6) Yell at or isolate you	(N=35) 1.543	2.343	3.36	.002	- 2.768	.006
7) Do or say something to spite you	(N=34) 1.941	1.147	- 2.50	.018	- 2.210	.027
8) Insult you or swear at you	(N=32) 2.313	1.781	- 2.20	.036	- 1.962	.050
9) Throw, smash, hit or kick something	(N=33) 1.455	.909	- 2.15	.040	- 1.871	.061
10) Threaten to hit you or throw something at you	(N=35) 1.571	2.029	1.57	.125	- 1.414	.157
11) Throw something at you	(N=34) .559	.500	- .28	.782	- .314	.754
12) Push, grab, shove you or pull your hair	(N=34) 1.735	1.500	- 1.07	.292	- 1.092	.275
13) Slap or spank you	(N=32) 1.719	2.000	1.14	.263	- 1.004	.316
14) Hit or try to hit you with something	(N=33) .667	1.667	4.42	.000	- 3.406	.001
15) Kick, bite, choke or hit you with something	(N=34) 1.206	1.000	- .85	.401	- .966	.334
16) Beat you up	(N=33) .546	.849	1.47	.152	- 1.263	.207
17) Threaten you with a knife or gun	(N=34) .118	.235	.94	.353	- .845	.398
18) Stab you with a knife or fire a gun at you	(N=34) 0	.059	1.00	.325	- 1.000	.317

\* 2-tailed test

CONTRAST BETWEEN OWN TACTICS AND MOTHER'S TACTICS : MEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	MOTHER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=32) 1.906	1.813	- .37	.716	- .411	.681
2) Get information to support their argument	(N=27) 1.482	.852	- 2.51	.019	- 2.306	.021
3) Bring in a third party to try to settle things	(N=28) .857	.786	- .28	.779	- .497	.619
4) Leave or refuse to talk about an issue	(N=30) 1.100	1.100	0	1.000	0	1.000
5) Cry	(N=32) 2.563	1.500	- 3.74	.001	- 3.099	.002
6) Yell at or isolate you	(N=31) 1.516	2.129	2.39	.024	- 2.094	.036
7) Do or say something to spite you	(N=31) 1.936	.613	- 5.45	.000	- 3.700	.000
8) Insult you or swear at you	(N=30) 2.333	.700	- 6.27	.000	- 3.835	.000
9) Throw, smash, hit or kick something	(N=30) 1.400	.233	- 5.06	.000	- 3.606	.000
10) Threaten to hit you or throw something at you	(N=31) 1.581	1.387	- .76	.455	- .785	.433
11) Throw something at you	(N=30) .600	.367	- 1.27	.214	- 1.381	.167
12) Push, grab, shove you or pull your hair	(N=30) 1.800	1.067	- 3.06	.005	- 2.659	.008
13) Slap or spank you	(N=29) 1.759	1.621	- .57	.573	- .644	.520
14) Hit or try to hit you with something	(N=30) .600	.633	.14	.893	- .155	.877
15) Kick, bite, choke or hit you with something	(N=31) 1.226	.129	- 4.61	.000	- 3.248	.001
16) Beat you up	(N=29) .655	.069	- 3.10	.004	- 2.667	.008
17) Threaten you with a knife or gun	(N=30) .133	.133	0	1.000	- .314	.753
18) Stab you with a knife or fire a gun at you	(N=30) .033	.033	0	1.000	0	1.000

\* 2-tailed test

that can be drawn from the comparison. The belief in communicating more in disagreements would appear to be spurious in light of their admitted problems with violence, unless their fathers were even more violent to them as boys than the mean scaled scores indicate.

The comparison between the man's adult disagreement tactics with those that his mother used with him during childhood yields predictable results. Based on the men's perception, the only thing that mothers were significantly more likely to do were to yell at or isolate their sons when angry as opposed to the men yelling at or isolating their wives. The men were significantly more likely to get information to support their argument; cry; do or say something spiteful; insult or swear at the partner; throw, smash, hit, or kick something; push, grab, shove or pull hair; kick, bite, choke or hit with a fist; and beat someone up. This is a very clear indication that the men are engaging in a substantially greater degree of violence as adults than their mother used on them as children. It also further implicates the father as the likely problem person for those who would believe that childhood environment is a key variable in the development of violent men.

The comparison of the women's disagreement tactics as an adult with those used by her parents when she was a child yielded somewhat surprising results (Tables 4:57 and 4:58). Clearly the women perceived themselves more likely to be aggressive or



TABLE 4.57

## CONTRAST BETWEEN OWN TACTICS AND FATHER'S TACTICS : WOMEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	FATHER	T VALUE	P *	Z SCORE	P *
1) Discuss an issue calmly	(N=30) 2.200	1.200	- 3.34	.002	- 2.857	.004
2) Get information to support their argument	(N=27) 1.370	.778	- 2.05	.050	- 1.852	.064
3) Bring in a third party to try to settle things	(N=27) .741	.407	- 1.36	.185	- 1.287	.198
4) Leave or refuse to talk about an issue	(N=27) 1.667	1.296	- 1.17	.252	- 1.328	.184
5) Cry	(N=30) 2.033	.300	- 9.36	.000	- 4.457	.000
6) Yell at or isolate you	(N=27) 2.259	1.482	- 2.84	.009	- 2.461	.014
7) Do or say something to spite you	(N=29) 1.621	.759	- 2.99	.006	- 2.757	.006
8) Insult you or swear at you	(N=29) 1.828	.828	- 3.31	.003	- 2.905	.004
9) Throw, smash, hit or kick something	(N=30) .933	.400	- 2.11	.043	- 1.916	.055
10) Threaten to hit you or throw something at you	(N=29) .759	1.069	.98	.338	- .958	.338
11) Throw something at you	(N=30) .400	.200	- 1.24	.227	- 1.177	.239
12) Push, grab, shove you or pull your hair	(N=30) .500	.500	0	1.000	- .157	.875
13) Slap or spank you	(N=30) .633	1.300	2.82	.009	- 2.300	.021
14) Hit or try to hit you with something	(N=30) .400	.967	1.90	.067	- 1.791	.073
15) Kick, bite, choke or hit you with something	(N=30) .467	.233	- 1.23	.229	- 1.245	.213
16) Beat you up	(N=30) .067	.400	- 1.62	.115	- 1.753	.080
17) Threaten you with a knife or gun	(N=30) .433	.100	- 1.90	.067	- 1.750	.080
18) Stab you with a knife or fire a gun at you	(N=30) .133	.033	- .90	.375	- .802	.423

\* 2-tailed test

CONTRAST BETWEEN OWN TACTICS AND MOTHER'S TACTICS : WOMEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	MOTHER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=29) 2.172	2.069	- .39	.698	- .501	.616
2) Get information to support their argument	(N=27) 1.444	1.074	- 1.21	.239	- 1.250	.211
3) Bring in a third party to try to settle things	(N=26) .731	.577	- .54	.596	- .568	.570
4) Leave or refuse to talk about an issue	(N=28) 1.714	.964	- 2.21	.036	- 2.110	.035
5) Cry	(N=29) 2.069	1.138	- 4.31	.000	- 3.239	.001
6) Yell at or isolate you	(N=27) 2.259	1.926	- 1.47	.153	- 1.422	.155
7) Do or say something to spite you	(N=28) 1.679	.607	- 4.17	.000	- 3.397	.001
8) Insult you or swear at you	(N=28) 1.857	.357	- 6.15	.000	- 3.912	.000
9) Throw, smash, hit or kick something	(N=29) .966	.207	- 3.54	.001	- 2.762	.006
10) Threaten to hit you or throw something at you	(N=28) .786	.643	- .56	.581	- .511	.609
11) Throw something at you	(N=29) .414	.241	- 1.31	.202	- 1.185	.236
12) Push, grab, shove you or pull your hair	(N=29) .517	.448	- .32	.752	- .445	.657
13) Slap or spank you	(N=29) .655	.931	1.02	.318	- .923	.356
14) Hit or try to hit you with something	(N=28) .429	.571	.60	.556	- .559	.576
15) Kick, bite, choke or hit you with something	(N=29) .483	.103	- 2.81	.009	- 2.445	.014
16) Beat you up	(N=29) .069	.103	.27	.787	- .447	.655
17) Threaten you with a knife or gun	(N=29) .448	0	- 2.78	.010	- 2.521	.012
18) Stab you with a knife or fire a gun at you	(N=29) .138	0	- 1.28	.212	- 1.342	.180

\* 2-tailed test

violent as adults than either parent was with her as a child. The only thing that the fathers were perceived to be significantly more likely to do was to slap or spank their daughters as opposed to the women slapping or spanking their husbands. The women viewed themselves as being significantly more likely to discuss an issue calmly; get information to support their arguments; cry; yell at or isolate their partners; do or say something spiteful; insult or swear at their partner; and throw, smash, hit or kick something.

This pattern held with their mothers who were not significantly more likely to do anything. Their daughters, however, were significantly more likely to use leaving or refusing to talk about an issue; crying; doing or saying something spiteful; insults or swearing; throwing, smashing, hitting or kicking things; kicking, biting, choking, or hitting with a fist; and threatening with a knife or gun. It should again be noted, however, that the mean scaled response scores for women are consistently lower for the aggressive behaviour than those achieved by the men. This is the case with few exceptions.

Why? There does not appear to be a childhood environment connection with violence that would account for the women's self reported behaviour. Does entry into a relationship cause women with little or no parental modelling of aggressive disagreement tactics to suddenly develop a few? Are they learned elsewhere? How? One answer to these questions, and the one the

writer believes to be closest to the truth for the majority of battered women; is that the women do learn these aggressive disagreement tactics elsewhere; from their partners. Based on the mean response scores, the men are far more likely to engage in aggressive or abusive behaviour. It would be likely that the cumulative effect of this abuse would lead the women themselves into forms of aggressive behaviour which they previously had not learned or exhibited. This view is based on a careful review of the audio-tapes from the interview. Almost inevitably it was the man who became abusive in the first instance (acknowledged by the men themselves) and the women eventually retaliated at some level. Defensive aggression characterized the women's dominant response mode. They would lash out, verbally or physically, to protect themselves or their children. Their anger at the treatment they received has been previously mentioned and it would follow that such anger could lead to further aggressive verbal outbursts.

This is not to argue that women's behaviour is never offensive or provocative in the first instance. There are numerous clearly documented cases to the contrary. But it is unlikely that most women will engage in offensive or provocative behaviour given the substantial differences in size and physical strength, and usually, their previous experience of their partner's reaction to such actions which are frequently perceived as threats to his position in the relationship.

The last comparison involving parents concerns the disagreement tactics employed by the women's partners with those used by their fathers (Table 4:59). Again the differences are clear. The women's fathers were not significantly more likely to engage in any of the target behaviours. The women's partners, however, were significantly more likely to cry; do or say something spiteful; insult or swear at them; throw, smash, hit or kick something; threaten to hit them or throw something at them; throw something at them; push, grab, shove them or pull their hair; kick, bite, choke them, or hit them with a fist; and threaten them with a knife or a gun. This clearly illustrates the difference between the violence the woman experiences in her childhood home and that which she experiences at the hands of her partner. It is also a powerful indicator that it is necessary to focus on the men's violent behaviour rather than on the women or their backgrounds.

The final comparison concerns what each individual considers to be their own disagreement tactics as opposed to their partner's disagreement tactics (Tables 4:60 and 4:61). A perfunctory glance at both tables tells us that there are areas of both substantial agreement and disagreement. The first nine items of the scale is where the disagreement occurs. The men believe that they are significantly more likely to discuss an issue calmly and get information to support their argument; the women believe that precisely the opposite is the case. (One has to wonder why, if the former is true, how so many incidents end

TABLE 4.59

CONTRAST BETWEEN PARTNER'S TACTICS AND FATHER'S TACTICS : WOMEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	PARTNER VALUE	FATHER VALUE	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=30) 1.200	1.200	0	1.000	-.019	.985
2) Get information to support their argument	(N=26) .615	.731	-.34	.740	-.377	.706
3) Bring in a third party to try to settle things	(N=27) .370	.407	-.15	.879	-.392	.695
4) Leave or refuse to talk about an issue	(N=28) 1.393	1.357	.10	.924	-.080	.936
5) Cry	(N=29) 2.448	.310	11.23	.000	-4.457	.000
6) Yell at or isolate you	(N=29) 1.276	1.483	-.64	.527	-.519	.603
7) Do or say something to spite you	(N=30) 2.467	.800	6.65	.000	-4.014	.000
8) Insult you or swear at you	(N=29) 2.621	.828	5.84	.000	-3.929	.000
9) Throw, smash, hit or kick something	(N=30) 1.800	.400	5.77	.000	-3.808	.000
10) Threaten to hit you or throw something at you	(N=29) 1.931	1.000	2.80	.009	-2.450	.014
11) Throw something at you	(N=29) .966	.138	4.16	.000	-3.258	.001
12) Push, grab, shove you or pull your hair	(N=30) 1.900	.500	4.70	.000	-3.386	.001
13) Slap or spank you	(N=30) 1.733	1.300	1.86	.073	-1.616	.106
14) Hit or try to hit you with something	(N=30) .633	.967	-1.54	.134	-1.415	.157
15) Kick, bite, choke or hit you with something	(N=30) 1.600	.233	5.65	.000	-3.786	.000
16) Beat you up	(N=29) 1.069	.310	2.91	.007	-2.508	.012
17) Threaten you with a knife or gun	(N=29) .345	.035	2.77	.010	-2.366	.018
18) Stab you with a knife or fire a gun at you	(N=29) .035	.035	0	1.000	0	1.000

\* 2-tailed test

CONTRAST BETWEEN OWN TACTICS AND PARTNER'S TACTICS : MEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	PARTNER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=34) 1.765	1.324	2.33	.026	- 2.166	.030
2) Get information to support their argument	(N=32) 1.375	.750	2.64	.013	- 2.439	.015
3) Bring in a third party to try to settle things	(N=31) .742	.677	.35	.730	- .431	.666
4) Leave or refuse to talk about an issue	(N=35) 1.257	2.057	-2.85	.007	- 2.523	.012
5) Cry	(N=34) 2.559	2.147	1.99	.055	- 1.885	.059
6) Yell at or isolate you	(N=35) 1.486	2.057	-2.72	.010	- 2.400	.016
7) Do or say something to spite you	(N=34) 1.941	1.941	0	1.000	0	1.000
8) Insult you or swear at you	(N=33) 2.273	2.152	.63	.535	- .592	.554
9) Throw, smash, hit or kick something	(N=33) 1.394	1.091	1.58	.125	- 1.650	.099
10) Threaten to hit you or throw something at you	(N=35) 1.571	.971	2.40	.022	- 2.205	.027
11) Throw something at you	(N=34) .559	.618	- .30	.763	- .362	.717
12) Push, grab, shove you or pull your hair	(N=34) 1.735	1.088	3.97	.000	- 3.201	.001
13) Slap or spank you	(N=33) 1.727	1.091	2.88	.007	- 2.354	.019
14) Hit or try to hit you with something	(N=34) .559	.441	.63	.535	- .565	.572
15) Kick, bite, choke or hit you with something	(N=35) 1.171	.571	3.64	.001	- 3.038	.002
16) Beat you up	(N=33) .515	.030	3.20	.003	- 2.746	.006
17) Threaten you with a knife or gun	(N=35) .143	.200	- .57	.571	- .629	.529
18) Stab you with a knife or fire a gun at you	(N=35) .029	0	1.00	.324	- 1.000	.317

\* 2-tailed test

## CONTRAST BETWEEN OWN TACTICS AND PARTNER'S TACTICS : WOMEN

	MEAN SCORES		T TEST		WILCOXON TEST	
	SELF	PARTNER	T VALUE	P * VALUE	Z SCORE	P * VALUE
1) Discuss an issue calmly	(N=31) 2.129	1.226	3.42	.022	- 2.776	.006
2) Get information to support their argument	(N=29) 1.414	.690	- 2.87	.008	- 2.663	.008
3) Bring in a third party to try to settle things	(N=29) .690	.345	- 1.67	.106	- 1.478	.139
4) Leave or refuse to talk about an issue	(N=30) 1.700	1.367	- 1.01	.321	- .852	.394
5) Cry	(N=30) 2.033	2.467	1.82	.079	- 1.791	.073
6) Yell at or isolate you	(N=29) 2.276	1.345	- 3.43	.002	- 2.825	.005
7) Do or say something to spite you	(N=30) 1.567	2.467	3.20	.003	- 2.731	.006
8) Insult you or swear at you	(N=31) 1.871	2.613	3.14	.004	- 2.783	.005
9) Throw, smash, hit or kick something	(N=31) .903	1.807	3.54	.001	- 2.920	.004
10) Threaten to hit you or throw something at you	(N=29) .759	1.828	4.15	.000	- 3.232	.001
11) Throw something at you	(N=30) .400	.967	2.81	.009	- 2.485	.013
12) Push, grab, shove you or pull your hair	(N=31) .548	1.936	7.11	.000	- 4.224	.000
13) Slap or spank you	(N=31) .677	1.742	4.60	.000	- 3.424	.001
14) Hit or try to hit you with something	(N=31) .419	.677	1.00	.325	- .785	.433
15) Kick, bite, choke or hit you with something	(N=31) .452	1.613	6.06	.000	- 4.000	.000
16) Beat you up	(N=30) .067	1.100	4.55	.000	- 3.288	.001
17) Threaten you with a knife or gun	(N=30) .433	.333	- .52	.610	- .400	.689
18) Stab you with a knife or fire a gun at you	(N=30) .133	.033	- .90	.375	- .802	.423

\* 2-tailed test



with violent exchanges). The men also believe that the women are significantly more likely to leave or refuse to talk about an issue while the women are more equivocal about that particular tactic, with the trend tending to support the men's contention. The women, however, further believe that the men are significantly more likely to do or say something to spite them; insult them or swear at them; throw, smash, hit, or kick something; and throw something at them. The men are much more equivocal, indicating that these disagreement tactics are about as likely to be performed by one partner as the other. Their disagreement ends there.

Both sides believe that the women are significantly more likely to yell at the men or isolate them. They further believe that the men are significantly more likely to threaten to hit the women or throw something at them; push them, grab them, shove them or pull their hair; slap or spank them; kick, bite, choke them or hit them with a fist; and beat them up. While there is notable disagreement about who is the aggressor when the disagreement is verbal, there is no question regarding what happens once the altercation escalates to physical confrontation. It is the men who cross that barrier.

An overall examination of these conflict tactics indicates that both men and women agree that the men are far more likely to perpetrate physical violence than women. This appears to be the case in childhood homes as well as in marital homes. While

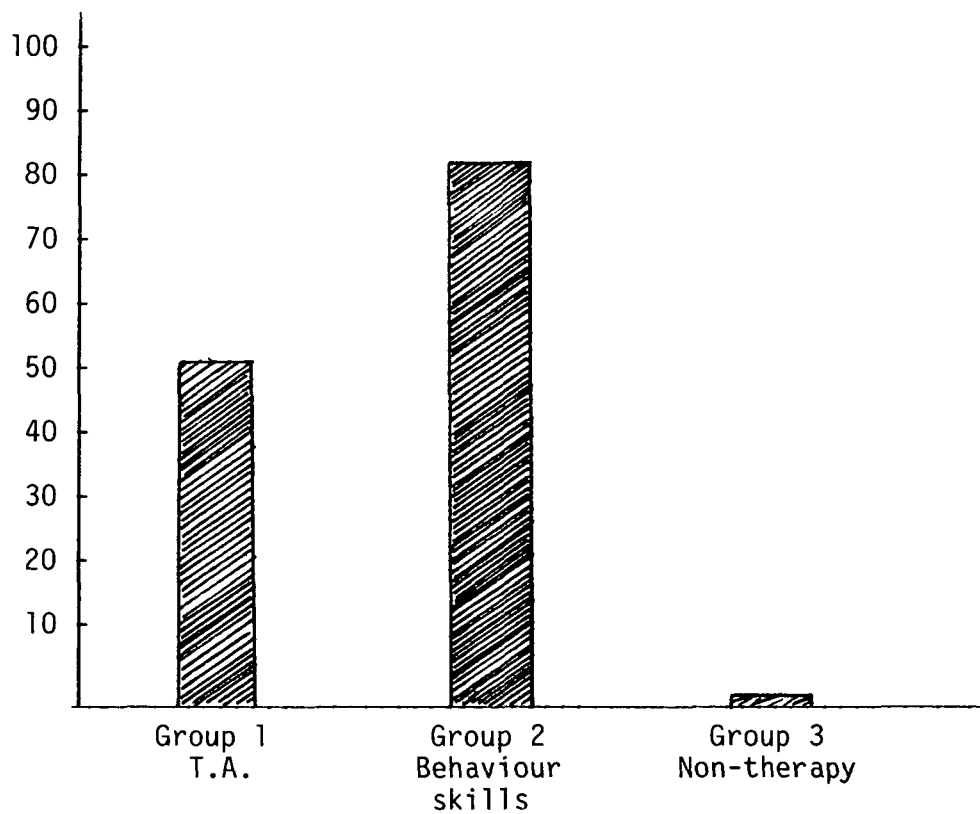
this finding does not come as a surprise, the substantial concordance of opinion voiced by the men themselves was not entirely expected. As previously stated, these results cannot be regarded as "scientifically valid", however, the clear trends which emerge demand public acknowledgement and attention. Male violence is the problem, and must be addressed by those who would have us believe that this is a safe and just society.

#### IV. OUTCOME AND FIRST FOLLOW-UP

In terms of completion rates the group utilising behavioural methodology was clearly the most successful (Table 4:62). The T.A. group had a completion rate of 50% for the six months of therapy (which was one of the criteria necessary for the group to be defined as a success). Four of the T.A. group members dropped out within the first three weeks of the programme. The behavioural skills group had a completion rate of 83% (91% if based on the number of men who attended at least one session). Of the two individuals who dropped out of the second group, one did not attend any sessions, citing transportation difficulties, while the other dropped out in the seventh week, stating that he had adopted Christian values and no longer felt it necessary to participate in the group. The discussion (non-therapy) group was a complete failure. Mere presence in a cohort group which discussed members' violence was not an effective means of keeping these men engaged. The group was marked by chronically low attendance, with most sessions having only two or three individuals present. The group was disbanded after three months. The individual facilitating the group, working outside of the present research project, then initiated a group based on behaviourally oriented therapeutic approaches similar to those employed in the second group. This group for violent men attracted fourteen men who attended regularly, with eleven completing the group which terminated after twelve weeks. On the basis of these results it would appear that

violent men's groups offering therapeutic interventions are far more effective in keeping participants engaged than non-therapy or discussion groups.

TABLE 4:62

COMPLETION RATES

Concerning further spouse abuse related involvement with the police and courts during the group or the follow-up period, two individuals from the first group were apprehended by the police for assaulting their partner. One of these men was eventually placed on a Restraining Order under Section 99 of the Justices Act and ordered not to further strike or harrass his partner. The second man was charged with several counts of assault, fined, and given a suspended jail sentence. He too

was placed on a Restraining Order and ordered not to go near his wife or children. Both men had completed the group.

In the second group, the individual who dropped out was twice apprehended by police following assaults on his wife. He was fined and given a suspended sentence and also placed on a Restraining Order stipulating that he not assault her again. The men who completed the course had no involvement with the police or courts during the group or during the six month follow-up period.

In the discussion group, four men were involved with the police and courts. Two of the men were jailed for several days following assaults and were later fined, placed on probation and Restraining Orders were issued prohibiting further attacks. A third man was apprehended for assault with the charge later being dropped by his partner. The fourth man was detained by police for assaulting his ex-wife and later placed under psychiatric care. The fourth group, the non-intervention control group, was very difficult to assess as most of the men either could not be located or were unwilling to participate in interviews and testing despite offers of \$10.00 payments for each interview and test completed. An adequate comparison of this group with the other three groups will not be possible. However, it was learned that three of the men in this group were placed on probation for assault (two for assaulting partners and one for assaulting a third party), and a fourth man was jailed for assaulting his partner and a third party. As far as is known

there were no other assaults involving the police. Thus, in terms of assaultive behaviour involving police, the behavioural group had the lowest incidence of involvement.

Upon completion of each group the men and their partners were asked how they felt they had gone in the group (Tables 4:63 and 4:64). Clearly, both the men and the women believed Groups 1 and 2 to be the most successful, with the men being more enthusiastic in believing that they had performed well. In terms of a belief that the group had been successful, 21 of 30 men who agreed to interviews made statements supporting this contention, 4 men indicated that the group had not been successful and 5 men were unsure about the success of the group.

The women were less convinced that the group was a success; with only 12 of the 25 women who agreed to be interviewed indicating through their statements that this in fact was the case. Four of the women believed that their partner's involvement had been unsuccessful, and nine of the women were unsure of the success of the group. Obviously, the men would have a bias towards believing that they had done well, while the women were unwilling to completely ratify this belief. However, the women were also reluctant to say the group was unsuccessful. Many of the women were happy to report that changes had been made, but were concerned about their partner's commitment toward sustaining that change over time. Considering the abuse that the women had been subjected to in the past this would probably

be the most reasonable position to adopt. Overall, Group 2 received more positive statements and fewer negative statements from both men and women than did the other groups.

TABLE 4:63                      HOW THEY WENT IN THE GROUP - MEN

How do you feel you went in the group? - men	Group 1	Group 2	Group 3	Group 4	Total
<u>Successful</u>	8	10	3	N/A	21
Learned control	2	2	0	"	4
Knows himself better	2	4	2	"	8
Learned to communicate	0	3	1	"	4
Realised others with same problem	3	2	3	"	8
Got problem off his chest	1	0	1	"	2
Friendly group of men	1	4	0	"	5
Improved his self esteem	2	2	1	"	5
<u>Unsuccessful</u>	1	1	2	"	4
Practical problems in attending group	0	1	2	"	3
Criticisms of way group run	2	0	1	"	3
Half-hearted about group	1	1	0	"	2
Others in group worse	1	0	0	"	1
Partner obstructive	0	1	0	"	1
<u>Unsure about success</u>	1	0	4	"	5

TABLE 4:64

HOW MEN WENT IN THE GROUP - WOMEN

How do you feel he went in the group? - women	Group 1	Group 2	Group 3	Group 4	Total
<u>Successful</u>	5	5	2	N/A	12
Not violent now	0	4	0	"	4
Emotional improvement	3	5	2	"	10
Useful exercise	1	2	0	"	3
Realises he's not the only one	3	0	0	"	3
<u>Unsuccessful</u>	2	1	1	"	4
No change in behaviour	1	2	2	"	5
He's critical of way group run	0	0	1	"	1
He's half-hearted	3	2	3	"	8
Not violent, but worse in other ways	1	0	0	"	1
Changing only slowly	1	1	1	"	3
Didn't discuss group	1	1	1	"	3
<u>Unsure about success</u>	2	4	3	"	9

The men and women were also asked whether the man's behaviour had changed and how (Tables 4:65 and 4:66). The men reported that they perceived themselves to have changed quite substantially. They believed that they had more control over their behaviour, were better at communicating, knew themselves better, had a broader outlook on life and liked themselves more. Two men felt that they had not changed. Members from Group 2 made more positive remarks about themselves than other group members.



Again, an adequate comparison with control group members is not possible due to a very low level of responses by these individuals.

TABLE 4:65    HOW HAS YOUR BEHAVIOUR CHANGED? - MEN

Has your behaviour changed? How? - men	Group 1	Group 2	Group 3	Group 4	Total
Hasn't changed	0	1	1	0	2
More control etc.	7	8	2	1	18
Like self more	1	3	1	0	5
Better at communication	2	4	1	1	8
Broader outlook	0	4	2	0	6
Knows himself better	2	1	2	1	6
Don't know	1	0	0	0	1

The women were again somewhat less enthusiastic than the men in their responses. They believed that the men were more communicative and less violent but five women (from the three intervention groups) believed that no change had occurred and three reported that they believed he was now more verbally abusive than previously. Women whose partners were in Group 2 gave a greater number of positive responses than their counterparts from the other groups. While this is a less positive picture, a majority of the women gave responses indicating successful behaviour change.

TABLE 4:66 HOW HAS HIS BEHAVIOUR CHANGED? - WOMEN

Has his behaviour changed? How? - women	Group 1	Group 2	Group 3	Group 4	Total
More communication	4	7	2	1	14
More self-confidence	1	0	1	0	2
Think's he's better, but with qualifications	1	1	2	0	4
Less violent	4	3	2	1	10
More abusive (verbally)	2	0	0	1	3
Not sure	0	0	0	1	1
Knows him less now	0	1	0	0	1
Hasn't changed	1	2	2	0	5

When asked whether they had been violent during the period that their group was meeting, 16 of the 24 men interviewed (67%) said that they had not been violent (Table 4:67). Group 2 had the greatest number of men who had totally abstained from violence (7), but also had the greatest number of men (4) who admitted to at least one instance of violence. The women gave similar responses in terms of whether or not violence occurred, but indicated a higher frequency of violence (Table 4:68). Fourteen of twenty-three (61%) female respondents said that physical violence had totally abated.

While there is a slight discrepancy between what the men and women say, over 60% of each group agree that there had been no violent events during the time the group was meeting. As stopping

the violence was the primary goal of each group, these reports must be viewed as encouraging results.

TABLE 4:67                      VIOLENCE DURING GROUP - MEN

How many times have you been violent(while in the group - Groups 1, 2, 3)? - men	Group 1	Group 2	Group 3	Group 4	Total
Often	0	0	0	0	0
Sometimes	1	1	0	0	2
Seldom	1	3	2	0	6
Never	5	7	4	2	18

TABLE 4:68                      VIOLENT DURING GROUP - WOMEN

How many times has he been violent to you (while in the group - Groups 1, 2, 3)? - women	Group 1	Group 2	Group 3	Group 4	Total
Often	0	1	0	0	1
Sometimes	0	3	2	0	5
Seldom	2	0	1	2	5
Never	5	6	3	0	4

As had been anticipated, several of the group members or their wives had some form of contact with a social service agency (e.g. Crisis Care, Department of Community Welfare, or a Community Health Centre) in response to some form of family problem.

A total of 25 such contacts occurred (one visit to or from a service provider was considered one contact) and were evenly distributed over the four groups. Obviously these interventions may have had an effect on the group members. They created new uncontrolled variables which cloud the issue of whether behaviour change was due to the group therapy intervention or to some other factor. Self-reports from the men and women who took part in the contacts indicated that they did not have a significant bearing on the violence within the relationship. While these contacts are difficult to evaluate in terms of their potential to confound the reported results contained herein, it is the writer's belief that they have not had a significant effect. Such interventions are unavoidable in long term applied clinical work, and any effect they might cause is likely to be evenly distributed throughout all of the groups.

The women who were still having some form of contact with their partners were asked if they felt safer in the relationship following completion of the groups. Sixteen of the twenty women still having contact with their partners responded in the affirmative, however, six of the women voiced reservations of one form or another (Table 4:69). This serves as an indication that the women are feeling better about the situation but are not yet completely convinced that the violence is over. In light of the fact that the abuse has occurred over lengthy periods of time, this reticence is not surprising. That so many women were prepared to make any positive statement at

all regarding their safety, and could cite why they felt safer (Table 4:66), is viewed as an indicator of the success of elements of this project. Once again the women whose partners were in Group 2 gave the clearest indication that positive behaviour change had occurred.

TABLE 4:69                      RELATIONSHIP SAFETY - WOMEN

Do you feel safer in the relationship now? - women	Group 1	Group 2	Group 3	Group 4	Total
Violence under control	3	4	2	1	10
Yes, because separated	1	0	0	0	1
Yes, but with reservations	1	3	2	0	6
No different now	0	1	1	1	3

The respondents were also requested to give their prognosis for the relationship (Tables 4:70 and 4:71). Both men and women indicated a large degree of uncertainty with more women indicating their desire to terminate the relationship. These responses are indicative of the difficult nature of the problem and the intent on the part of both sides to make sober and realistic assessments on the basis of ongoing developments. Couples who were separated were not eager to reunite, and all who had resolved to separate did so, usually at the insistence of the woman over her partner's objections. As had been previously stated, salvaging the relationship was not the goal of interven-

tion. The focus is on what the man now does in situations where he is feeling angry. These situations can occur in all types of relationships and are not restricted to the former partner.

TABLE 4:70

PROGNOSIS - MEN

What do you think will happen with this relationship? - men	Group 1	Group 2	Group 3	Group 4	Total
Will continue	5	1	1	0	7
Finished	1	0	2	0	3
Depends	0	1	1	0	2
Just wait and see	1	8	0	1	10
Hope it continues	1	1	1	1	4
Don't Know	1	0	1	0	2

TABLE 4:71

PROGNOSIS - WOMEN

What do you think will happen with this relationship?- women	Group 1	Group 2	Group 3	Group 4	Total
Will continue	2	0	1	1	4
Finished	1	3	3	1	8
Depends	1	0	2	0	3
Just wait and see	3	3	0	0	6
Wants to separate	0	1	0	0	1
Will improve	1	2	0	0	3

V. OUTCOME: THE SECOND FOLLOW-UP

There was a substantial non-response rate for the six month follow-up interview. In spite of the \$10.00 offer for the completion of psychometric tests and interviews, very few members of Group 3 and Group 4 were prepared to take part in the follow-up interview. Results sufficient for comparison were obtained only for Groups 1 and 2. One reason for such a high rate of non-response was that several members of the third and fourth groups had relocated without leaving contact addresses. Another possible reason for non-compliance may have been that the men felt that they had not achieved anything and were not prepared to divulge further information about their personal lives. The non-response rates of these groups is viewed as evidence that these types of interventions are contra-indicated for work with violent men.

Regarding Groups 1 and 2, the questions asked at the post-group interview were repeated. In response to the question concerning their progress in the group, the men and women assigned to Group 2 gave responses very similar to those given at the first follow-up while the men and women assigned to Group 1 gave substantially different responses (Table 4:72). Male and female respondents from Group 1 were much less likely to report success at the second follow-up, while the men and women of the second group were still viewing the group involvement as successful. This would indicate that changes gained during the group

(presumably the reason why the group was viewed as successful) were sustained at the six month follow-up for Group 2, while Group 1 members were not able to sustain change to the same extent, particularly so according to the women.

TABLE 4:72 HOW THEY WENT IN THE GROUP - COMPARISON

How do you feel you went in the group? - men	Group 1		Group 2	
	1st Follow-up	2nd Follow-up	1st Follow-up	2nd Follow-up
Successful	8	4	10	8
Unsuccessful	1	1	1	1
Unsure	1	4	0	0
How do you feel he went in the group? - women				
Successful	5	1	5	5
Unsuccessful	2	5	1	-
Unsure	2	4	4	2

The next question was "Has your behaviour changed? How?". While the response categories were somewhat different at the six month follow-up, the pattern seen in Table 4:72 is repeated (Tables 4:73 and 4:74). For the men from Group 2, a total of 20 positive responses were given indicating ways in which they believed they had changed at the completion of the group (See Table 4:65). Six months later, 16 similar responses were given (two of the participants were not available for the six



month follow-up interview). The women from Group 2 gave 11 positive responses to this question upon completion of the group (Table 4:66). At the second follow-up there were again 11 positive responses although two fewer women were interviewed. With reference to Group 1, the men gave 12 positive responses to this question at the post-group interview (Table 4:65), while there were only six such responses at the six month follow-up (only 9 of the 10 men were interviewed at the six month follow-up). The women from Group 1 gave 10 positive examples of post group behaviour change (Table 4:66) and only 5 positive responses at the six month follow-up (the same number of women were interviewed on both occasions).

TABLE 4:73      HAS YOUR BEHAVIOUR CHANGED? - MEN

Has your behaviour changed? How? - men	Group 1	Group 2	Total
No more violence	-	2	2
Longer fuse now	4	4	8
Thinks more	1	4	5
Communicates more	1	5	6
No violence now, but communication poor	-	1	1

TABLE 4:74      HAS HIS BEHAVIOUR CHANGED? - WOMEN

Has his behaviour changed? How? - women	Group 1	Group 2	Total
More controlled	3	4	7
More communication	1	5	6
Intimidates now instead	-	1	1
No better than before	2	-	2
Defuses quicker	1	2	3

In response to the question as to whether the men had been violent during the six month follow-up period, Group 2 members again achieved better results (Tables 4:75 and 4:76). Three of the nine men interviewed reported at least one incident of abuse during the follow-up period. Two of the eight partners interviewed said that at least one violent event had occurred. Five of the nine men from Group 1 admitted to at least one incidence of violence and four of the eight women from that group agreed with that contention.

TABLE 4:75      INCIDENTS OF ABUSE - MEN

How many times have you been violent? - men	Group 1	Group 2	Total
Often	1	1	2
Sometimes	3	-	3
Seldom	1	2	3
Never	2	3	5
Only verbally	1	2	3
No contact	1	1	2

TABLE 4:76                      INCIDENTS OF ABUSE - WOMEN

How many times has he been violent? - women	Group 1	Group 2	Total
Often	1	-	1
Sometimes	2	-	2
Seldom	1	2	3
Never	3	6	9
Intimidates instead	1	-	1

A comparison of the frequency of abuse at the six month follow-up with the frequency of abuse reported in the initial interview indicates that both groups achieved a reduction in the frequency of abuse (Table 4:76). At the initial interview eight members from Group 1 admitted that they were violent sometimes or on a seldom basis. Nine of the ten women who had partners in the first group said that the men were often violent in four cases, sometimes violent in two cases and seldom violent in three cases. At the six month follow-up three of the men said they were still violent (one often and two seldom), with the remaining six claiming they were no longer physically violent. Four of the women agreed that physical abuse had stopped (one because she left) but the other four women stated that violence had continued. While it appears that some reduction in violence occurred for this group the results would not warrant a recommendation that Transactional Analysis methods be utilised for counselling violent men in groups.

Group 2 achieved substantially better results. In the initial interview seven of the eleven men interviewed admitted to violence (1 often, 4 sometimes, and 2 seldom). Their partners indicated that 4 were often violent, 3 sometimes violent, and 4 seldom violent. At the six month follow-up three of the nine men interviewed indicated that violence had occurred since the termination of the group (1 often and 2 sometimes) with the remaining six staying free of violent incidents (one man had not seen his partner throughout this period). The women corroborated what the men said with six of eight stating that no violence had occurred during the follow-up period. Two women indicated that violence had seldom occurred. In summary, in the initial interview, twenty-one women from Groups 1 and 2 gave responses to a question concerning the frequency of violence of their partners. Eight said that they were often violent, five said they were sometimes violent and seven indicated that they were seldom violent. At an interview six months after completion of the groups (approximately one year after the initial interview), sixteen women participated. One woman indicated that her partner was often violent, two said he was sometimes violent and three said he was seldom violent. Nine of the sixteen women interviewed from the first two groups indicated that there had been no violence during the follow-up period. The men attending Group 2 using behavioural intervention strategies clearly achieved the greatest degree of reduction in violence as attested to by both the men and the women.

TABLE 4:77 FREQUENCY OF VIOLENCE - A COMPARISON

How many times have you been violent? - men	Initial Interview		6 month follow-up Interview	
	Group 1	Group 2	Group 1	Group 2
Often (once every 3 weeks or less)	0	1	1	1
Sometimes (once every 1-4 months)	5	4	3	-
Seldom (once every 6 months or more)	3	2	1	2
Not defined temporally	1	2	-	-
Can't remember	-	2	-	-
Never	-	-	2	3
Only verbally	1	-	1	2
No contact			1	1
How many times has he been violent? - women				
Often	4	4	1	-
Sometimes	2	3	2	-
Seldom	3	4	1	2
Not defined temporally	-	-	-	-
Can't remember	-	-	-	-
Never	-	-	3	6
No contact	-	-	-	-
Intimidates instead	-	-	1	-

Once again men and women reported a number of contacts with social service agencies (10 altogether). As previously dis-

cussed, such contacts are unavoidable in research of this nature. While it cannot be established that these contacts did not have an effect on the final outcome, based on self-reports from those having the contacts, it is unlikely that an effect would occur. Further, any effect which may be caused is likely to be evenly distributed through all of the groups.

When asked whether they were feeling safer in their relationship with their partner, the sixteen women gave 11 responses which indicated a perception of greater safety (Table 4:78). Six of these responses came from women assigned to the second group. This is virtually the same result achieved in the first follow-up interview and serves as an indication that any changes achieved during the six months of therapy were likely to have been sustained at the six month follow-up interview.

TABLE 4:78      SAFETY IN THE RELATIONSHIP - WOMEN

Do you feel safer in this relationship? - women	Group 1	Group 2	Total
Yes	2	4	6
Probably safer	2	1	3
Only physically	1	1	2

Finally, both parties were asked about their thoughts on the future of their relationship. Responses from the men and women were consistent with some making a commitment to continue in

the relationship (six couples), some ending the relationship (four couples), and some still waiting to see what happens (three couples); and were not remarkably different from the statements given at the post group interview.

## VI. CAQ RESULTS

The Clinical Analysis Questionnaire was administered at the initial interview, upon completion of each group (after six months in the case of Groups 3 and 4), and at the six month follow-up interview. The scores discussed below are stens (standard-ten scores). Stens have a mean of 5.5 in the reference population (a sample of normal adults) with a standard deviation of 2 and a range between 1 and 10 (Krug, 1980). High sten scores are considered to be between 8 and 10 and low stens between 1 and 3. Such scores place individuals in the upper or bottom 15th percentile respectively, regarding the reference population. Sten scores of 4 and 7 represent deviations from the norm but are not so significant as the higher and lower sten ranges (Krug, 1980). While there are 28 subscales contained in the CAQ, the present discussion will be limited only to those scales which were of relevance to the research project as judged by the writer and the clinical psychologist employed to score the tests. Appendix 5 contains a CAQ profile of one of the project participants and serves as an example.

Table 4:79 represents the mean sten scores achieved by the sample as a whole and by groups. The first portion of the table concerns normal personality traits. The low scores achieved on emotional stability and self discipline serve as evidence of an anxiety pattern, as these traits are import-



TABLE 4:79

## COMPARISON OF GROUP MEAN SCORES FOR

## INITIAL (BASE-LINE) CAQ TEST

SUB-SCALE	Overall	MEAN SCORES				F Ratio	P Value
		Group 1	Group 2	Group 3	Group 4		
WARMTH	4.704	5.500	4.000	4.286	5.600	1.721	.1905
EMOTIONAL STABILITY	3.333	2.667	3.111	3.857	3.800	1.239	.3185
DOMINANCE	4.407	4.500	4.333	3.857	5.200	.562	.6456
IMPULSIVITY	4.704	3.167	5.111	5.143	5.200	1.719	.1909
SUSPICIOUSNESS	6.482	6.500	6.667	6.000	6.800	.198	.8964
SHREWDNESS	6.778	7.500	6.444	6.571	6.800	.368	.7766
INSECURITY	6.778	6.500	7.111	7.000	6.200	.483	.6973
SELF-DISCIPLINE	3.296	2.500	2.889	3.857	4.200	1.233	.3206
	(N=27)	(N=6)	(N=9)	(N=7)	(N=5)		
PARANOIA	7.500	8.500	7.625	6.143	8.000	2.552	.0816
PSYCHOPATHIC DEVIATION	4.462	3.833	5.000	3.857	5.200	1.068	.3831
SCHIZOPHRENIA	7.385	7.333	7.875	6.429	8.000	1.502	.2415
PSYCHASTHENIA	7.154	8.000	7.750	5.714	7.200	2.751	.0670
PSYCHOLOGICAL INADEQUACY	6.885	7.500	7.125	6.286	6.600	.538	.6611
EXTRAVERSION	4.100	3.450	3.775	4.657	4.620	.968	.4254
ANXIETY	7.542	8.000	7.700	7.314	7.060	.338	.7981
INDEPENDENCE	4.981	5.050	4.825	4.629	5.640	.353	.7875
SUPEREGO STRENGTH	3.785	3.567	3.350	4.129	4.260	.451	.7188
SOCIALIZATION	6.323	7.550	5.775	6.500	5.480	2.027	.1394
DEPRESSION	7.565	8.650	7.813	6.457	7.420	2.221	.1142
NEUROTICISM	6.100	5.617	6.413	6.671	5.380	.797	.5089
	(N=26)	(N=6)	(N=8)	(N=7)	(N=5)		

ant contributors to the pattern (Krug, 1980). Low scores on emotional stability indicate that the individual is generally low in resources necessary to cope with day to day stress and tension (Krug, 1980). Cattell et al. (1970) and Karson and O'Dell (1976) have reported that low scores on this trait indicate a poor prognosis for therapeutic outcome. A low self-discipline score signals the individual's difficulty in keeping emotions under control.

The relatively high scores for shrewdness and insecurity indicate further problem areas. Individuals high in shrewdness are not readily swayed and prefer not to discuss their problems. Krug has indicated that individuals scoring high on this trait may encounter difficulties in relationships as they appear to be detached and may not be able to respond appropriately to their partner's emotional needs. The problem can be exacerbated when the individual is also insecure. Highscorers on this scale are thought to be anxious, brooding, easy to cry, depressive, lonely, easily upset and worried (Krug, 1980). The self-reports given by the subjects of this project unanimously ratify this description.

The relatively low score for dominance was not entirely anticipated. Certainly the perception of the violent man is one of a domineering, competitive and controlling man, while the current sample scored much closer to submissiveness and accommodation. However, low dominance scorers tend to store

their angry feelings and vent them only when pressure and tension become unbearable. The result is sudden violent explosions, an all too familiar occurrence in the case of violent men, and perhaps indicative of their passive/aggressive nature.

The first five items of the second portion of the table are the Clinical Factors of interest to the present project. The relatively high scores achieved by the sample for Paranoia, Schizophrenia, Psychasthenia, and Psychological Inadequacy are clear indicators that these men are very much a population in need of clinical attention. Feelings of persecution and jealousy were frequently voiced by the men and by the women about the men. These paranoid feelings correlate positively with the somewhat elevated score on suspiciousness. The high score for Schizophrenia serves as an indication that the men have some difficulty organising their thoughts into words and actions and that they feel unsupported and rejected by others. They are forgetful and experience the world somewhat differently from others (Krug, 1980). Nearly every one of the men and women described a situation in at least one of the interviews where he manifested a behaviour consistent with the above description. Krug describes Psychasthenia as the tendency toward obsessional types of behaviour which the individual perceives to be uncontrollable. The men in the present project said little to fit this characterisation. However, many of the women reported that they believed their partners were preoccupied with the need to control them in all aspects of the relation-

ship. The high score on this Clinical Factor would appear to substantiate the women's statements. Elevated scores in Psychological Inadequacy serve as evidence that individuals devalue themselves and feel that their situation is hopeless. The numerous reports of low self-esteem and depression on the part of the men served as evidence that this was indeed a problem for them.

The remaining portion of the Table contains Second-Order factors relevant to the present study. Extraversion, Superego Strength, Anxiety and Depression were the most notable factors. These men clearly are not extroverts. They tend to be oriented to their inner thoughts and feelings and are less involved with the outside world. Nearly all of the men reported having few friends and limited social contacts. The low score for Superego Strength indicates that the men tend toward unrestrained or sociopathic behaviour more so than normal populations. The high anxiety score reflects an uneasy or panicky state which nearly all of the men described. They felt constantly on edge and unable to relax. They had difficulty in pinpointing the source of their anxiety but frequently described a cluster of problems such as problems with work (or the lack of it), financial problems, family and relationship difficulties, and personal fears about being able to cope with these problems as the primary source of their discomfort. The men were demonstrably lacking in the personal resources needed to cope with and resolve these issues, and therefore found themselves locked

into a negative self-perpetuating cycle with no perceived exits. Anxiety has a high positive loading on several of the normal trait primaries including Suspiciousness and Insecurity as well as on several of the Clinical Factors including Paranoia and Psychasthenia. Depression is the logical concomitant of Anxiety with a correlation of 0.51 in clinical populations. The men frequently admitted their depression in interviews, however few of the women described their partners as depressed and neither men nor women gave any indication that they ever discussed feelings of depression. Depression has a substantial loading on Insecurity, six of the seven depression primaries, Schizophrenia, and Psychological Inadequacy.

In summary, the men scored substantially higher (sten score of 7 or more) than normal populations on Paranoia, Schizophrenia, Psychasthenia, Anxiety and Depression. They were substantially lower (sten score of 4 or less) than normal populations in Emotional Stability, Self-Discipline, and Super-ego Strength. It must be emphasized that these findings are based on the CAQ results of 27 violent men who completed the questionnaire at intake. The relatively small size of the sample and the fact that it is based on a voluntary self-referred population severely limits generalizability to other populations.

Post-test results were to a large extent confounded by reluctance on the part of the men to participate in follow-up test-

ing. It is not known why this occurred, particularly in light of the offer of money for each test completed. The lack of response made inter-group comparisons impossible. However, as a whole the sample completed enough of the post-group tests to make several statements about group therapy as a form of intervention.

Fifteen men completed the post-group CAQ. Eight of them were from Group 2, two were from Group 1, three were from Group 3 and two were from Group 4. The high compliance rate for Group 2 is probably a further indicator of the overall effectiveness of the group. As a whole, the group achieved significant ( $P < .05$ ) improvement in three of the main subscales (Table 4:80); they were Dominance, Insecurity and Self-Discipline. The remaining subscales all had trends in the expected direction.

The selected subscales representing the clinical factors showed significant improvement in four of five areas with a fifth subscale approaching statistical significance (Table 4:81). Scores from Paranoia, Psychopathic Deviation, Schizophrenia and Psychasthenia were all significantly better than pre-test results. Improvement in Personal Inadequacy approached statistical significance ( $P = .068$ ), the trend being in the expected direction.

Four of the second-order factor subscales achieved post-test statistically significant improvement (Table 4:82). They were

TABLE 4:80      COMPARISON (T-TEST) OF CAQ SCORES  
BEFORE GROUP AND AFTER GROUP  
WHOLE SAMPLE - Main subscales of interest

SUB-SCALE	MEAN SCORES			T Value	(2-tailed) P Value
	Test 1	Test 2	Test 3		
WARMTH	4.333	4.733		-1.00	.334
EMOTIONAL STABILITY	3.333	4.000		-1.28	.223
DOMINANCE	3.867	5.067		-2.81	.014
IMPULSIVITY	4.600	4.667		- .18	.860
SUSPICIOUSNESS	6.533	5.800		1.34	.202
SHREWDNESS	6.867	6.667		.64	.531
INSECURITY	7.267	6.133		2.28	.039
SELF-DISCIPLINE	3.333	4.333		-2.29	.038

(N=15)

TABLE 4:81      COMPARISON (T-TEST) OF CAQ SCORES  
BEFORE GROUP AND AFTER GROUP  
WHOLE SAMPLE - Minor subscales of interest

SUB-SCALE	MEAN SCORES			T Value	(2-tailed) P Value
	Test 1	Test 2	Test 3		
PARANOIA	7.429	6.214		3.63	.003
PSYCHOPATHIC DEV- IATION	4.500	5.571		-2.26	.042
SCHIZOPHRENIA	7.714	6.143		4.58	.001
PSYCHASTHENIA	6.929	6.000		2.62	.021
PSYCHOLOGICAL INADEQUACY	7.143	6.357		1.99	.068

(N=14)

Extraversion, Superego Strength, Depression and Psychoticism. Improvement in the level of Anxiety post-test approached statistical significance ( $P=.070$ ). Again, the remaining subscales all had trends in the expected direction.

TABLE 4:82      COMPARISON (T-TEST) OF CAQ SCORES  
BEFORE GROUP AND AFTER GROUP  
WHOLE SAMPLE - Minor subscales of interest

SUB-SCALE	MEAN SCORES			T Value	(2-tailed) P Value
	Test 1	Test 2	Test 3		
INDEPENDENCE	4.757	5.143		- .82	.428
SUPEREGO STRENGTH	4.014	4.700		-3.24	.006
SOCIALIZATION	6.500	6.229		.94	.365
DEPRESSION	7.729	6.443		2.13	.053
PSYCHOTISM	7.614	6.221		4.28	.001
NEUROTICISM	6.714	6.064		1.48	.163
EXTRAVERSION	3.771	4.900		-3.69	.003
ANXIETY	7.650	6.700		1.97	.070
TOUCH POISE	5.393	5.400		- .02	.981

(N=14)

The response of Group 2 was sufficiently high to allow for a within group pre/post-test comparison (Table 4:83). As can be seen in the main subscales there was statistically significant improvement only in the Self-Discipline subscale with remaining subscales all showing trends in the expected direction.



This same pattern occurred with the Clinical and Second-Order Factors.

TABLE 4:83      COMPARISON (T-TEST) OF CAQ SCORES  
BEFORE AND AFTER GROUP  
GROUP 2 - Main Subscales

SUB-SCALE	MEAN SCORES			T Value	(2-tailed) P Value
	Test 1	Test 2			
WARMTH	3.625	4.250		-1.00	.351
EMOTIONAL STABILITY	3.125	4.125		-1.21	.264
DOMINANCE	3.875	4.750		-1.26	.247
IMPULSIVITY	5.125	5.000		.20	.850
SUSPICIOUSNESS	6.750	5.500		1.45	.190
SHREWDNESS	6.500	6.000		1.32	.227
INSECURITY	7.735	6.500		1.14	.291
SELF-DISCIPLINE	3.000	4.250		-2.38	.049

Overall, while these psychometric results are encouraging, the low response rate does not permit the comparisons necessary to validly determine group effectiveness. The high response rate of Group 2 with the concomitant statistical overrepresentation suggests that this group was substantially improved following their six month programme.

The response rate for the administration of the six month follow-up CAQ was extremely poor, and therefore no adequate

comparisons can be made for this period. Some of the men were willing to participate in an interview, but when asked to complete the CAQ they either declined or took the questionnaire and failed to return it, despite several written requests to do so. Future researchers would do well to devote efforts toward finding ways to improve response rates within this population.

## VII. HYPOTHESES AND GOALS VERSUS OUTCOME

The results in light of the hypotheses and goals postulated in the Introduction are both useful and encouraging, but by no means completely definitive in every respect. Certainly a group setting proved to be a useful vehicle for attracting this clientele. The men, though initially apprehensive about the types of individuals who might present for this type of therapy, were willing to attend to investigate the possibilities. What happened thereafter in terms of attendance appears to have been affected by the type of programme offered. Obviously the men did not simply want to talk about their problems, as evidenced by the collapse of Group 3. The application of T.A. principles in work with violent men appears to have achieved mixed results both in keeping men involved and in achieving sustained behaviour change. The men from the behavioural group were clearly superior in their attendance rates. It therefore seems logical to conclude that offering violent men a specific programme aimed directly at their problem areas (e.g. alternatives to violence, communication skills and relaxation) is the most likely method to keep them involved in the change process. Nearly all of the men who participated in groups believed that groups were very useful in helping them to address their problem.

The second hypothesis postulated that a behavioural skills building form of therapy would be more successful in stopping violence than therapy based on Transactional Analysis techniques,

non-directive group meetings, and no intervention. While there is substantial evidence that the hypothesis was true, the high degree of missing data owing to non-response tarnishes the result and leaves it open to question. Certainly the self reports from the men and their partners at post-group and six month follow-up favoured the behavioural approach over the others. The behavioural group achieved greater attendance and completion rates, fewer subsequent contacts with law enforcement personnel owing to violence, a very substantially reduced rate of abusive incidents and a higher percentage of men who were able to totally stop the violence at the time of the six month follow-up interview. The men from Group 2 were also able to cite more reasons for why they believed their group was successful, as well as more specific ways in which their behaviour had changed. While the CAQ results are not conclusive it is obvious that the participants from the behavioural group dominated in statistical improvement on eleven of the subscales on the CAQ at the post-group assessment.

Factors diminishing the result included: The unwillingness of several of the control group members to fully participate in the project following their stated intentions to do so. This resulted in fewer interviews being conducted with this group, as well as a serious lack of psychometric data. Essentially the control group collapsed, precluding the comparisons necessary to establish significant differences in the treatment vs. non-treatment groups. Group 3 fared somewhat better in

terms of response until it folded. Thereafter few of the men were interested in further participation, adding to those problems created by the control group. Groups 1 and 2 were much better in participation but also had a substantial non-response rate by the time of the final interview, particularly so with reference to participation in psychometric testing. Although one might suggest that the consistently higher response rate for Group 2 is evidence of its overall superiority, this argument is spurious in light of the lack of information regarding the reasons for non-participation by other subjects. This information unfortunately was not solicited.

It is strongly recommended that future researchers anticipate these problems and take measures which will diminish the possibility of their occurrence and allow for the execution of planned comparisons.

The six stated goals of the project were: To get the men to acknowledge that abuse of their partner was their problem and not someone else's; to increase their awareness of the reasons for their violent behaviour; to help them learn alternative coping skills; to provide women with a new option for dealing with spouse abuse; to produce extensive data which would aid spouse abuse research; and to develop an effective method of working with violent men.

Regarding the first goal, while it was envisaged that all of

the men would have difficulty accepting responsibility for their behaviour, in actual fact some did and some did not. Although precise statistics were not kept, the writer (the first point of contact for all project participants) believes that 50-60% of the men were minimizing, denying or blaming their behaviour on other sources. Asking clarifying questions about situations and discussing with them their control of physical actions was useful in helping them to accept their responsibility for their behaviour. This process was firm and at times confrontive, but not done in a blaming or punishing fashion. The remaining 40-50% of the men readily acknowledged their problem as well as their responsibility for doing something about it. The overwhelming impression was of fear, sadness and confusion on the part of these men. They were disturbed and frightened by their own behaviour and their perceived inability to alter it; they deeply regretted their violence, but were confused and at a loss as to why it was occurring. Once the men were in the group there was still some evidence of blaming others or denying which was addressed by group leaders when appropriate. By the end of Groups 1 and 2 only two men were still convinced that other people or situations were responsible for their violence. Most of the participants in Group 3 accepted responsibility for their behaviour at the start of the group, however it is not known if their perceptions changed after the group disbanded. Once the control group members were selected, attempts were not made to challenge their beliefs when they blamed others for their violence.

Some might suggest that the fact that these men were presenting for therapy is sufficient acknowledgement of their problem. The discussion concerning motivation (pages 128-132) mitigates against such a conclusion. Overall, however, the goal was largely achieved.

Increasing awareness of the reasons for violent and abusive behaviour is a question mark. On the one hand, in the initial interview most men were able to identify at least one key issue which led to a violent outburst. Also, men in the first two groups were given information about feeling states such as anger, hurt, fear and sadness, and discussions about how these feelings affected them in disputes and how they could be differentiated from one another took place. Finally, both groups discussed why the men chose violence as opposed to other forms of behaviour when they were angry. However, assessment as to whether this information was internalised was not conducted, so it is impossible to determine whether an increase in awareness of the reasons for violent behaviour occurred. Outside of issue identification, individuals in Groups 3 and 4 did not systematically explore reasons for violent behaviour. The lack of assessment of this issue is a shortcoming of the project.

The learning of alternative coping skills was in evidence in Groups 1 and 2, though to varying degrees. Men who had ceased or drastically reduced their violence could cite specific alternative behaviours to violent responses. The majority of

alternative responses focused upon further discussion of the issue rather than resorting to violence and stopping the argument at that point in time until the anger subsided. The women, in their interviews, corroborated this change in behaviour. There was little evidence of change in Group 3 participants and no evidence of change in Group 4 participants.

The fourth goal was certainly achieved for those women fortunate enough to gain access to the project. Whether more women will be afforded the option of their partner's addressing their violent behaviour through group counselling will depend on responses to future funding initiatives. Nearly every woman interviewed expressed satisfaction that something was finally being done to provide services for their violent partners. Many expressed relief that the pressure was taken off them to do something about the problem and was placed where it properly belonged; with their violent partners. It would be unconscionable for social service agencies, and those who fund them, to ignore these views put forward by battered women.

Despite its limitations, the data contained herein will certainly aid researchers in the field. It includes the first self-reports on spouse abuse by men in Australia, as well as the first evaluation of therapeutic interventions. Indeed, such information is rare in all parts of the world. It provides a variety of questions which will require extensive investigation before answers can be found. Perhaps most importantly,



this project has provided data which demonstrably establishes that spouse abuse is a problem perpetrated by men upon women. It is not something that women cause. It is not something they enjoy. It is not something inherently caused by lack of material resources. In the vast majority of cases it is caused by men. The present project gives a clear indication that men also have the ability of addressing their problem appropriately. It is hoped that this point is not lost on future researchers. Previous investigators have devoted enormous amounts of time and energy toward determining what was happening to battered women. Perhaps that was appropriate at one time. It seems apparent, however, that the battered woman has been exhausted in terms of the information she can provide. The accounts of her brutal injuries, her fear, her vulnerability and the horror of her shattered life are now well established. It is time to address her tormentor. Counselling the abuser is but one approach, there is evidence of its effectiveness only with voluntary self-referred populations in Australia. Clearly more work needs to be done. It may be that some populations of abusers will stop only when the community as a whole stands up and clearly states that abuse will not be permitted. It may well be necessary to employ the full resources of the law, including lengthy terms of imprisonment for those who persist with violence. These latter two responses have not been employed effectively, it is time to thoroughly investigate their value in curbing spouse abuse.

Data not provided by this project, and which is needed, is the extent to which the other forms of spouse abuse are employed and whether they have the same pernicious affects on women as physical abuse. As can be seen, the present project was relatively narrow in focus; much more remains to be done.

The sixth goal was to provide an effective therapy for what is perceived to be a difficult clientele. Clearly, behavioural group counselling is indicated by the results. However, as stated, these results have limitations and at the least replications need to occur prior to recommendation that this approach be employed as the intervention of choice in spouse abuse counselling. Further, these results cannot be generalised to any other type of abusing population. Whatever types of intervention are attempted it is hoped that researchers will benefit from the difficulties described in the present project and will overcome their shortcomings with precise, systematic, and well evaluated designs.

CHAPTER 5 :THE FUTURE

A very substantial amount of background noise has occurred as a response to the problem of spouse abuse. Phone-ins are conducted which reveal the extent and seriousness of the problem; Royal Commissions and State Task Forces write volumes about the problem; critiques of the legal issues involved are churned out; many discuss legislative solutions to the problem and Members of Parliament pay lip service to the plight of battered women and call for more shelters (which are rarely funded); and senior politicians are quick to clarify spouse abuse as a "women's issue" and refer it to their "women's issue advisors" for action. In spite of, or perhaps because of, the cacophony of concerned parties, little is actually accomplished in terms of stemming the tide of wife beating. That is a fact. Shelters are still overcrowded and turning away clientele in droves, violent men are rarely effectively prosecuted for their crimes, and outside of the shelters, effective services for battered women are lacking. Services for violent men are non-existent.

To date, all attempts to address spouse abuse have not developed from community-wide efforts which were planned, integrated and systematically implemented. Attempts at intervention have been led by the women's movement and any programmes generated by these women survive only because of their intensive efforts and willingness to lobby, agitate, and donate endless hours of their time without reimbursement or any acknowledgement from the community-at-large of the enormity of their efforts, and which have aided tens of

thousands of victims of abuse and helped restore them to more humane living conditions. If this core of women were to falter or turn their attention elsewhere to other matters, the limited programmes currently available to battered women would in all likelihood be further curtailed or cease to exist altogether, and the brutalization of women would flourish. Such has been the commitment of "the community" in addressing spouse abuse.

Those seeking spouse abuse intervention are inevitably told by government agencies and politicians that, while the issue is an important one, funding for expanded and more effective services is simply not available. However, this does not seem to be the case when other health issues are perceived to be serious problems. A case in point concerns AIDS funding. The relatively sudden appearance of AIDS has caused great community concern and millions of dollars became available to investigate the disease, conduct prevention programmes for those most at risk, and calm public fears through education aimed at dispelling many of the misconceptions of the disease. Should spouse abuse receive similar funding in proportion to the size of the population affected, and at risk, the problem would be well on its way toward elimination. The withering effects and deaths caused by AIDS appear to be of more importance to health agencies, although in comparison, the population of AIDS sufferers is miniscule next to that of battered women. And the effects on these women and their children are every bit as withering and devastating.

It is time to move spouse abuse from an individual's problem or

a "women's issue" into the arena of serious community problems. Where else in society do we tolerate or accept the notion that victims of crimes have to undergo the further agony of moving from their homes in the interest of their own safety? Where else in society do we let individuals break the law by repeatedly assaulting their partners or a succession of partners, unfettered by any sense of community outrage and accountability? It is time for the community as a whole to act, to say that this will not be the case, that spouse abuse will not be tolerated. This must be the first active step toward shifting responsibility for wife abuse to the men as perpetrators, rather than placing it on the women as victims.

The analysis of feminist writers concerned about spouse abuse has been fired by the blatant injustice of a male dominated culture allowing the situation to exist. They demand that change occur at the core of the institution we call marriage. They argue that the societal perception of the man as head of household and the woman as homemaker and child caretaker and second class person is indicative of the superior status that men have held over women for centuries. Eliminating the superior role of the male as well as the traditional sex-role stereotyped division of labour is the first step toward structural equality for men and women within relationships. This in itself would go far to redistribute power within the relationship and power is ultimately what spouse abuse is about. Concomitant with a redefinition of marital roles, the economic and psychological disadvantages for women in society as a whole but particularly for those who leave abusive relationships must be removed.

The analysis is essentially correct. Men need to change the way they view women, the way they treat them and the way they live with them. However, the methodology for achieving these sweeping changes will not occur with the stroke of a pen. Practical structural processes must be set into motion whereby those interested in the idea can become informed of the reasons that change is needed and how to achieve it; while those opting for the maintenance of the status quo are required to abide by the laws proscribing assaultive behaviour. The types of programmes needed will vary (e.g. prevention, intervention, and legal sanction), however all such programmes will need the backing of the entire community, and not just the women's movement and those few men who flirt with the ideas behind genuine change. Change, nevertheless, is a slow process perhaps requiring generations. Realistic and practical approaches toward gaining community support are necessary; approaches which do not threaten or intimidate or discount, but educate, conciliate, and emphasize areas of common agreement. It is only in this environment that the responses and changes necessary to eradicate spouse abuse will occur.

Integrated services dealing with spouse abuse and other forms of family violence must become a high priority within the community. Such services must include programmes for victims as well as perpetrators. These services must include not only appropriate counselling options but also practical means of assisting women in removing themselves from violent relationships, as well as, where appropriate, co-ordinating attempts to bring violent men to court to be held accountable for their offenses.

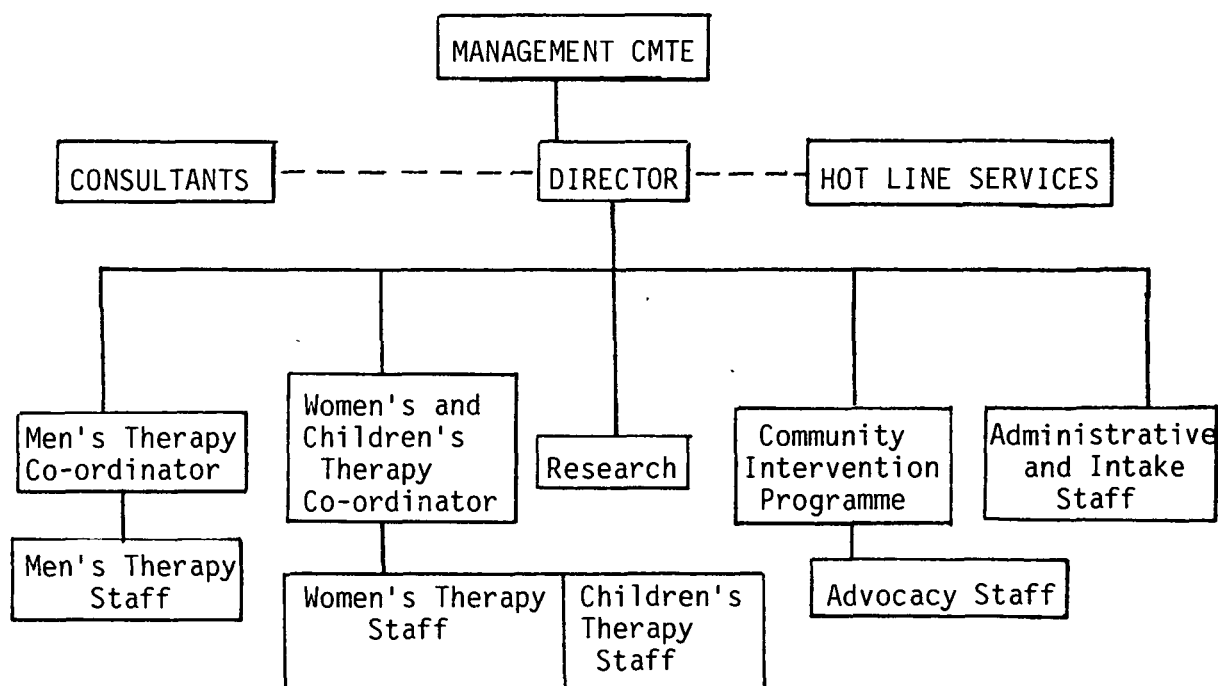
As stated in the Introduction, battered women view rehabilitation of their violent partners as the first preferred option, but sure and swift punishment must be available for those who spurn rehabilitation.

The first step in developing effective integrated services in South Australia or in the rest of the country, would be the establishment of a Domestic Violence Response Team as a regional intervention project designed to address the areas discussed, as well as to further research and evaluate ongoing work. This team is presented as a distinct alternative to the South Australian Domestic Violence Counselling Service which has been plagued by administrative shortcomings, hostility from the women's shelters, a lack of clear direction, grossly inadequate staffing, a lack of successful experience in the field of domestic violence, and a general inability to generate community support. A regional structure is proposed in the first instance in order to implement, fine-tune and evaluate the programme, before attempting to expand to larger environments. The Southern Sector of the Health Commission is proposed as the region in which the project would be based. The reasons for doing so include: Expressed interest on the part of social service agencies in the region; A concentration of agencies willing to contribute administrative support and venues for the project which lowers anticipated costs; A sound core of professionals located in the region who have worked with the writer in earlier phases of domestic violence research; An expressed interest by the Women's Shelter Advisory Committee to have the project based in the Southern Sector;

The rapid expansion of population in the Southern Sector; And finally, familiarity with the issues and expressed support and interest in involvement with the project by Health Commission research staff based in the region, which again has the potential to reduce project costs.

The proposed structure of the Domestic Violence Response Team is taken in part from the Domestic Abuse Project (Star, 1983) which has been in operation in Minneapolis, Minnesota for five years and is reported to be highly successful (though once again systematic evaluation has not been conducted). The structure of the team is outlined in the organizational chart (Figure 5:1).

FIGURE 5:1                      DOMESTIC VIOLENCE RESPONSE TEAM  
ORGANISATIONAL CHART





The Team would work within a framework which views spouse abuse from a social learning theory model. Violence is learned as a dispute resolution skill in childhood through the family of origin, cultural norms which place value on these techniques and discount women, and effectively model few alternatives. The behaviour is maintained primarily by short term rewards which include release of tension and anxiety, gaining control or winning out over others and the lack of effective sanctions for employing violent responses.

The Team would operate in a hierarchical fashion with structured programmes. The Management Committee would be nominated by the Minister for Health in consultation with women's shelter representatives and the writer. The director would be chosen by the Management Committee. Tasks would include supervision of all service areas, responsibility for setting project priorities and dispersing resources (in conjunction with the management committee and consultants), fiscal controls, media liaison, and participation or close involvement in community intervention programmes. Consultants would be chosen from the women's shelters, helping professions, police and legal systems, and would be utilised on an as needed basis. Hotline services would be negotiated through Crisis Care and Lifeline. Therapy would be available to all family members. Group therapy would be the primary tool of intervention. It makes better use of resources with fewer trained personnel providing a service to a greater number of clients for less cost and less demand on facilities. More information is rapidly disseminated within the group format and avoids the difficulty of a counsellor having to

constantly repeat material on an individual basis. Also, groups provide a sense of commonality for their members, increases interaction while reducing resistance, offers a ready made support network, and provides the opportunity for members to begin to utilise each other as resources rather than depending on the therapists. It would be envisaged, however, that limited individualised services would be offered during the intake process and, where appropriate, in the therapy process.

Men's therapy would focus on the provision of structured sequential programmes using cognitive behavioural principles with the goals of ending violent behaviour, changing attitudes that lead to violence and dealing with other issues indirectly related to violence (e.g. dependency, low self-esteem etc.). The first priority for the men will be that they accept responsibility for their violence, that limits are set on their violence and that the issue of abuse of women is kept in constant focus. The structured programmes would include segments on alternatives to violence, communication skills, progressive relaxation, building self-esteem, assertiveness, dealing with their dependency, and sex role socialisation.

Women's therapy programmes would operate on similar principles but programme content would differ in several areas. They would focus on removing themselves from threatening or violent situations, expression of anger, assertiveness, building self-esteem, sex role socialisation, and dependency. It would be envisaged that once both parties have completed the initial stages of therapy that some

relationship counselling may be required. This would also be provided primarily in a group setting within the present service.

Services for children would address the types of difficulties they encounter as a result of the abuse occurring within the household. Workers in the field have identified some of the most serious presenting problems, they include: Emotional deprivations; with much of the energy in violent relationships spent on violent outbursts or their consequences there is less energy available to see that children receive proper nurturance. The effects on the child may be a failure to thrive, failure to reach age appropriate developmental goals, withdrawal by the child, enuresis or sleep disruption (e.g. nightmares or somnambulism). Another problem is the mistrust with which the children can come to regard their parents which may generalize to other adult figures (e.g. teachers, helping professionals etc.). The children may also engage in destructive behaviour. It has been noted that, usually, boys will be outwardly destructive by destroying property or being violent toward the others or engaging in other forms of attention seeking behaviour. Girls usually become more self-destructive, through self-injurious behaviour or entering into relationships for which they are unprepared. Other problems which may occur with children in spouse abusing families include the scapegoating of one particular child, holding him or her responsible for abusive behaviour; children behaving in very manipulative behaviour by playing one partner against the other or becoming involved with role reversals by looking after younger children in the family, looking after or protecting their battered mothers or, with adolescents, challenging their abusive fathers. It is unknown which form

of intervention would be most effective with these children as there is no known work published regarding their treatment. The proposed project offers the opportunity to experiment and begin publishing appropriate suggestions for work with these children.

The Community Intervention Programme would have the task of working in a number of areas simultaneously. It would therefore require very clear identification of priorities and maintain a precise structural analysis of how to successfully achieve prioritized goals. Some of the more important areas of involvement would focus on liaison with outside service providers, facilitating a community response that sets external limits on violent behaviours (e.g. encouragement of court prosecutions and mandatory referrals for counselling), training police and court staff concerning the issues involved in spouse abuse, advocacy for individuals within the programme, community education and training for other professionals.

Administration staff would have secretarial and reception duties, while intake personnel would have responsibility for receiving referrals, telephone counselling, carrying out psychometric testing necessary for assessment and research, and assisting in service delivery components of the projects.

Research would be devoted toward exploration of issues raised in the present project (e.g. are there significant differences in sub-populations of violent men), evaluation of efficacy of therapeutic interventions employed, evaluation of effectiveness of community

intervention programme initiatives and overall assessment of the success of the Domestic Violence Response Team within the region.

The proposed project would be expensive. It is envisaged that it would cost a minimum of \$250,000 a year and would need to be fully operational for three years before it could be adequately assessed for effectiveness. It would require community support and ongoing political support from both the State and Federal governments. Without the type of comprehensive approach proposed it is doubtful that spouse abuse will be successfully addressed. A number of ad-hoc or reactive responses will continue to be funded with unreliable and uneven service provision and no reliable evaluation of the effectiveness of that intervention. A substantial reduction in spouse abuse is achievable, however it requires convictions on the part of governments, agencies and communities. To withhold the commitment to make the investment, is to sentence untold thousands of women and children to ongoing abuse, to ensure that the factors that lead to abuse go unchecked, and to make a decision that the self-perpetuating cycle of violence will remain unbroken. It is time to act now.

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This report found that 72% of respondents believed the shelters useful.

APPENDIX 1

Case No. \_\_\_\_\_

Confidential Information

Violent Men's Group  
Intake Sheet-Men/Women

Referring Agency  
\_\_\_\_\_

I'd like to ask you some questions about yourself and your background. The information you provide will be very useful in that it will give me an idea of the experiences you've had as well as give me some ideas on the steps we might take to stop the violence. I'd like to start by taking some basic information about yourself and your family.

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_ Relationship Status \_\_\_\_\_ Duration \_\_\_\_\_

How old were you when you left school \_\_\_\_\_ Have you acquired any other education since then \_\_\_\_\_ Occupation \_\_\_\_\_ Unemployed \_\_\_\_\_

How long \_\_\_\_\_ Income \_\_\_\_\_

Spouse's name \_\_\_\_\_ Is she currently living with you \_\_\_\_\_  
he

If not where \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Age \_\_\_\_\_ Has she ever left you before \_\_\_\_\_ How many times \_\_\_\_\_  
he

Children's names and ages \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ How old was he when he left school \_\_\_\_\_ Did he have any other training \_\_\_\_\_

How did you get on with your father \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ How old was she when she left school \_\_\_\_\_ Did she have any other training \_\_\_\_\_

How did you get on with your mother \_\_\_\_\_

Do you have any brothers and sisters (Younger or Older) \_\_\_\_\_

Were your parents born in Australia \_\_\_\_\_ If Migrants where from \_\_\_\_\_

Have you ever lived in a situation where you were totally on your own \_\_\_\_\_  
How long \_\_\_\_\_

Have you ever had any type of counselling before \_\_\_\_\_ What was it for \_\_\_\_\_

How'd you go in the counselling \_\_\_\_\_

Do you have any physical health problems at present \_\_\_\_\_

Are you on any medication (what for) \_\_\_\_\_

Have you ever had an alcohol or drug problem \_\_\_\_\_

Has your spouse \_\_\_\_\_

Have you ever had any trouble with the police or been involved with the court system \_\_\_\_\_ Could you tell me about it \_\_\_\_\_

Has your wife/girlfriend had any involvement \_\_\_\_\_

What were the circumstances \_\_\_\_\_

Were you ever in the armed services \_\_\_\_\_ When \_\_\_\_\_

Have you seen or been visited by people from such agencies as Crisis Care, DCW, Social Security, CAFHS, Health Nurses etc. \_\_\_\_\_

What was the reason for the visit \_\_\_\_\_

Have you ever been involved in fights or other physical violence outside of your home \_\_\_\_\_ What happened \_\_\_\_\_

How do you understand your/his use of violence \_\_\_\_\_

How do you want to change your/his behavior \_\_\_\_\_

How will you know it has changed \_\_\_\_\_

How do you want your situation to be different \_\_\_\_\_

Now I'd like to talk about some of the violent events that you and your wife/husband have experienced. We'll talk about the first time you/he hit her/you, then move to the worst or most violent fight you had and then talk about the most recent violence. Let's start with the first incident.

When did it take place \_\_\_\_\_ Were you married then \_\_\_\_\_

What happened \_\_\_\_\_

(Prompters)

How did the anger build up \_\_\_\_\_

What was the extent of the violence \_\_\_\_\_

Did anyone need any medical attention \_\_\_\_\_

Was any furniture or other household item(s) broken \_\_\_\_\_

Were your children involved \_\_\_\_\_

Did you/he hit you with anything other than your/his hand or fist \_\_\_\_\_

Had either of you had any alcohol or other drugs within the past 24 hours \_\_\_\_\_

Did anyone intervene \_\_\_\_\_ Who \_\_\_\_\_

How was the problem resolved \_\_\_\_\_

How did you feel during the incident \_\_\_\_\_

How did you feel after the incident \_\_\_\_\_

3.

Now let's talk about the most violent event.

When did it take place \_\_\_\_\_ Were you married then \_\_\_\_\_

What happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Prompters)

How did the anger build up \_\_\_\_\_

What was the extent of the violence \_\_\_\_\_

Did anyone need any medical treatment \_\_\_\_\_

Was any furniture or other household item(s) broken \_\_\_\_\_

Were your children involved \_\_\_\_\_

Did you hit her with anything other than your hand or fist \_\_\_\_\_

Had either of you had any alcohol or other drugs within the past 24 hours \_\_\_\_\_

Did anyone intervene \_\_\_\_\_ Who \_\_\_\_\_

How was the problem solved \_\_\_\_\_

How did you feel during the incident \_\_\_\_\_

How did you feel after the incident \_\_\_\_\_

Let's cover the last event.

When did it take place \_\_\_\_\_ Were you married then \_\_\_\_\_

What happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Prompters)

How did the anger build up \_\_\_\_\_

What was the extent of the violence \_\_\_\_\_

Did anyone need any medical treatment \_\_\_\_\_

Was any furniture or other household item(s) broken \_\_\_\_\_

Were your children involved \_\_\_\_\_

Did you hit her with anything other than your hand or fist \_\_\_\_\_

Had either of you had any alcohol or other drugs within the past 24 hours \_\_\_\_\_

Did anyone intervene \_\_\_\_\_ Who \_\_\_\_\_

How was the problem solved \_\_\_\_\_

How did you feel during the incident \_\_\_\_\_

How did you feel after the incident \_\_\_\_\_

What do you see happening \_\_\_\_\_

How long has the violence been going on \_\_\_\_\_ How frequent \_\_\_\_\_

What I'd like to do now is talk about your mother and father and your recollections of how they handled disagreements with you. Let's start with your father. When you had a disagreement or argument what would happen? How often - (a) usually, (b) sometimes, (c) hardly ever, (d) never.

(S = spontaneously mentioned; P = prompted)

(Step)Mother (Step)Father

- |   |       |       |
|---|-------|-------|
| 1. Discuss an issue calmly                        | _____ | _____ |
| 2. Get info. to support their argument            | _____ | _____ |
| 3. Bring in a third party to try to settle things | _____ | _____ |
| 4. Leave or refuse to talk about an issue         | _____ | _____ |
| 5. Cry  | _____ | _____ |
| 6. Yell at you or isolate you                     | _____ | _____ |
| 7. Do or say something to spite you               | _____ | _____ |
| 8. Insult you or swear at you                     | _____ | _____ |
| 9. Throw, smash, hit, or kick something           | _____ | _____ |
| 10. Threaten to hit you or throw something at you | _____ | _____ |
| 11. Throw something at you                        | _____ | _____ |
| 12. Push, grab, shove you or pull you hair        | _____ | _____ |
| 13. Slap or spank you                             | _____ | _____ |
| 14. Hit or try to hit you with something          | _____ | _____ |
| 15. Kick, bite, choke or hit you with a fist      | _____ | _____ |
| 16. Beat you up                                   | _____ | _____ |
| 17. Threaten you with a knife or a gun            | _____ | _____ |
| 18. Stab you with a knife or fire a gun at you    | _____ | _____ |
| 19. Other _____                                   | _____ | _____ |

And what would happen in your disagreements with your mother?

Were you ever sexually abused in any way \_\_\_\_\_

Do you recall your father or mother pushing, grabbing or hitting each other \_\_\_\_

What would happen \_\_\_\_\_

How often would that happen \_\_\_\_\_

Do you recall your father mentioning that his father pushed, grabbed or hit his mother \_\_\_\_\_ What would he say \_\_\_\_\_

Do you recall your parents arguing when you were growing up \_\_\_\_\_

How often \_\_\_\_\_



husband

Now I'd like to discuss the disagreements and arguments you have with your wife. Think about the exchanges that take place when a dispute begins as well as what happens once you're angry. What do you say and how does the situation build up? How often does this happen (a) usually, (b) sometimes, (c) hardly ever, (d) never.

(S = spontaneously mentioned; P = prompted)

You

Her

- |  |       |       |
|--|-------|-------|
| 1. Discuss an issue calmly                         | _____ | _____ |
| 2. Get info. to support your argument              | _____ | _____ |
| 3. Bring in a third party to try to settle things  | _____ | _____ |
| 4. Leave or refuse to talk about an issue          | _____ | _____ |
| 5. Scream at her/him                               | _____ | _____ |
| 6. Cry   | _____ | _____ |
| 7. Do or say something to spite her/you            | _____ | _____ |
| 8. Insult her or swear at her/you                  | _____ | _____ |
| 9. Throw, smash, hit or kick something             | _____ | _____ |
| 10. Threaten to hit her or throw something at her  | _____ | _____ |
| 11. Throw something at her/you                     | _____ | _____ |
| 12. Push, grab, shove her or pull her hair         | _____ | _____ |
| 13. Slap her/you                                   | _____ | _____ |
| 14. Hit or try to hit her with something           | _____ | _____ |
| 15. Kick, bite, choke or hit her with a fist       | _____ | _____ |
| 16. Beat her up                                    | _____ | _____ |
| 17. Threaten her with a knife or a gun             | _____ | _____ |
| 18. Stab her with a knife or fire a gun at her/you | _____ | _____ |
| 19. Other _____                                    | _____ | _____ |

And what does she do during the argument  
he

Do you think drug or alcohol use is a factor in the violence \_\_\_\_\_

In what way \_\_\_\_\_

Have you ever tried to deal with the violence problem before \_\_\_\_\_

What did you do at that time \_\_\_\_\_

Do you think that your sexual relationship with her is in any way related to  
the violence \_\_\_\_\_ him

In what way \_\_\_\_\_

I'd like to finish up now by just discussing briefly your previous relationships  
with other women.  
men.

Have you had many serious relationships with other women \_\_\_\_\_  
men

Did you ever have violent arguments with these people \_\_\_\_\_

What happened \_\_\_\_\_

Did this happen frequently \_\_\_\_\_

7.

How did it happen - was there a build up or did it just suddenly occur \_\_\_\_\_

---

Did you do anything to try to stop the violence at that time \_\_\_\_\_

(If there was violence) Do you think drug or alcohol use was a factor in the violence \_\_\_\_\_

Was there any disagreement or dissatisfaction about sex \_\_\_\_\_

Do you think it was related to the violence \_\_\_\_\_

Relevant comments from the interview:

APPENDIX 2

DV-FOLLOW-UP INTERVIEW

1. How do you feel you went in the group? \_\_\_\_\_  
\_\_\_\_\_
2. Some people found the group useful, some didn't. Could you tell me how you feel about it? \_\_\_\_\_  
\_\_\_\_\_
3. What did you like about the group leaders? \_\_\_\_\_  
\_\_\_\_\_
4. What did you dislike about the group leaders? \_\_\_\_\_  
\_\_\_\_\_
5. Has your behavior changed? \_\_\_\_\_
6. How? \_\_\_\_\_  
\_\_\_\_\_
7. What did you use to do when you were angry? \_\_\_\_\_  
\_\_\_\_\_
8. What do you do now? \_\_\_\_\_  
\_\_\_\_\_
9. Have you had contact with other people or agencies regarding this problem? \_\_\_\_\_
10. How did you go with that contact? \_\_\_\_\_  
\_\_\_\_\_
11. Do you feel that this approach would be useful for other men? \_\_\_\_\_
12. In what way (or how) is it (not) useful \_\_\_\_\_  
\_\_\_\_\_
13. Are you living with your wife (defacto)? \_\_\_\_\_
14. What do you think will happen with this relationship? \_\_\_\_\_  
\_\_\_\_\_
15. (If seperating) What do you think future relationships will be like? \_\_\_\_\_  
\_\_\_\_\_
16. How many times have you been violent to your wife (defacto) or others during your involvement with the group? \_\_\_\_\_
17. What Happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. What was the outcome of this (these) incidents? \_\_\_\_\_  
\_\_\_\_\_
19. (For women) Do you feel safer in this relationship? \_\_\_\_\_
20. What makes you feel safe (unsafe)? \_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_

DATE: \_\_\_\_\_

APPENDIX 3

COMPARISON OF GROUP MEAN SCORES FOR  
INITIAL (BASE-LINE) CAQ TEST

SUB-SCALE	Overall	MEAN SCORES				F Ratio	P Value
		Group 1	Group 2	Group 3	Group 4		
WARMTH	4.704	5.500	4.000	4.286	5.600	1.721	.1905
EMOTIONAL STABILITY	3.333	2.667	3.111	3.857	3.800	1.239	.3185
DOMINANCE	4.407	4.500	4.333	3.857	5.200	.562	.6456
IMPULSIVITY	4.704	3.167	5.111	5.143	5.200	1.719	.1909
SUSPICIOUSNESS	6.482	6.500	6.667	6.000	6.800	.198	.8964
SHREWDNESS	6.778	7.500	6.444	6.571	6.800	.368	.7766
INSECURITY	6.778	6.500	7.111	7.000	6.200	.483	.6973
SELF-DISCIPLINE	3.296	2.500	2.889	3.857	4.200	1.233	.3206
	(N=27)	(N=6)	(N=9)	(N=7)	(N=5)		
PARANOIA	7.500	8.500	7.625	6.143	8.000	2.552	.0816
PSYCHOPATHIC DEVIATION	4.462	3.833	5.000	3.857	5.200	1.068	.3831
SCHIZOPHRENIA	7.385	7.333	7.875	6.429	8.000	1.502	.2415
PSYCHASTHENIA	7.154	8.000	7.750	5.714	7.200	2.751	.0670
PSYCHOLOGICAL INADEQUACY	6.885	7.500	7.125	6.286	6.600	.538	.6611
EXTRAVERSION	4.100	3.450	3.775	4.657	4.620	.968	.4254
ANXIETY	7.542	8.000	7.700	7.314	7.060	.338	.7981
INDEPENDENCE	4.981	5.050	4.825	4.629	5.640	.353	.7875
SUPEREGO STRENGTH	3.785	3.567	3.350	4.129	4.260	.451	.7188
SOCIALIZATION	6.323	7.550	5.775	6.500	5.480	2.027	.1394
DEPRESSION	7.565	8.650	7.813	6.457	7.420	2.221	.1142
NEUROTICISM	6.100	5.617	6.413	6.671	5.380	.797	.5089
	(N=26)	(N=6)	(N=8)	(N=7)	(N=5)		

APPENDIX 4

1 VALIDITY CHECK

- Turn the answer sheet to Side 1.
- If the answer to each of the following items is marked as indicated, put a check in the box to the right.

Item	Keyed Alternative	
4	b	<input type="checkbox"/>
18	b	<input type="checkbox"/>
24	b	<input type="checkbox"/>
39	b	<input type="checkbox"/>
67	b	<input type="checkbox"/>
75	b	<input type="checkbox"/>
81	b	<input type="checkbox"/>
90	c	<input type="checkbox"/>
110	c	<input type="checkbox"/>
120	a	<input type="checkbox"/>

V

- Add the number of check marks and enter the total in the box to the right.

Scores of 3 or higher on this scale are relatively rare and suggest that the rest of the profile should be interpreted cautiously. Details regarding the development and interpretation of V scores are given on pages 7 and 10 of the CAQ Manual.

2. NORMAL PERSONALITY TRAITS

LOW SCORE DESCRIPTION	Average	HIGH SCORE DESCRIPTION		raw	sten
1 reserved, detached, aloof	2 3 4	5 6 7 warm, personable, easygoing	A: WARMTH	<input type="checkbox"/>	<input type="checkbox"/>
1 concrete-thinking	2 3 4	5 6 7 abstract-thinking	B: INTELLIGENCE	<input type="checkbox"/>	<input type="checkbox"/>
1 easily upset, emotional	2 3 4	5 6 7 emotionally stable, calm	C: EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>
1 submissive, accommodating	2 3 4	5 6 7 dominant, assertive, competitive	E: DOMINANCE	<input type="checkbox"/>	<input type="checkbox"/>
1 prudent, sober, serious	2 3 4	5 6 7 impulsive, happy-go-lucky	F: IMPULSIVITY	<input type="checkbox"/>	<input type="checkbox"/>
1 expedient, disregards rules	2 3 4	5 6 7 conforming, conscientious, persistent	G: CONFORMITY	<input type="checkbox"/>	<input type="checkbox"/>
1 shy, timid, threat-sensitive	2 3 4	5 6 7 bold, venturesome	H: BOLDNESS	<input type="checkbox"/>	<input type="checkbox"/>
1 tough-minded, insensitive	2 3 4	5 6 7 sensitive, tender-minded, unrealistic	I: SENSITIVITY	<input type="checkbox"/>	<input type="checkbox"/>
1 trusting, adaptable	2 3 4	5 6 7 suspicious, hard-to-fool, jealous	L: SUSPICIOUSNESS	<input type="checkbox"/>	<input type="checkbox"/>
1 practical "down-to-earth"	2 3 4	5 6 7 imaginative, absent-minded	M: IMAGINATION	<input type="checkbox"/>	<input type="checkbox"/>
1 forthright, unpretentious	2 3 4	5 6 7 shrewd, polished, calculating	N: SHREWDNESS	<input type="checkbox"/>	<input type="checkbox"/>
1 confident, self-satisfied	2 3 4	5 6 7 insecure, apprehensive	O: INSECURITY	<input type="checkbox"/>	<input type="checkbox"/>
1 conservative, traditional	2 3 4	5 6 7 experimenting, innovative	Q1: RADICALISM	<input type="checkbox"/>	<input type="checkbox"/>
1 group-adherent, sociable	2 3 4	5 6 7 self-sufficient, resourceful	Q2: SELF-SUFFICIENCY	<input type="checkbox"/>	<input type="checkbox"/>
1 undisciplined, uncontrolled	2 3 4	5 6 7 self-disciplined, controlled, precise	Q3: SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>
1 relaxed	2 3 4	5 6 7 tense, frustrated, driven	Q4: TENSION	<input type="checkbox"/>	<input type="checkbox"/>

3 THE CLINICAL FACTORS

LOW SCORE DESCRIPTION				Average		HIGH SCORE DESCRIPTION				raw	sten	
1	2	3	4	5	6	7	8	9	10	D1: HYPOCHONDRIASIS	<input type="text"/>	<input type="text"/>
few somatic complaints						obsessed by ill health						
1	2	3	4	5	6	7	8	9	10	D2: SUICIDAL DEPRESSION	<input type="text"/>	<input type="text"/>
contented						despondent, thinks of self-destruction						
1	2	3	4	5	6	7	8	9	10	D3: AGITATION	<input type="text"/>	<input type="text"/>
restrained						craves excitement, hypomanic						
1	2	3	4	5	6	7	8	9	10	D4: ANXIOUS DEPRESSION	<input type="text"/>	<input type="text"/>
composed						shaky frightened, clumsy						
1	2	3	4	5	6	7	8	9	10	D5: LOW ENERGY DEPRESSION	<input type="text"/>	<input type="text"/>
energetic						gloomy, wornout, sad						
1	2	3	4	5	6	7	8	9	10	D6: GUILT & RESENTMENT	<input type="text"/>	<input type="text"/>
untroubled						guilty, self-critical, resentful						
1	2	3	4	5	6	7	8	9	10	D7: BOREDOM & WITHDRAWAL	<input type="text"/>	<input type="text"/>
seeks relationships with others						seclusive, feels useless						
1	2	3	4	5	6	7	8	9	10	Pa: PARANOIA	<input type="text"/>	<input type="text"/>
reasonable						unreasonable, feels persecuted						
1	2	3	4	5	6	7	8	9	10	Pp: PSYCHOPATHIC DEVIATION	<input type="text"/>	<input type="text"/>
inhibited						uninhibited, unsocialized						
1	2	3	4	5	6	7	8	9	10	Sc: SCHIZOPHRENIA	<input type="text"/>	<input type="text"/>
reality-oriented						retreats from reality, withdrawn						
1	2	3	4	5	6	7	8	9	10	As: PSYCHASTHENIA	<input type="text"/>	<input type="text"/>
noncompulsive						obsessive, compulsive						
1	2	3	4	5	6	7	8	9	10	Ps: PSYCHOLOGICAL INADEQUACY	<input type="text"/>	<input type="text"/>
feels competent, has sense of self-worth						feels inferior and unworthy						

4. SECOND-ORDER FACTORS

LOW SCORE DESCRIPTION				Average		HIGH SCORE DESCRIPTION				raw	sten	
1	2	3	4	5	6	7	8	9	10	Ex: EXTRAVERSION	<input type="text"/>	<input type="text"/>
oriented to inner thoughts and feelings						oriented to the outside and to others						
1	2	3	4	5	6	7	8	9	10	Ax: ANXIETY	<input type="text"/>	<input type="text"/>
unfrustrated						uneasy, apprehensive, panicky						
1	2	3	4	5	6	7	8	9	10	Ct: TOUGH POISE	<input type="text"/>	<input type="text"/>
easily swayed by feelings						realistic, dispassionate						
1	2	3	4	5	6	7	8	9	10	In: INDEPENDENCE	<input type="text"/>	<input type="text"/>
controlled by others						self-reliant, independent						
1	2	3	4	5	6	7	8	9	10	Se: SUPEREGO STRENGTH	<input type="text"/>	<input type="text"/>
unrestrained, sociopathic						restrained responsible						
1	2	3	4	5	6	7	8	9	10	So: SOCIALIZATION	<input type="text"/>	<input type="text"/>
immature hedonistic						mature, subdued						
1	2	3	4	5	6	7	8	9	10	D: DEPRESSION	<input type="text"/>	<input type="text"/>
happy positive outlook						melancholic sad withdrawn						
1	2	3	4	5	6	7	8	9	10	P: PSYCHOTICISM	<input type="text"/>	<input type="text"/>
well integrated						disorganized thought psychotic						
1	2	3	4	5	6	7	8	9	10	Ne: NEUROTICISM	<input type="text"/>	<input type="text"/>
well adjusted						unstable neurotic						