

2004

Counseling couples in domestic violence

Krista L. Strauser
University of Northern Iowa

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Abstract

Domestic violence is a widespread problem that is being passed down from generation to generation. Counselors have been debating for years as to how to effectively treat couples with domestic violence issues. The nature of couples counseling is debated against the ethical issues, safety issues, and appropriateness of counseling domestically violent couples. Challenges for counselors are discussed along with rules of how and when to conduct couples counseling with domestically violent couples.

COUNSELING COUPLES IN DOMESTIC VIOLENCE

A Research Paper

Presented to

The Department of Educational Leadership, Counseling,
and Postsecondary Education
University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Krista L. Strauser

May 2004

This Research Paper by: Krista L. Strauser

Entitled: COUNSELING COUPLES IN DOMESTIC VIOLENCE

has been approved as meeting the research paper requirements for the Degree of **Master of Arts**.

3/10/04

Date Approved

Kimberly A. Vess

Adviser/Director of Research Paper

3-11-04

Date Received

W. P. Callahan

Head, Department of Educational Leadership,

Counseling, and Postsecondary Education

Domestic violence is a widespread problem that is being passed down from generation to generation. Counselors have been debating for years as to how to effectively treat couples with domestic violence issues. The nature of couples counseling is debated against the ethical issues, safety issues, and appropriateness of counseling domestically violent couples. Challenges for counselors are discussed along with rules of how and when to conduct couples counseling with domestically violent couples.

Counseling Couples in Domestic Violence

Domestic violence is not a rare occurrence. It is a widespread problem that needs to be treated. Two million women are physically assaulted each year in the United States (Augusta-Scott & Dankwort, 2002; Greenspun, 2000). There are 3.4 – 8.7 million cases of partner violence each year (Lawson, 2003), that is not counting those who are kept quiet or are abused emotionally without marks to prove it. Many victims suffer severely from Post Traumatic Stress Disorder (Bograd, 1992; Greenspun, 2000; Jory, Anderson, & Greer, 1997), anxiety, and other forms of psychological abuse such as isolation, degradation, economic abuse, and fear for their lives (Jory et al., 1997). There are many reasons why this is happening and is so widespread throughout the country (Augusta-Scott & Dankwort, 2002; Bograd, 1992; Greenspun, 2000; Gordon & Moriarty, 2003; Jory et al, 1997; Kurri & Wahlstrom, 2001; Lawson, 2003). In this paper, male-female couples will be discussed, where the male is the abuser.

The damage of abuse, however, is already done. We cannot go back and stop the abuse that has already happened. The question, now, is what can be done to treat victims and their batterers as well as stop abuse from continuing through future generations. Women of domestic violence know that their situations are not healthy and not what they want, however they stay because of the good times, financial support, children, and a great many other reasons (Bograd & Mederos, 1999; Greenspun, 2000; Jory & Anderson, 1999; Jory et al, 1997; Kaufman, 1992; Kurri & Wahlstrom, 2001; Lawson, 2003). In fact, 50% of women stay with their abusive partners (O'Leary, Barling, Arias, Rosenbaum, Malone, & Tyree, 1989). A counselor in a study done by Jory and Anderson (2000) stated that "most of the women knew they could partially resolve the issue by

leaving their partners, but this did not reflect their desires or practical life situations in most cases” (p. 350). A lot of women, for a variety of reasons, do not see leaving as a feasible option. With this in mind, the question is now, how can partners of domestic violence be treated and move towards recovery and safety? Since domestic violence has many forms – emotional, sexual, and physical abuse – it is unclear what modes of treatment are best (Bograd & Mederos, 1999).

Treatment Options

The area of treating domestic violence is a debatable one. There are two main forms of treatment for those involved with domestic violence. One focuses on the batterer and the other can focus on either the victim, or both the batterer and the victim. The first type of programs are aimed at batterers education. In Iowa, these programs are mandatory if an abuser is convicted (Personal communication with the Waterloo DART team, May, 2003). There is a lot of debate of whether these programs help or not (Gordon & Moriarty, 2003; Hirschhorn, 2001; Jory & Anderson, 1999; Kaufman, 1992). In a study focused on counseling couples of domestic violence, many of the male participants had been in at least one batterers education program without success, meaning the batterers dropped out of the program or completed the program and returned to abusing (arrested again) (Jory & Anderson, 1999). Another study looked at recidivism rates and found that after attending the batterers education program, 47% were rearrested and 29% were reconvicted within a year after treatment (Gordon & Moriarty, 2003). The completion rate for men attending batterers education programs is less than 2% (Hirschhorn, 2001). And even those who complete the program revictimize their partners when they get home (Hirschhorn, 2001).

The second option is counseling. This can be done by counseling the individuals separately (victim or batterer) or counseling the couple (victim and batterer together). Some are finding that therapy, in general, can be counterproductive (Augusta-Scott & Dankwort, 2002). The first hurdle with counseling is how to assess whether there is domestic violence occurring (Bograd & Mederos, 1999; Jory & Anderson, 2000; Lawson, 2003). There is agreement that there needs to be universal screening for domestic violence in every client or couples that come in for therapy, since it is such a widespread problem (Bograd & Mederos, 1999; Hirschhorn, 2001; Lawson, 2003). On the positive side, 25-30% of batterers complete therapy, however many go home to abuse emotionally instead of physically (Bograd, 1992).

With individual counseling, all the issues of domestic violence can be discussed in a safe environment and learning can begin. In couples counseling, however, there is much debate about whether these issues can be discussed openly and whether it is a safe environment to do this (Augusta-Scott & Dankwort, 2002; Bograd, 1992; Bograd & Mederos, 1999; Greenspun, 2000; Harway & Hansen, 1994; Jory & Anderson, 1999; Jory & Anderson, 2000; Jory et al, 1997; Kaufman, 1992; Kurri & Wahlstrom, 2001; Lawson, 2003; Rosenbaum & Maiure, 1990).

Nature of Couples Counseling

Couples counseling is designed to help couples work together to enhance their relationship and work out their problems. A lot of times one person convinces the other to go to couples counseling. However, they both have the same agenda which is to improve their relationship. With domestic violence, this is not always the case. The abuser may be there during the "honeymoon" phase with the agenda of keeping the

victim in the relationship, but not intending to change anything (Personal communication with Family Service League, November, 1998). The “honeymoon” phase is described as the period of time in a relationship where the couple does nice things for each other, shows affection, and is so in love that the negative aspects of the relationship seem to disappear. There are many things that block the chance for real therapy to get done, which will be discussed later in this article.

Couples counseling, and therapy in general, is something that is usually entered into with good intentions (Bograd, 1992). Bograd (1992) stated, “therapy is usually defined as a private and confidential encounter with clients who freely enter treatment in good faith and with relative honesty” (p. 246). This, however, is not true with couples in domestically violent relationships. One partner may be there in good faith, the other is still in the mindset of needing to control the other, no matter what happens in therapy.

Therapy is usually a confidential matter, where problems stay within that room and only in extreme circumstances do they come out. With domestic violence, the whole situation is an extreme circumstance. There is a matter of life and death every day for the victim. These couples have no peace. They may have convinced their partner to come to therapy. However, once they are cornered in there, wanting things to get better, they may be too afraid to talk in the sessions for the very reason they are there (Augusta-Scott & Dankwort, 2002; Bograd, 1992; Bograd & Mederos, 1999; Gordon & Moriarty, 2003; Kaufman, 1992; Lawson, 2003).

In couples counseling, the general purpose is to improve the relationship. According to Greenspun (2000), “it addresses the problematic communication patterns, conflict, and anger within the dyad that are believed to contribute to violence” (p. 155).

This is assuming that these are the factors causing the violence. Many studies indicate that these are not the reasons for abuse. Rather, abuse stems from the abuser needing to have control over the other (Bograd & Mederos, & Anderson, 1999; Jory et al, 1997; Lawson, 2003). With this in mind “normal” couples therapy, discussing communication problems and conflicts, is not going to help the situation. The focus would need to be on the real issue, him trying to control her (no matter what the reason), which then creates an uneasy safety issue. The therapy room is supposed to be a safe place to discuss issues freely and openly. With domestic violence, however, there is no such thing.

Empathy is another characteristic of counseling that is aimed at everyone. Counselors are supposed to be able to empathize with both sides in couples counseling. This skill is a must for therapy to work (Bograd, 1992). Being able to put yourself in the other person’s place in order to get a grasp of their perspective is very important in counseling. Looking at domestic violence from a moral perspective, there is no reason for anyone to abuse another person. Counselors are there to help people live better lives. No matter what the motivation for abusing someone, it is not acceptable. Counselors can understand why someone is this way, however cannot, ethically, remain neutral about it in counseling. According to the National Board for Certified Counselors code of ethics, counselors are responsible for promoting client welfare (NBCC, 2002). How is a counselor supposed to empathize with someone who abuses another person, while promoting the welfare of the victim? Even if the counselor succeeds in empathizing with the abuser, it can be detrimental to the therapy. The victim may feel betrayed, like the counselor is taking the abusers side, like the counselor does not believe her, or that her feelings and experiences are not validated (Bograd, 1992).

Another element of “normal” counseling is the element of neutrality. In couples counseling, the “optimal therapeutic stance is one of neutrality” (Bograd, 1992, p. 247). The therapist is supposed to stay on neutral ground so that there is no bias. The counselor is supposed to remain objective to validate both sides (Bograd, 1992; Greenspun, 2000; Kurri & Wahlstrom, 2001). However, in domestic violence, the abuser’s side cannot be validated, it is in reality a crime. Validating the abuser’s side would also revictimize the victim by minimizing the damage that has been done (Bograd, 1992; Greenspun, 2000). It would minimize the importance of their situation, possibly making it seem like a “normal” problem, not a very serious one. Some say that if a counselor is doing couples counseling with domestic, it is important to NOT take a stance of neutrality (Bograd, 1992; Greenspun, 2000). The counselor needs to make it clear that what the abuser is doing is a crime. This, again, risks the safety of the victim and the chance for real therapy to be done.

Counseling Couples in Domestic Violence

There is a lot of debate about whether couples counseling for domestic violence is appropriate, let alone worth it. Kurri and Wahlstrom (2001) stated that it is “not possible, or even desirable, to create idealized prescriptions for ‘good’ counseling practice on domestic violence” (p. 206). The question of whether couples counseling is effective or appropriate remains to be answered. The first thing is to assess whether real counseling can be done.

The first issue hindering real counseling with domestic violence is the issue of power and control. The abuser has learned to create a reality in which he has the power and the ability to control everything (Augusta-Scott & Dankwort, 2002). This carries

over into the therapy session. He needs to have that control over his victim, and therefore needs to control the stories that are told in the counseling session (Bograd, 1992). This is done using deception. The abuser needs to deceive the therapist in order to not take responsibility for the abuse that is occurring. If the therapist does not know the extent of the abuse, there is no reason for him to take the blame.

One way that he may do this is by putting the blame on the victim when problems are brought up, most often by the victim (Jory & Anderson, 1999). The abuser may not admit to things he has done. He may turn it around and give excuses for why it happened. This may deceive therapists into thinking that it is a problem with the victim. Remember that, in counseling, it is assumed that there is honesty in the counseling session (Bograd, 1992). With this in mind, it is hard to separate the deception from the truth.

Another way to deceive the therapist is by “creating false realities” (Jory & Anderson, 1999, p. 353). The abuser may just blatantly make up things that the victim did not do or that he did not do. This allows him to present himself in the best light possible. This also could be considered abuse, even though it is in a therapy session. It would be considered “crazy-making”, which is telling stories that are not true with the result of the victim not knowing what reality is and thinking that they are losing their minds (Personal communication with Family Service League, November, 1998).

Another way the abuser deceives the therapist and takes control of the session is by minimizing. Couples that come in for therapy, do not often present the domestic violence as an issue. This is due to the deception and the minimizing (Hirsehorn, 2001; Kaufman, 1992; Lawson, 2003). They minimize the severity of the abuse to make it

seem not as bad. This is enhanced by the victims' fear of speaking out and confronting their abuser. The therapist may be thinking (if they are not familiar with this area) that since the victim is not denying or arguing with what the abuser is saying, it must be true. These deceptions are about taking control and having the power.

According to Jory and Anderson (1999), the "women struggled to express the destruction of self-confidence, the breakdown of trust, the embarrassment with friends and family, and the loss of control over their own lives" (p. 354). This brings up the next barrier to getting real therapy done, accuracy. The therapeutic environment may not be truthful (Bograd & Mederos, 1999; Greenspun, 2000; Jory & Anderson, 1999). First of all, being in an abusive relationship may have caused the victim to have distorted views of reality, as such with "crazy-making" (Bograd & Mederos, 1999; Personal communication with Family Service League, November, 1998). This makes it extremely difficult to communicate the real problems. It also makes it hard for the victim to confront discrepancies in the stories he tells. She may even deny that there is abuse, this could be because of fear or even not knowing what is considered abuse (Greenspun, 2000).

All of the abusers techniques to control the session and the victim also contaminate the accuracy of the session (Jory & Anderson, 1999). When the abuser minimizes or denies the abuse, he is contaminating the accuracy of the therapeutic environment. When the abuser deceives the therapist in any way, he is contaminating the honesty of the therapeutic environment. This includes him making up "false realities", blaming the victim for the abuse, keeping the abuse secret, or even threatening the victim before therapy to keep her quiet. All of these strategies stop the process of therapy.

The abuser may also contaminate the therapeutic environment by “inflating his own character, competencies, or contributions and demeaning those of his partner through blame, ridicule, and criticism” (Jory & Anderson, 1999, p.356). This distorts the accuracy of the situation and makes it difficult to conduct therapy. Another thing the abuser may do is remember all the good things he has done, but remember nothing good the victim has done (Jory & Anderson, 1999). These are all ways to hinder the progress of therapy.

Safety

One of the biggest issues with counseling couples in domestic violence situations, is the safety of the victim (Augusta-Scott & Dankwort, 2002; Bograd, 1992; Bograd & Mederos, 1999; Gordon & Moriarty, 2003; Greenspun, 2000; Hirschhorn, 2001; Kaufman, 1992). The victim may have gotten the abuser into therapy, most likely after an abusive episode and him needing a way to keep her with him. However, this does not mean she feels safe in doing so. Once she is in the counseling session, she may feel trapped, like she wants to be here and improve their relationship by stopping the violence. Yet, she may feel trapped because her abuser is there, watching and listening to everything she does and says. She may realize the danger of more abuse, if she were to speak about the abuse, voice her concerns, fears, and anger with her abuser sitting beside her. If she were to verbalize her concerns, she would be left completely vulnerable (Kaufman, 1992), which would be completely okay in “normal” circumstances or in individual therapy.

The reality is that if the clients are vulnerable in session, where there is a controlled and safe environment, there is a good possibility that the victim may have to

face the wrath of their abuser when they get back home, where there is no safe place (Kaufman, 1992). At this point, it is a matter of looking at the counseling sessions one session at a time. The reality is that confronting his abuse in the therapy session is not going to make him come to the realization that he is abusive and this is wrong. Possibly this could happen over time, but from day to day, this is not the case. He is most likely to get angry and take it out on the victim (Hirschhorn, 2001; Kaufman, 1992). One of two things could happen, the victim could realize this and be too afraid to talk in the counseling session (Lawson, 2003) or she could have this idea in her head that the counselor will protect her. Either way, couples therapy is not helping if these two things are occurring.

If the victim is too afraid to talk in session because of the fear of him hurting her afterwards, there is the problem with accuracy again. This inaccuracy is a big problem because the couple is not working on their issues, they are basically working on fake issues. Again, traditional couples therapy will not help.

If the victim thinks the therapist can protect her and speaks her fears, anger and concerns in session, it will probably occur only once. If he abuses her after doing this, she may be quiet or just agree with the abuser the rest of the time in therapy. Another possible outcome could be that therapy is stopped (Jory & Anderson, 1999). The ending of therapy could put the victim more at risk and more isolated than before.

The bottom line is that putting the victim in a vulnerable spot when there is no protection for her is unethical (Bograd, 1992; Bograd & Mederos, 1999; Hirschhorn, 2001; Jory & Anderson, 1999; Kaufman, 1992; Kurri & Wahlstrom, 2001; Lawson, 2003; NBCC, 2002). No matter what is done in the session to promote safety for the

victim, there is no guarantee that the victim will be safe when the couple goes home (Kaufman, 1992).

How is the issue of safety supposed to be handled in couples therapy? There are a number of suggestions as to how to assess the risk of violence and abuse towards the victim before therapy. However, there are few answers about how to make the therapeutic environment a safe and effective place to do therapy as well as decrease the risk for abuse after the session.

Hirschhorn (2001) suggested checking in with the victim frequently to make sure they could handle talking about the abuse and felt safe. Kaufman (1992) strongly encouraged counselors to use their intuition and to separate the couple if they sense violence or fear. Once separated, counselors need to talk to the victim about her safety, come up with a safety plan, and give her phone numbers to the nearest shelter and police department. Even though this seems like a good plan, it still cannot ensure the victim safety. Bograd (1992) said that even attempts to assess the risk in session will not be accurate because the woman is in a state of fear and cannot accurately state the danger she is in.

Challenges for Counselors

There are many challenges that counselors have to face when working with couples with domestic violence issues. One is maintaining the alliance with both people (Lawson, 2003). It is easy to empathize with the victim, if the counselor is not taken into the deceptions of the abuser. The hard part is to keep a good therapeutic relationship with the abuser. The counselor does want to be in alliance with the abuser for the sake of him changing and stopping the abuse on his victim. The alliance needs to be there or else

the abuser will not change or even attempt to try. However, in doing this the counselor does not want the victim to feel like the counselor does not believe her or support her. Keeping this support even for both members of the couple is a struggle for a lot of therapists.

The second challenge is how to both address the problems while still supporting them. How can the counselor address the destructive behaviors of the abuser without criticizing (Bograd, 1992)? If the abuse is criticized, the abuser will not stay in therapy long and it puts the victim at greater risk by making the abuser angrier. However, the counselor does not want to make light of the abuse, either. The abuse is a serious matter and it is a crime. Making light of it would also not validate the victim. This would mean revictimizing the victim in what is supposed to be a safe place. Unfortunately, there is no answer to this imperative question.

Another challenge is the question of how counselors are supposed to encourage change and promote a healthy relationship between the couple when, statistically, they know that change is not likely (Bograd, 1992). The traditional role of couples counseling is to promote a healthy relationship and encourage the couple to work together. This does not work with couples with domestic violence issues. They do not have a fair common ground to work from. There are no universal guidelines for working with couples in domestic violence. This leaves counselors in the dark. They are ethically bound to help couples that want help. However, in this case there is serious doubt that anything will change. The counselor needs to respect the victim's decision to stay in the relationship and try to improve it (Kurri & Wahlstrom, 2001).

Along with all of this is the extreme counter-transference the counselor may face (Bograd & Mederos, 1999). This refers to the situations where the counselor places personal feelings from his experiences onto the client. In the victim's case, the counselor may feel the strongest need to protect her. This interferes with the neutrality of the therapeutic environment. It may also make the abuser very angry and be detrimental to the safety of the victim. In the abuser's case, the counselor may be extremely angry with him and want to punish him. This also interferes with the neutrality of the therapeutic environment and could anger the abuser to harm the victim. Generally counselors may be able to understand why the abuse is happening, but not be able to distance themselves from the moral aspects of these situations.

When is Couples Counseling Appropriate?

There are no clear-cut guidelines for when couples counseling is appropriate or when it should not be done. There are a lot of arguments, which have been discussed in this paper, stating that couples counseling should never be done with couples who have domestic violence issues. In fact, there are 20 states in the United States where counseling couples for domestic violence is illegal (Personal communication with Michael Fleming, May 2003).

Many researchers say that there are benefits of couples counseling (Bograd & Mederos, 1999; Jory & Anderson, 2000; Rosenbaum & Maiuro, 1990). Rosenbaum and Maiuro (1990) deemed couples counseling a good idea and suggested that the counselor could see the man's control tactics and his aggression that might not be seen in individual counseling. Jory and Anderson (2000) thought that the woman might be empowered through couples counseling -- having someone there on her side. They also stated that

battered women often stay with their partners despite the abuse, so counselors might as well try and “fix” the relationship (Jory & Anderson, 2000).

Despite these positive aspects, there is a lot of apprehension to counsel couples in domestically violent situations. There are many different ways counselors define whether it is appropriate to counsel domestic violence couples. The first rule is that both people are coming to counseling voluntarily (Bograd & Mederos, 1999; Jory et al, 1997). This suggests that they are both committed to working on their relationship and saving it (Lawson, 2003). Voluntary participation does not always demonstrate this, however, so counselors still need to be cautious.

The second rule is that the abuser can take responsibility for the abuse (Bograd & Mederos, 1999; Greenspun, 2000; Jory & Anderson, 2000; Lawson, 2003). This means that there is some level of grief and regret for what he has done. If he has taken responsibility, there will be less of a chance that he would minimize, deny, and try to control the session. This, in and of itself, gives therapy more of a chance to help the relationship. Then, real work can get done. Jory and Anderson (2000) suggest that the abuser taking responsibility occurs in individual therapy, which should come before couples counseling. Jory and Anderson (2000) suggest that “couples therapy be postponed until abuser’s made progress in individual therapy” and “exhibited some willingness to be accountable, to respect his partner, and to keep the psychological environment free from coercion” (p. 346).

The last rule for assessing whether couples counseling is appropriate is the level of danger present in the relationship. The counselor needs to insure there is no risk for lethality or immediate danger (Bograd & Mederos, 1999; Lawson, 2003). Counselors

also need to assess the level of violence. There cannot be high levels of violence in the relationship (Bograd & Mederos, 1999; Lawson, 2003). If there is a high level of violence in the relationship, the risk is too great. There is more of a chance that the victim would not be safe after the session. This is unfortunate since those with high levels of violence are the ones that need the most help.

These are not clear-cut guidelines for who is appropriate for couples counseling. Counselors must guess as to who would benefit the most and who would be at the lowest level of risk for violence occurring after sessions. However, all couples in domestic violence are unpredictable.

Guidelines for Couples Counseling

The unanimous response in the research is that individual interviews or individual counseling is the prerequisite to couples counseling (Bograd, 1992; Greenspun, 2000; Kaufman, 1992; Kurri & Wahlstrom, 2001; Lawson, 2003). In the individual interviews, it is possible to get information that might not come out if you started with couples counseling. Information that may make the victim vulnerable in the couples session, can be discussed beforehand in the individual interview without fear of the consequences (Bograd & Mederos, 1999; Greenspun, 2000; Harway & Hansen, 1994).

Ideally, the victim and the abuser would have individual interviews. Individual interviews allow the counselor to assess the different stories between the two, the safety risk for the victim, and the each individual's history (childhood abuse, PTSD, etc.) without the fear of vulnerability (Bograd & Mederos, 1999; Greenspun, 2000; Harway & Hansen, 1994; Lawson, 2003).

With the victim, the counselor can set up a safety plan (Bograd & Mederos, 1999; Greenspun, 2000; Harway & Hansen, 1994; Kurri & Wahlstrom, 2001; Lawson, 2003). This would help the risk factor by at least ensuring that she has a safety plan if they were to go into couples counseling. Lawson (2003) suggests that the following be discussed in the individual interview with the woman:

“... identify risk patterns and behaviors of the abuser, individuals to call in a crisis, procedures used by self and others to contact law enforcement, escape routes and safe havens, identifying safe and less safe places in the home, obtaining extra house and car keys, and an escape kit (eg., money, checks, important papers, and valuables)” (p. 26).

These are all extremely important things that need to be discussed with the victim. This is best done in private and not in the presence of her abuser. Only after certain things (safety issues, aggressiveness, honesty, etc.) have been established in the individual interviews and the relationship is deemed appropriate for couples counseling, should this occur.

Conclusion

The debate of whether couples counseling is appropriate or worthwhile for couples of domestic violence will continue to go on. There are some advantages of couples counseling for domestic violence. However, the majority opinion is that it is extremely risky and should only be done when certain criteria are met, and even then, with caution. There is not guarantee for safety. “Four thousand women are killed annually by their husbands. Many of these women were killed after they had left their spouses, entered treatment, and attempted to seek safety” (Bograd, 1992, p. 250). There

is a struggle between what can be done, what need's to be done, and how to do it.

Unfortunately, there are no clear answers.

References

- Augusta-Scott, T. & Dankwort, J. (2002). Partner abuse group intervention: Lessons from education and narrative therapy approaches. *Journal of Interpersonal Violence, 17*, 7, 783-805.
- Bograd, M. (1992). Values in conflict: Challenges to family therapists' thinking. *Journal of Marital and Family Therapy, 18*, 3, 245-256.
- Bograd, M. & Mederos, F. (1999). Battering and couples therapy: Universal screening and selection of treatment modality. *Journal of Marital and Family Therapy, 25*, 3, 291-312.
- Gordon, J. A. & Moriarty, L. J. (2003). The effects of domestic violence batterer treatment on domestic violence recidivism: The chesterfield county experience. *Criminal Justice and Behavior, 30*, 118-134.
- Greenspun, W. (2000). A metasystemic approach to the treatment of domestic violence. In P. Papp (Ed.), *Couples on the fault line: New directions for therapists* (pp. 152-177). New York, NY: The Guilford Press.
- Harway, M. & Hansen, M. (1994). Spouse abuse: Assessing and treating battered women, batterers, and their children. Sarasota, FL: Professional Resource Press.
- Hirschhorn, D. S. (2001). Physical abuse: Screening and treatment. *Annals of the American Psychotherapy Association, 4*, 5, 15-18.
- Jory, B. & Anderson, D. (1999). Intimate justice II: Fostering mutuality, reciprocity, and accommodation in therapy for psychological abuse. *Journal of Marital and Family Therapy, 25*, 349-363.
- Jory, B. & Anderson, D. (2000). Intimate justice III: Healing the anguish of abuse and

embracing the anguish of accountability. *Journal of Marital and Family Therapy*, 26, 345-361.

Jory, B., Anderson, D., & Greer, C. (1997). Intimate justice: Confronting issues of accountability, respect, and freedom in treatment for abuse and violence. *Journal Of Marital and Family Therapy*, 23, 399-420.

Kaufman, G. Jr. (1992). The mysterious disappearance of battered women in family therapist's offices: Male privilege colluding with male violence. *Journal of Marital and Family Therapy*, 18, 3, 233-243.

Kurri, K. & Wahlstrom, J. (2001). Dialogical management of morality in domestic violence counseling. *Feminism & Psychology*, 11, 2, 187-208.

Lawson, D. M. (2003). Incidence, explanations, and treatment of partner violence. *Journal of Counseling and Development*, 81, 19-33.

National Board for Certified Counselors, Inc. (2002). *National board for certified Counselors, inc. and affiliates code of ethics*. Retrieved March 9, 2004, <http://www.nbcc.org>.

O'Leary, K. D., Barling, J., Arias, I., Rosenbaum, A., Malone, J., & Tyree, A. (1989). Prevalence and stability of physical aggression between spouses: A longitudinal analysis. *Journal of Consulting and Clinical Psychology*, 57, 263-268.

Rosenbaum, A. & Maiuro, R. D. (1990). Perpetrators of spouse abuse. In R. T. Ammerman & M. Hersen (Eds.), *Treatment of family violence: A sourcebook* (pp.280-309). New York, NY: Plenum Press.