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Abstract

An estimate 1.8 million women are beaten by their spouses each year (Edelson, 1984). During recent years battered women shelters and services have been established to protect women and children during times of family crisis. The problem of woman battering has been recorded throughout history but research on intervention, particularly with men who batter, is in its infancy (Tolman & Edelson, 1989). In recent years there has been a dramatic increase in the numbers of programs established to help men change their violent behavior. This article reviews the published research on intervention with men who batter. Intervention with men who batter women range from individual treatment to attempts to change the workings of social institutions. This study will define battering and examine treatment methods for men who batter. It should be noted here that although men sometimes are targets of physical aggression and other abuse by their partners, they generally do not experience the kind of terror, intimidation, and sense of domination that battered women do (Tolman & Edelson, 1989). For this reason, the focus here is exclusively on women victims of men's violence.

INTERVENTION FOR MEN WHO BATTER WOMEN

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An estimate 1.8 million women are beaten by their spouses each year (Edelson, 1984). During recent years battered women shelters and services have been established to protect women and children during times of family crisis. The problem of woman battering has been recorded throughout history but research on intervention, particularly with men who batter, is in its infancy (Tolman & Edelson, 1989). In recent years there has been a dramatic increase in the numbers of programs established to help men change their violent behavior. This article reviews the published research on intervention with men who batter.

Intervention with men who batter women range from individual treatment to attempts to change the workings of social institutions. This study will define battering and examine treatment methods for men who batter. It should be noted here that although men sometimes are targets of physical aggression and other abuse by their partners, they generally do not experience the kind of terror, intimidation, and sense of domination that battered women do (Tolman & Edelson, 1989). For this reason, the focus here is exclusively on women victims of men's violence.

Definition of Battering

The most obvious form of battering is physical abuse. This occurs by the use of a person's hands, feet, or other body parts to inflict physical damage or pain on another person. A widely

shared clinical observation is that men who physically abuse their partners also engage in a wide range of other abusive behaviors, including emotional, psychological, and sexual abuse (Walker, 1979; Ganley, 1981; Purdy & Nickle, 1981). Examples of emotional and psychological abuse include direct and indirect physical threats, verbal put-downs, public humiliation and degradation, withholding of affection and financial resources, and isolation from family and friends. The full continuum of abusive behaviors must be explored and addressed in treating men who batter. Nonphysical abusive behaviors are themselves damaging to the targets of their behaviors.

Treatment Methods

Individual Counseling

At the level of intervention with individual men, there has been little research done. According to Eisikovits & Edelson (1989), only two reports have been published. These two interventions were not specifically directed at battering and have received little attention.

The first intervention focused upon a man's obsessive thoughts of strangling his wife. The second focused on a man's violent behavior directed at a number of people, only one being his wife. The methods of intervention used to reduce or eliminate the violence represent early behavior by teaching alternative ways of communicating or ending violent thoughts through aversive

therapy. The first study reported the elimination of certain types of verbal behavior. The second study reported the elimination of violent thoughts., Reported changes in violent behavior was not seen in either study.

Couple Counseling

The next level of intervention in reducing violence or treating men who batter is couple counseling. This includes both conjoint couple counseling as well as couple therapy groups. Very little systematic research was found on intervening with couples. The majority of intervention done with couples is based on systems theory. Systemic views of families predict that when one part of the system is disturbed other parts have contributed to the disturbance. Neidig (1986) stated that abuse is a relationship issue that both parties participate in abusive behaviors although not necessarily equally.

One of the major reasons for selecting couple counseling in family violence intervention is the couples desire to remain together. Many authors have stated that under certain circumstances couple counseling should not take place. They include (1) when a woman's safety is jeopardized (2) when there is frequent and severe abuse (3) chemical dependency problems exist (4) mental illness is present (5) when the victim does not desire couple counseling (Gelles & Maynard, 1987).

Although much of the literature on couple counseling is strongly systemic, the intervention used is often cognitive-behavioral. Eisikovits & Edelson (1989) stated that Taylor (1984), Neidig (1986), Deschner (1984), Harris (1986), Rosenbaum and O'Leary (1986), and Lindquist, Telch, and Taylor (1985) all promote the use of cognitive-behavioral techniques for intervention. These techniques include assertiveness training, cognitive restructuring training, training in using time-outs, and stress reduction training.

Neidig (1986), Deschner (1984), and Lindquist, Telch, & Taylor (1985) advocate working with several couples in a group format although Deschner (1984) permitted individual members of a couple to attend group sessions alone when the other partner refused to attend.

The outcome from working with or treating batterers in a conjoint couple setting does not seem to be clear or concise at this given time. Cook and Frantz-Cook (1984), Geller (1982), Margolin (1979), and Weldman (1986) do not report outcome data for their couple counseling treatment programs. In one of the earliest studies, Lindquist, Telch, & Taylor, (1985) reported six week and six month follow-ups with couples receiving therapy for male violence. They found that 50% of the couples treated experienced at least one incidence of violence during the six

weeks following the program. At the six month report, all couples had experienced violent incidents.

Harris (1986), Taylor (1984) and Myers (1984) had more positive outcomes in treating violent behaviors in couples. Harris (1986) contacted 30 couples from two months to three years after therapy. It was found that 73% of the couples were successful, although successful is not defined. Although Harris does not clearly state what successful means. Taylor (1984) reported that in 50 couples with whom he worked 65 percent reported that there had been no new violence in the 6 months following treatment. He does not state, however, how these data were collected or who reported them. Significant improvement between pretest and posttest scores on subscales of the Minnesota Multiphasic Personality Inventory (MMPI) were found in Myers' (1984) study. There were also improvements found on a marital satisfaction scale.

Neidig (1986) provided some greater detail in reporting the results of a batterers treatment program offered in a military setting. He reported statistically significant changes in a desired direction in both partners ratings of marital adjustment and perceived self-control between pretests and posttests. However, those changes are not clearly linked to subsequent changes in violence.

Overall, the reported evaluations of couple and couple group treatment appear to be very weak. There are serious problems concerning the definition and reporting of success of incidences of violence.

Group Counseling

Men's group treatment is another unit of intervention for men who batter. Group treatment for men who batter has been available since the late 1970's (Tolman & Edelson, 1989). As the number of such programs has grown so have the variety of treatment methods advocated.

Most group treatment for batterers varies along two major dimensions. These include the group structure and the number of group sessions offered. Groups vary from highly structured, educational programs to minimally structured, self-help groups. Most programs in North America currently offer group treatment that lies somewhere along the continuum (Edelson, 1984; Rosenbaum & O'Leary, 1986; Saunder, 1984).

The recommended number of sessions a batterer's treatment group should meet is also still in question. Some practitioners advocate "long-term" treatment of several years while others offer some form of "time-limited" groups ranging from 6 to 30 sessions. It appears that most batterers' treatment programs in this country meet from 12 to 30 or more sessions. For example, Sonkin, Martin, and Walker (1985) presented a 12 session program

while Brygger and Edelson (1987) described a 32 session program for batterers.

In the first published evaluation of group treatment for men who batter, Edelson, Miller, Stone, and Chapman (1985) report that seven of nine batterers who completed 12 sessions of cognitive-behavioral groups reported no violent incidents. The follow-ups ranged from seven to twenty-one weeks. A limitation of the study was the fact that the data were drawn solely from men's self-reports. Rosenbaum (1986) reported on batterers who had completed at least five of six behavioral-educational workshop sessions. Follow-ups of six or more months indicated that eight of the nine men were not violent following treatment. Rosenbaum (1986) also appeared to rely solely on men's self reports. According to Edelson & Grusznski (1988) the danger of relying solely on the mens' self-reports lies in the fact that women victims report much higher levels of violence than do their male partners. Therefore, Edelson, Miller, Stone, and Chapman (1985) and Rosenbaum (1986) may have exaggerated success rates for the batterers completing treatment.

Feazell, Mayers, and Deschner (1984) surveyed 90 programs across North America. They reported that from 66% to 75 % of the couples reported that violence had ceased one year after completing the batterer treatment program. Another survey done by Pirog-Good and Stets-Kealey (1985) found an average

recidivism rate of 16%. As with couple counseling and the vagueness of the reporting done, these two studies are also vague on how the programs computed success rates. It is also unclear on who reported the results - whether it was the victim or the abuser.

In June, 1989, it was reported by the Domestic Abuse Project Research Update publication that studies done on batterers programs favored a structured, time-limited men's group. It was the nations first comparative study of group treatment for men who batter (Eisikovits & Edelson, 1989).

In this study, Edelson and Syers (1989) compared six different group treatment programs for men who batter. Batterers were randomly assigned to one of six possible treatment conditions. Victim and perpetrator interviews were completed 6 months following the end of group treatment. They concluded from their study that time-limited, structured group treatment for batterers was most effective in reducing violence. On the average, 12 session groups were as effective as 32 session groups in reducing repeat incidences of violence. It also appeared that material delivered in educational formats tended to be more effective than other methods in reducing violence. For example, educational groups were more effective than self-help groups. According to Edelson and Syers (1989), their findings that brief time-limited treatment is most effective is consistent with

research on other social service populations. It is a common experience for an individual to apply greater effort as a deadline approaches.

In summary, intervention at the mens' group level appears to be given the most attention at this time in the literature. It is clear from the outcome studies thus far reported that the effectiveness of group treatment for men who batter is still in question. Studies with greater experimental controls are needed to draw conclusions about treatment for men who batter and what treatment method is most effective in reducing violence.

Conclusion

This study consisted of a review of literature concerning treatment programs for men who batter. Three primary interventions were studied: 1) individual counseling, 2) couple counseling, 3) group counseling. Several conclusions may be drawn from this literature. First, if domestic abuse against women is to stop, responsibility for doing so must be shifted from the victims to the perpetrators. Secondly, little empirical evidence has been available on the effectiveness of batterers' treatment programs.

One limitation of available research is that "success" frequently was not defined. Some researchers sought a decrease in violence while others seemed to place greater emphasis on marital satisfaction.

A second limitation is the almost lack of available research comparing individual counseling with group counseling for men who batter. No significant outcome studies have been done with individual counseling for men who batter.

A third limitation of the study done was that the follow-up reports were often self-evaluations. Although violence may have been eliminated, many women may still feel the threat of violence from their partners.

More serious and reliable research specific to batterers treatment programs needs to be done. Since the concept of educating and counseling men in violent relationships is a relatively new phenomenon, future studies of interventions with men who batter require more complex designs. One example of a more complex design to end battering is to look at the several classes of non-physical abuse that takes place within the context of violence. They need to be included in the definition of battering and must be considered as criteria for success in future evaluations in stopping violence against women in our society.

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