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Men Who Batter: Personality Variables, Relationship Variables, and Treatment Outcome

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MEN WHO BATTER: PERSONALITY VARIABLES,

RELATIONSHIP VARIABLES, AND TREATMENT OUTCOME

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ABSTRACT

MEN WHO BATTER: PERSONALITY VARIABLES, RELATIONSHIP VARIABLES, AND TREATMENT OUTCOME.

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This study investigated the relationship between the personality characteristics of male batterers and treatment outcome. It also examined a pattern of communication found in violent couples where the male pursues the female and the female withdraws in an argument. The study also compared alcohol use with treatment outcome.

Twenty-one men who attended a group psychoeducational treatment program for batterers completed the Minnesota Multiphasic Personality Inventory (MMPI-2). The men were divided into three groups based on their scores: non-pathological (normal profile), narcissistic/antisocial (elevated psychopathic deviate scale), and severely disordered (elevations on several scales). Pre and post-test measures were completed: Dyadic Adjustment Scale (DAS), Relationship Style Questionnaire (RSQ), Modified Conflict Tactics Scale (CTS), and a measure of minimizing and rationalizing (Min/Rat).

The men in the present sample were similar demographically to previous descriptions of court-referred batterers except for a higher percentage of non-white participants. The results did not support any differences in treatment outcome for the three MMPI-2 subtypes of male batterers. The data supported the results of Gondolf (1977) who completed a very extensive research project in this area of domestic violence. The present research also found no change in the male pursuit/female withdrawal communication

pattern as a result of treatment. Finally, alcohol use was also found not to impact treatment outcome.

Participants were easily categorized into the three personality groups: non-pathological, antisocial/narcissistic, severely disordered. The non-pathological MMPI-2 group appeared "better" overall than the severely disordered group; less self pursuit, less partner withdrawal, more satisfaction with the relationship, and more affectional expression. The antisocial/narcissistic group generally fell in the middle of the other two categories, not significantly different from either. Implications of the results are discussed and suggestions for future research are outlined.

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INTRODUCTION

Domestic violence, which includes the physical, verbal, social and economic abuse of a woman by her male partner, has recently received much public attention. Years ago, people did not recognize partner assault as a social problem. It was ignored in academic texts and unrecorded by official forces. In the past 20 years, people have become more aware of the prevalence of domestic violence in our society. In fact, marital violence is often cited as the reason for many divorces (Rosenbaum & O'Leary, 1981).

How common is marital violence? Gelles (1974) found that 56% of families interviewed through social service agencies and neighborhood controls reported physical aggression between spouses. Levinger (1966) found that of 600 divorce applicants, 37% of the wives listed physical abuse as the reason for the divorce. Straus, Gelles, and Steinmetz (1980) surveyed over 2000 married couples and found that over 28% reported at least one episode of physical violence in their relationships during marriage. Similar results were found in a 1985 follow-up study (Straus & Gelles, 1986). Frieze and Browne (1989) reported percentages of physical abuse by male partners that range from 11% to 37% depending on the population surveyed.

It is clear that physical violence among couples is quite common. At least 2.1 million women are victims of domestic violence over a 12 month period (Frieze & Browne,1989). It is likely that the prevalence of domestic violence is actually higher given the reluctance of some people to admit that domestic violence exists in their homes. The seriousness of the violence can range from slapping to murder.

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The study of family violence did not begin until the 1960's. At this time, emphasis was in the area of child abuse. In the early seventies, research on violence between marital partners began to increase (Dutton, 1995). Most researchers in the domestic violence area focused on the psychological characteristics of the female victims. Walker (1979) suggested this is because " these men do not want to discuss the problem and attempts to learn more about batterers have not been successful...Thus, the knowledge we have of these men comes from the battered women themselves and our few, meager observations." (p. 36). Some studies have reported characteristics found in the "typical" male batterer (e.g. Roberts, 1987). Most studies, however, contend that there is no homogeneous "batterer profile." Instead, there appear to be several subgroups of male batterers which are characterized by different traits suggesting personality disorders (e.g. Hamberger & Hastings, 1991). The current study does not focus on the female victims, but rather on the male assailants.

There are multiple variables that contribute to domestic violence . Some researchers have cited power and control (e.g. Dutton, 1995), jealousy (e.g. Dutton, 1995), alcohol (e.g. Roberts, 1987), violence in the family of origin (e.g. Hastings, 1986), insecurity (e.g. Bernard & Bernard, 1984), and the list goes on. In this study, the characteristics of court-ordered men who abuse, along with relationship variables will be examined in the hope of adding to our understanding of where this behavior originates. Moreover, a specific group intervention program in Tidewater, Virginia area will be evaluated.

Characteristics of Men Who Batter

There is much difficulty is studying the characteristics of male batterers. The population that is studied is mostly comprised of men who have been in trouble within the

court system for partner abuse. There are men who are abusers who circumvent the court system, especially those in a higher socioeconomic status. Domestic abusers are not a willing group of subjects. Therefore, most studies are working with an initially biased sample - court mandated abusers only.

In terms of psychosocial characteristics of court-mandated batterers, men who grew up in abusive homes have a higher likelihood of becoming abusive themselves compared to men reared in nonabusive homes (Roberts, 1987). Roberts (1987) also found that approximately fifty percent of the batterers in his study (who had charges filed against them) were unemployed and those who were employed held blue collar positions. Sixty percent of these men also had previous felony or misdemeanor offenses. In contrast to other authors, Roberts (1987) concluded that there does exist a profile of the "typical" male batterer: young (between the ages of 20 and 34), cohabiting, unemployed or in a blue collar job, excessive drinker and/or drug abuser who has been convicted of public order disturbances or has been convicted of possession of illegal drugs.

Hamberger and Hastings (1986) also found a high prevalence of unemployment and alcohol problems among batterers attending a domestic violence abatement program. Forty percent of their sample also reported violence in the family of origin. Other research findings also support the results of Hamberger and Hastings (1986) and Roberts (1987), indicating that abusive men tend to grow up in families where violence is prevalent, tend to have alcohol or substance abuse problems, and are often unemployed or employed in blue collar positions (e.g. Rosenbaum & O'Leary, 1981; Tolman & Bennett, 1990 review of the literature; Ponzetti, Cate & Koval, 1982; Fitch & Papantonio, 1983; O'Leary, Malone, & Tyree, 1994).

Ponzetti et al. (1982) identified five internal factors and three external factors that consistently emerge in studies of male batterers. Internal factors are personal characteristics of the male that he brings into the relationship. External factors include pressures from the environment. The five internal factors identified in the study were a learned predisposition toward violence, alcohol and drug dependency, inexpressiveness, emotional dependence, and lack of assertiveness. The three external factors include economic stress, social isolation, and cultural norms.

Some studies have used the Minnesota Multiphasic Personality Inventory (MMPI: Hathaway & McKinley, 1940) to assess the psychological characteristics of men who batter. Bernard and Bernard (1984), using the MMPI, concluded that, in general, the male abuser can be described as a "severely alienated person with a character disorder" (p. 545). This man tends to be angry, irritable, erratic, and unpredictable. Impulse control is likely to be a problem. Such an individual is often distrustful of others, isolated, insecure, and alienated. He also tends to possess a strong masculine identification and may experience some insecurity about his masculinity. Finally, such an individual is prone to substance abuse. Hamberger and Hastings (1988) completed a review of the research on batterers which supported their results indicating the presence of personality disorders in the sample of men they tested.

Hale, Duckworth, Zimostrad, and Nicholas (1988) also used the MMPI to assess men who had undergone or who were undergoing treatment for spouse abuse. They found primary elevations on the Psychopathic Deviate (Pd) scale and the Depression (D) scale with slight elevations on the Psychasthenia (Pt) scale and the Schizophrenia (Sc) scale. The average profile reflected a "psychopathic or antisocial personality, with depressive

features that seem to be produced by specific situations and are often short lived. Alcoholism, drug addiction, and legal difficulties are often associated with this profile" (Hale et al., 1988, p. 217). This type of individual tends to externalize responsibility, disregard social standards, and is often in trouble with the law and his family.

Else, Wonderlich, Beatty, Christie, and Staton (1933) used the MMPI personality disorder scales (MMPI-PDS) developed by Morey, Waugh, and Blashfield (1985) to assess men who were beginning treatment for partner abuse. All subjects (n=35) had a minimum of four instances of domestic violence as identified through chart review. Compared to non-abusing controls, the male batterers scored significantly higher on both the borderline and the antisocial personality disorder scales. Subjects in the abuse group were beginning treatment for partner abuse at the time of the assessment. In contrast, Caesar (1988) compared the profiles of men in treatment for abuse to an unmatched group of nonviolent men in therapy. The results indicated no significant difference in MMPI scores for the two groups.

Tolman and Bennett (1990) completed a review of the research on men who batter. They concluded that abusive men are more hostile, more angry, and more depressed than nonviolent controls. These men may also see themselves as lacking in masculinity and other positive traits associated with gender. Bernard and Bernard (1984) also reported that these men experience "intense feelings of social and personal (masculine) inadequacy" (p. 545). Schuerger and Reigle (1988) found that men who reported high levels of violence tend to show higher levels of anxiety, depression, schizoid tendencies, and social nonconformity.

Flournoy and Wilson (1991) used the MMPI to assess male batterers who were

ordered by the court to attend an eight week aggression management group treatment program. Primary elevations were found on two scales (4-Psychopathic Deviate, 2-Depression), however, neither were in the clinical range (T-score of 70 or above). Cluster analysis revealed two different profiles. The first (n=25) was the 4-2 elevation mentioned above. The authors described those in the first category as having psychopathic or antisocial personality characteristics. "They tend to externalize responsibility for their behavior and exhibit a continued pattern of passive dependence" (Flournoy & Wilson, 1991, p. 316). The second (n=31) included a relatively normal range profile. The authors report they found similar results to Hale et al. (1988) in that both research samples of domestically violent men displayed a lack of self-efficacy, addictive tendencies, and a disregard for social standards. They concluded that domestically violent men minimize or externalize blame for their aggressions.

Hastings and Hamberger (1988) compared male spouse abusers with non-abusing males matched for age using the MCMI (Millon, 1983), the Navaco Anger Scale (NAS: Novaco, 1975), and the Beck Depression Inventory (BDI: Beck, Wood, Mendelson, Mock, & Erbaugh, 1961). They found that batterers evidenced greater levels of psychopathology than did the non-battering men especially in the area of borderline symptomatology and negativistic, passive-aggressive tendencies. Moreover, those male batterers with alcohol problems showed more marked psychopathology than the batterers without alcohol problems. In a similar study, Hamberger and Hastings (1991) compared alcoholic batterers referred for treatment, nonalcoholic batterers referred for treatment, a community sampling of maritally violent men, and a nonviolent control group matched for age and education. The authors again found that batterers (alcoholic and nonalcoholic)

tend to score higher on the MCMI than non-batterers and often score in the pathological range on the aggressiveness and passive-aggressive scales. They also found that batterers with alcohol problems evidenced a higher level of pathology than those without alcohol problems. Specifically, the alcoholic batterers reported witnessing more parental violence in the home and were more likely to have experienced abuse. This difference was significant when compared to the community identified batterers and the nonviolent controls. It was not significantly different from the nonalcoholic batterers. Hamberger and Hastings (1991) identified alcohol abuse as a significant variable related to psychopathology and exposure to abuse in the family of origin. The authors failed to discuss whether the abusive behaviors preceded alcohol use or whether alcohol use preceded the use of violence. Given the relation to childhood experiences, one may hypothesize that alcohol use preceded the actual use of violence by these men. However, "considerable clarification is needed before the role of alcohol abuse in battering is understood" (Hamberger & Hastings, 1991, p. 144).

Bersani, Chen, Pendleton, and Denton (1992) measured self-reported temperament of court-mandated male batterers. The authors found that the abusive group tended to be more nervous, indifferent, impulsive, depressive, subjective, dominant, and hostile than the general population. They concluded that the profile of these men described an individual who is highly social yet lacks the "internal dynamics or balance to achieve positive social interaction" (Bersani et al., 1992, p. 131).

Research also indicates that abusive men tend to deny problems, resist change, and blame the spouse when confronted with their violent behavior (Waldo, 1987), This author also found these men to be highly dependent on their spouse often as a result of isolation

and low self-esteem. Bernard and Bernard (1984) reported that most abusers deny and minimize the frequency and intensity of their violence.

Babcock, Waltz, Jacobson, and Gottman (1993) found that men who were less communicative were more physically and psychologically abusive toward their wives. Husbands with low decision-making power also tended to show greater violence toward their wives. Eisikovitz, Edleson, Guttmann, and Sela-Amit (1991) reported that a man's attitude toward the legitimacy of the use of violence against women along with lower rationality in thinking patterns predicted his use of physical violence. For example, a man who believes that the use of violence is not justifiable is not likely to use violence against women. These authors also found that this attitude was a strong differentiating factor among violent and non-violent men. Specifically, abusive men held less supportive attitudes toward battered women than did non-abusive men.

The above studies described an "average" profile depicting the "typical" male batterer. Some researchers compared the personality profiles of batterers to non-batterers, while others looked at the profiles of the batterers only. In general, the studies described the "typical" batterer as a man with antisocial traits who struggles with depression and has substance abuse problems. However, not all studies indicated a "typical" profile. Instead, these men have been found to be a heterogeneous group. Some researchers even indicate no difference between men who batter and men who do not batter (e.g. Mederos, 1987 cited in Hamberger & Hastings, 1991).

Some studies have found different "subtypes" of male batterers rather than an "average" profile. Such subtypes could have important implications for treatment of men who use violence with their partners. Therefore, it is important to review such research.

Gondolf (1988) found that, based on the female's description of the male partner, a large proportion of batterers have antisocial traits. He identified three types of batterers. The first type he called the sociopathic batterer, which included about 30-40% of the sample. This type of male was extremely abusive and his behavior often included the use of a weapon. He was likely to have been physically and sexually abused himself and exhibited a high level of antisocial behavior often leading to multiple arrests. Type two, the antisocial batterer (5-8% of sample) was also extremely abusive, both physically and verbally. However, these men were likely to have fewer arrests than the type one batterer. The type three batterer was called the typical batterer (45-55% of sample). These individuals were less severe in their abuse than the other two types and had generally suffered less abuse themselves in their family of origin. Moreover, this type of male was also more likely to be apologetic after the abusive incident and had fewer arrests.

Hamberger and Hastings (1986) replicated an earlier study (Hamberger & Hastings, 1985) resulting in nearly identical findings. Both studies found three major personality categories when assessing men attending a domestic violence abatement program. Using the first eight scales on the Millon Clinical Multiaxial Inventory (MCMI: Millon, 1983), a factor analysis was computed. Three factors were identified which met the authors' criteria (eigen value greater than 1.0). Factor one was labeled schizoidal/borderline. Factor two was labeled narcissistic/antisocial, and factor three was passive dependent/compulsive. Eight different profiles reflected the various combinations of the three factors identified. Each subject was assigned to one of the eight possible "subgroups". The authors only described in depth the three main profiles which consisted of 39% of the total sample. The first group (10% of the sample) scored high on factor

one and low on factors two and three. This type of male was found to be withdrawn and asocial, moody and hypersensitive to interpersonal slights. Others often view this individual as highly volatile and over-reactive to conflicts over trivial matters. These men demonstrated high levels of anxiety and depression, were likely to have alcohol problems, and had high levels of anger proneness. These individuals were likely to have characteristics in common with individuals diagnosed with borderline personality disorder. The second group (13% of the total sample) scored high on factor two and low on the other two factors. These individuals were likely to have a "self-centered approach to life" (Hamberger & Hastings, 1986, p. 330), used others to meet his needs, reported low levels of dysphoria, high energy levels, and marginal tendencies toward problems with drugs and alcohol. These individuals were similar to people diagnosed with narcissistic or antisocial personality disorder. Group three (16% of total sample) scored high on factor three and low on factors one and two. These individuals were tense and rigid and may act weak and passive. They were likely to have low self-esteem and a strong need for other people. These men reported mild dysphoria, moderately high levels of depression, low levels of energy, and low levels of anger proneness, although they may be aggressive at times. Such individuals were similar to an individual diagnosed with dependent personality disorder. The remaining subjects (61% of the sample) fell among five additional groups. Group four was described as extremely agressive and unpredictable with sociopathic qualities. Group five was described as intensely conflicted, extremely frustrated, dysphoric with borderline traits. Group six was composed of men who were described as "gregarious superficially charming, and self-dramatizing as a way of gaining the attention, admiration and support of others. They are alert to signs of potential rejection. Further,

when their dependency security seems seriously threatened they may react with sudden, brief disorganized hostility" (Hamberger & Hastings, 1986, p. 332). Men who fell in group seven had marked dependency needs which created labile moods and impulsivity. Dysphoria was common in men of this type. Finally, group 8 consisted of men who appeared to have little pathology.

Saunders (1992) found three cluster types. Type one men, family-only aggressors, were the least psychologically abusive and reported less marital conflict than the other types. Type two men were labeled generally violent aggressors and were more likely to be violent outside the home. Type three men reported the highest levels of anger, depression, and jealousy compared to the others. The author labeled this last group the emotionally volatile aggressors. Although type three were less severely violent than type one men, they were more likely to be psychologically abusive toward their partners.

Gondolf (1997, under review) used the MCMI scores from a multi-site evaluation of 840 men in treatment for partner abuse. He used factor analysis to identify four types of batterers; a non-pathological type, an antisocial/narcissistic type, an avoidant/dependent type, and a severely disordered type. Gondolf found no significant differences among these four types in reassault rates at 12 month and at 15 month follow-ups. He found a 32% reassault rate at the 15 month follow-up.

In conclusion, The personality characteristics of court-referred male batterers that have been identified as being associated with the use of violence are antisocial traits, narcissistic traits, borderline traits, and dependent traits associated with personality disorders. Moreover, most court-referred batterers report having experienced violence in their family of origin, are likely to abuse alcohol or drugs, are unemployed or employed in

blue collar positions, and tend to minimize or deny their abuse.

Relationship Variables Among Violent Couples

There is little research examining relationship variables among violent couples. It is hoped that the present research can add to our sparse understanding of this variable in domestic violence. It is possible that this is an area that is overlooked by authorities in domestic violence. Research on relationship variables among violent couples may assist in answering the question of why some men who have similar backgrounds and lifestyles use violence while others do not. In addition, findings in this area may have important implications for treatment as well as for prevention.

Research has indicated that the frequency and severity of abuse among violent couples are related to the amount of conflict and verbal aggression between spouses (Gelles, 1977 cited in Waldo, 1987). Waldo (1977) states that the abusive man lacks ego strength, and therefore, often chooses a spouse upon whom he can focus his dependency needs. The violence, then, is rewarding because it not only relieves tension, but it also results in a change in the spouse's behavior. Basically, the spouse does what the male wants, therefore, satisfying his self-esteem needs and providing a moment of power and control.

Rynerson and Fishel (1993) studied relationship satisfaction among violent couples both prior to and following a treatment program. The subject sample consisted of male abusers and some of their female partners who agreed to participate in the Domestic Violence Prevention Training Program (DVPT) over a two year period. The men who volunteered to participate had entered a plea of guilty to charges of abuse. The authors used the Dyadic Adjustment Scale to measure relationship adjustment. The results

indicated that following treatment, the females were significantly more satisfied with their relationships than the males, especially in the areas of consensus and cohesion. Specifically, "women more than men viewed issues important to the functioning of the marriage as more significant and were more positive regarding the couple's engagement in pleasurable and mutual activities" (Rynerson & Fishel, 1993, p. 261). The scores of both the men and the women on the level of satisfaction and commitment to the relationship were significantly higher post-treatment.

Roberts (1987) reported that violent couples are subjected to more intense stressful life events than non-violent couples. This finding is congruent with the research results presented earlier which indicated that abusive men tend to have more incidents of unemployment and financial difficulties. Poynter (1989) used subscales from the Family Environment Scale (FES: Moos & Moos, 1976) to assess the social environment of men and their women partners attending treatment. He found that abusive families tend to be "unsupportive of each other, rigid in rule making, likely to express anger and aggression, and arranged in a hierarchical manner" (p. 138).

Claes and Rosenthal (1990) suggested that an interaction of three factors lends to violence between married couples: (1) acceptance of violence as a response to conflict: (2) rigidity of relationship rules between partners; (3) lower educational level of the husband than the wife (p. 217). These researchers studied 21 men who were ordered by the court for assessment due to police involvement in an incident of domestic assault. Results indicated that the degree and severity of abuse as measured through police report was significantly positively related to the batterer's perception of the partner's rewarding power. Specifically, "men who used the most severe violent tactics perceived their

partners as having high rewarding power" (Claes & Rosenthal, 1990, p. 221). An example of what is meant by rewarding power as indicated on the Measure of Interpersonal Power by Garrison and Pate (1977) is, "My spouse is able to reward others." Men who batter may perceive their wives as more rewarding of their behaviors. It was also found that differences in educational level were related to abuse. Specifically, women who had less education than their partners were more severely abused. However, this finding was opposite from what was initially hypothesized as leading to conflict. The authors suggested that since the majority of female victims in the study did not attend college, they saw themselves as having fewer alternatives, and therefore, staying in the relationship appeared to them to be their only choice.

Some research has examined patterns of communication among couples. According to Jacobson (1989), couples in arguments often exhibit a demand/withdrawal pattern of interaction. This type of pattern occurs when one partner, usually the female, pressures the other partner through emotional requests, criticisms, and complaints. The withdrawer, typically the male, retreats through defensiveness or passive inaction. Jacobson (1989) identified the female demand/male withdrawal pattern as the sex-stereotyped pattern of communication when couples argue.

Markman, Silvern, Clements, and Kraft-Hanak (1993) also examined the pursuit/withdrawal pattern in relationships. They noted that the female pursuit and male withdrawal pattern is common in distressed relationships, however, it is not found in non-distressed couples. This is similar to Jacobson (1989) who found the pattern in couples when they argue. However, Markman et al. (1993) found that the pursuit/withdrawal cycle was not evident in their nonclinical sample. Similarly, Christensen and Shenk (1991)

compared two distressed groups of couples with nondistressed couples. They found a higher demand/withdrawal communication pattern in the two distressed groups than the nondistressed group with the wife demand/husband withdrawal pattern being more common. The above studies indicate that the demand/withdrawal pattern is more likely to occur in distressed relationships than in nondistressed relationships.

Babcock, Waltz, Jacobson, and Gottman (1993) took this research a step further by examining the differences in communication between violent and nonviolent couples. They indicated that violent couples have a higher tendency for a husband demand/wife withdrawal pattern than do distressed but non-violent couples. Such a pattern is opposite of the wife demand/husband withdrawal pattern identified in the research previously presented looking at distressed couples. Babcock et al. (1993) used an unpublished questionnaire, called the Communication Patterns Questionnaire to assess the demand-withdrawal communication pattern. They compared three groups of couples, maritally distressed and nonviolent (DNV), domestically violent (DV), and happy, nonviolent (HNV). Generally, they found that a husband demand/wife withdrawal interaction pattern was significantly correlated with increased abuse, both psychological and physical. DV couples reported both husband demand/wife withdrawal and wife demand/husband withdrawal patterns. They were similar to the DNV group in the wife demand/husband withdrawal pattern but different in the husband demand/wife withdrawal pattern. Therefore, the husband demand/wife withdrawal pattern differentiated the DV group from the DNV group.

In conclusion, the research on relationship variables in violent couples is sparse with little or no replication of results. The most interesting finding is that violent couples may

be differentiated from non-violent couples by a male demand/female withdrawal communication pattern in dealing with conflict. The present study will continue to explore this pattern of communication in violent couples.

Treatment Outcomes

Is treatment of male batterers effective? Partner abuse takes a terrible toll on society. Not only is it difficult for the individuals involved, but it also involves high costs. "The cost of policing and prosecuting, of medical care and missed workdays run into the hundreds of millions of dollars and are shared by all" (Dutton, 1995, p.17). Group treatment is the most highly implemented treatment of male batterers and the most often studied. Given that the proposed study is examining a group treatment program, only the research on such programs will be presented.

Tolman and Bennett (1990) reported percentages of successful outcomes that range from 53% to 85% in their review of the research. Eisikovits and Edleson (1989) reported rates ranging from 65% to 84% of men who stopped their violence following group treatment, although they do note that many men continue to engage in threatening and emotionally abusive behaviors. Edleson and Syers (1990) in their literature review report that group treatment has been found to "be effective in ending violence among 59 to 84 percent program completers over short follow-up periods and in achieving desired changes on measures of anger, depression, attitudes twoards women, jealousy, and communication skills" (p. 11). They concluded based on their experimental study that programs which provide more structure are more effective, and brief treatments are as effective as longer interventions. One major issue in research on treatment programs is that many men do not complete the treatment. For example, Edleson and Syers (1990) reported a 46% attrition

rate. They do conclude, however, that "intervention studies consistently point to the possibility that some men who batter can indeed change their abusive behavior, at least for a time" (Tolman & Bennett, 1990).

Poynter (1989, 1991) examined the short term and long term efficacy of a group program for male batterers offered by the Domestic Violence Service. This was a 12 week program that met for 2 1/2 hours each week. The main goal of this program was to eliminate all forms of abuse from the behavior of the men involved. A significant change was indicated when the man was able to accept responsibility for his violent behavior. Poynter used the Index of Spouse Abuse (ISA: Hudson & McIntosh, 1981) which measures both physical and non-physical abuse. Results indicated that approximately 70% of the men stopped the physical abuse toward their partners and 40% stopped the non-physical abuse as reported by the women both immediately following treatment and at 6 and 12 month follow-ups. The researcher also used the Family Environment Scale to examine changes in cohesion, expressiveness, conflict, independence, and control. Both women and men reported a significant increase in cohesion in the family following the treatment program and at 6 months and one year follow-ups. Women reported a significant increase in the level of expressiveness in their relationship following treatment and at follow-up interviews. However, men reported no change on this dimension. Both the men and the women reported significant decreases in conflict at all three assessments compared to pre-treatment report. Men did report an initially lower level of conflict than the women at pre-test indicating denial or minimization of their abuse. The independence subscale indicated no changes, however, the researcher suggested this scale was not a sensitive measure of independence. Women did report a significant decrease in the level

of control in their family post treatment and at follow-up. Men reported no change in the level of control.

Edleson and Syers (1990) completed an experimental study of men who voluntarily went to treatment or who were court-ordered (38.3%). Men were randomly assigned to one of three treatment models; education model, self-help model, or combined model. Treatment was offered either for 12 sessions or 32 sessions. There were 153 men (54%) who completed at least 80% of the treatment sessions out of an initial 283 men. Follow-up data was collected six months after the completion of the treatment program. Ninety-two (54% of intial sample; 60% of program completers) program completers or their partners were interviewed. There was no significant difference in rates of violence during follow-up between the 12-session groups and the 32-session groups when collapsed over type of treatment. No significant different was found in the types of treatment for those men in the 32-session groups. However, there was a statistically significant difference between the treatment models in the 12-session formats and violence reported at follow-up. Specifically, men who participated in the 12-session education program and the combined program were less likely to be reported as violent by their partner at follow-up than were men who participated in the 12-session self-help groups. In addition, men who participated in the education group were significantly less likely to be reported to be using terroristic threats during follow up when compared to the combined model and the self-help model.

DeMaris and Jackson (1987) completed a study that assessed the rate of recidivism for 53 male batterers who had participated in either a voluntary program or a court-ordered program in Baltimore. The authors assessed men who had attended at least one

counseling session and who were not currently in treatment at this facility. This criteria is somewhat vague and leaves one unsure of whether the respondents attended only one session or had completed the entire program. In addition, the men completed the Conflict Tactics Scale twice, one for pre-test and one for post-test. However, both measures were completed at the same time and the men had to respond by what they remembered. Data collection occurred anywhere from one month to five years following treatment. The recidivism rate for the sample as a whole was 35%. There was no difference in recidivism rate for those who were court-ordered versus those who entered treatment voluntarily. However, men who entered treatment voluntarily reported a significantly higher average reduction in violent behavior that those men who were court-ordered. Factors that significantly correlated with an increase in the rate of recidivism were men with an alcohol problem as reported at intake, men who were living with their partner at termination of counseling, and men who reported their parents were violent with each other.

Gondolf (1997) completed an extensive evaluation of four different batterers intervention systems. The four sites included 1) a pre-trial, 3-month, didactic program with court liaisons in Pittsburgh, PA; 2) a post-conviction, 3-month, process program with women's services in Dallas, TX; 3) a post-conviction, 5-month, didactic program with legal advocacy in Houston, TX; and 4) a post-conviction, 9-month, process program with complementary services (substance abuse treatment, individual counseling, women's services coordinators) in Denver, CO. Subjects consisted of 210 men in each of the four locations for a total sample of 840 men. Eighty-two percent of the subjects were court ordered while the others were voluntary participants in the treatment. Data was collected from the men and their female partners when available. "A female partner was interviewed

for 79% of the batterers at least once during the 15-month follow-up." (Gondolf, 1997, in press). Data was collected every 3 months for 15 months beginning 3 months from the time of intake. For the full 15 month follow-up, 66.8% of the sample was contacted. A summary of the major findings are as follows:

- The overall reassault rate for all participants was 32% as reported by the women. Forty-four percent of the men who reassaulted a partner did so within the first 3 months of the program intake. Fifty-nine percent of the men who reassaulted at 15 month follow-up had committed more than one reassault.
- The women reported that 71% of the batterers were verbally abusive, 45% used controlling behaviors, 43% were threatening to their partner, and 16% stalked their partner at 15 month follow-up.
- At the 15 month follow-up, 66% of the women felt they were "better off" since their partners participated in the treatment program, and 12% reported they were "worse off".
- The drop-out rate was 35%. The men who dropped out were more likely to reassault and to be rearrested for domestic violence. Voluntary participants were significantly more likely to drop out of the programs and more likely to reassault compared to the court-ordered men.
- Differences in the outcomes of the four programs were not significant.
- The subjects fell into four different personality types with use of factor analysis: little psychopathology, antisocial/narcissistic, avoidant/dependent, and severe pathology. There was no significant difference in outcome for the four types.
- Men who were "drunk" at least once per month during the 12 month follow-up were

three times more likely to reassault than those who were not drunk. Fifty-one percent of the men who reassaulted at the 15 month follow-up had been drinking alcohol within hours of at least one of the reassaults.

This study is probably the most extensive study of outcomes of treatment programs in the area of partner abuse. It is the first to consider the outcome of treatment for different types of batterers. Gondolf (1997) concluded that programs for men who batter can have an impact. According to his research, longer programs do not necessarily lead to better outcomes. Although he identified a percentage of men who were unresponsive to treatment, they did not fall within a certain psychological type or profile. "'Well-established' batterers programs appear to contribute to the cessation of assault at least in the short-term." (Gondolf, 1997, in press).

Although there is not nearly enough research on group treatment outcome for male batterers, the above discussion indicates the research findings are somewhat consistent. Group treatment does appear to reduce incidences of domestic violence with those men who complete a treatment program. Unfortunately, attrition rates are high which poses a challenge to society in ending/preventing abuse. Moreover, there is no research to date that looks at the spontaneous recovery rate for these men. In other words, would these men improve over time without any intervention?

Rationale for Current Study

As noted above, the prevalence of domestic violence is high. Therefore, it is an issue in society today that must be addressed by those in the mental health field. The rate of recidivism for episodes of violence for men who have completed group treatment programs appears to be approximately 30% to 40% (DeMaris & Jackson, 1987; Gondolf,

1997, in press). Finding effective methods to treat these men is the key. How do we go about doing this? First, we must develop a better understanding of the personality or personality types of the men we are working with. The research indicates that there are different "types" of abusive men. Might there not also be different methods of treatment that are more effective for one type than another? Moreover, could there possibly be specific relationship variables that are common among couples where the male is violent toward the female. If so, this would also increase our understanding of how to treat these men or these couples. It might be beneficial to address these relationship variables in the treatment of battering or to integrate findings into a different treatment approach.

In order for treatment programs to be effective in breaking the cycle of violence, "they must be based upon a thorough understanding of the personality and behavioral characteristics of the primary treatment recipient - the batterer" (Flournoy & Wilson, 1991, p. 309). The current study attempts to add to this understanding, and hopefully spark more research in this area. It is only by fully understanding abuse that we will have a chance to reduce it.

The current study attempts to identify personality characteristics of men who batter, subtypes if appropriate, and relationship variables that are evident in such couples. The study will also examine whether any of these variables are related to treatment outcomes. Finally, it will evaluate the effectiveness of a particular group treatment program for effectiveness. This study attempts to answer the question, "What type of treatment works best with what type of abuser" as Saunders (1992) asks. Moreover, it goes beyond an exclusive reliance on an internal focus by examining relationship variables in violent couples along with treatment outcome. It is hypothesized that the more severe the man's

pathology, the less likely he is to respond to treatment. It also hypothesizes that if intervention works, certain characteristics of the relationship that are found in violent couples may change.

YWCA Men's Domestic Violence Program

The program under study is located in the Norfolk and Virginia Beach, Virginia areas and is sponsored by the YWCA of South Hampton Roads. The majority of men who attend are court ordered. Table 1 presents the 1992-1994 attendance statistics for the treatment program under study. The program is educational and modeled after the Duluth, Minnesota Domestic Abuse Intervention Project. The curriculum uses an educational approach to working with men on ending their use of violence. The program claims its strength is in its appropriateness for men of all education levels, races, and classes. The groups provide the participants with information and practical tools to change the values, beliefs, and behaviors which provide the foundation for their use of violence. The program supports the belief that battering is an intentional act used to gain power and control over another person.

The program is based on five objectives (Pence & Paymar, 1990, p. 5):

1. To assist the participant to understand his acts of violence as a means of controlling the victim's actions, thoughts, and feelings by examining the intent of his acts of abuse and the belief system from which he operates.

2. To increase the participant's willingness to change his actions by examing the negative effects of his behavior on his relationship, his partner, his children, his friends, and himself.

3. To increase the participant's understanding of the causes of his violence by examining the cultural and social contexts in which he uses violence against his partner.

4. To provide the participant with practical information on how to change his abusive behavior by exploring non-controlling and non-violent ways of relating to women.

5. To encourage the participant to become accountable to those he has hurt through his

Table 1

YWCA Men's Domestic Violence Program: 1992-1994 Statistics

City	Number of Men
Norfolk	
Referred to Program	359 (15 volunteers)
Attending Program	166 (54% attrition)*
Paid in Full	41 (25% of attendees)
Virginia Beach	
Referred to Program	97 (15 volunteers)
Attending Program	52 (46% attrition)*
Paid in Full	35 (67% of attendees)
Both Cities	
In Individual Counseling	6
With outstanding capeas	30
Jailed	5

*Most who did not attend and were returned to court on a show cause either cannot be found or were given the chance to attend another group.

use of violence by encouraging him to acknowledge his abuse and accept responsibility for its impact on his partner and others.

The curriculum is based on eight themes which represent aspects of nonviolent and respectful relationships. The Equality Wheel (See Appendix A) identifies behaviors which provide the basis for an egalitarian relationship between a man and a woman. Focus is placed on the man's behavior in order to keep him looking inward at his values and choices rather than at what the partner needs to do to keep him from being abusive. These behaviors are the opposing behaviors to those on the Power and Control Wheel (See Appendix B) which present the primary tactics and behaviors individual abusers use to establish and maintain control in their relationships.

Each group is co-led by one male and one female facilitator. The facilitators of the groups are trained on the Duluth model, however, they structure the course to fit within a 13 week time frame. The original Duluth model was set up to run for 24 weeks, meeting weekly for two hours. The faciliators are provided with a 190 page manual with appendixes in which to use to structure the program. This manual provides the educational curriculum for the Duluth model of treatment. The manual also provides various teaching tools to be used by the facilitators and participants. Videotapes are a part of the curriculum. Three primary tools are used: control log which is used to analyze abusive behavior; action plan which indicates a written commitment by the men to take the necessary steps toward change; role-plays which allows the participants to act out situations and use exercises that build skills to change cotrolling or abusive behaviors.

The YWCA program for Domestic Violence runs over 13 weeks, meeting weekly for two hours. One major area of emphasis is in stopping the men from minimizing, denying, and blaming in regards to their episodes of violence. Their may be some minor variation

between facilitators in what happens during each of the sessions. The participants are educated on the use of non-violent behaviors by focusing on the themes presented on the Equality Wheel as opposed to those presented on the Power and Control Wheel.

METHOD

Subjects

Subjects consisted of men who had been ordered by the court system or who volunteered to attend a psychoeducational group for partner abuse. These men attended treatment in any one of three locations in the Southern Tidewater, Virginia area. The men participated in this study on a voluntary basis. Participants were considered to have completed the program if they did not miss more than one treatment session. The total number of subjects who completed the entire study was twenty-three. All profile validity scales on the MMPI-2 were examined. One subject was dropped from the study due to an invalid MMPI-2 profile. Another subject was dropped due to the reporting of a very high level of abuse. His scores were substantially higher than the other subjects and greatly distorted the means and standard deviations of the data. Therefore, the total number of subjects examined in the study was twenty-one. This was lower than expected due to a very high drop out rate in the program.

Data was collected for approximately two years. Over two hundred subjects were approached for data collection. Of the two hundred, approximately 70% did not complete the treatment program. Of the 60 remaining possible subjects, approximately 38% volunteered to participate and completed the entire data set. It should be noted that the number of men who successfully completed the group treatment was very small in comparison to the number enrolled for each session. This may be due to a lack of consequences for not completing the program. Men who did not finish the program and who were court ordered suffered no repercussion as a result of their dropping out of the treatment.

Materials

Demographic Questionnaire. This questionnaire (see Appendix C) consists of twelve questions. The purpose of the questionnaire was to gather information about standard demographic variables such as age, race, and economic status.

Minnesota Multiphasic Personality Inventory (MMPI-2). The MMPI is the most widely used and researched objective personality inventory. It provides an objective means of assessing abnormal behavior that has been shown to possess high reliability and validity. The original MMPI was developed by Starke Hathaway and J. C. McKinley in 1940. Hathaway and McKinley (1940), using an empirical approach, chose items from a large item pool if they successfully discriminated an abnormal group from a normal group. The original MMPI consisted of 550 statements that were responded to in one of three ways; "true", "false", or "cannot say." Responses were scored on 10 clinical scales that assessed major categories of abnormal behavior. In addition, the MMPI includes 4 validity scales that assess the respondents test-taking attitudes. Individual scores are plotted on a standard profile sheet.

The MMPI-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) includes a restandardization of the original MMPI. The new scale began with a rewording of 141 items from the original 550 items to make the items more easily understood. Sixteen repeated items were eliminated along with 13 items from the standard validity and clinical scales. Another 77 items were dropped from the last 167 items. In addition, 89 items were added for the new content scales along with 18 experimental questions that are not scored. The MMPI-2 includes a total of 567 items.

The MMPI-2 was standardized on a sample of 2,600 individuals from seven states.

The demographic characteristics of the sample were chosen to reflect the national census parameters. The scale includes 10 clinical scales: Scale 1 (Hypochondriasis), 2 (Depression), 3 (Hysteria), 4 (Psychopathic Deviate), 5 (Masculinity-Femininity), 6 (Paranoia), 7 (Psychasthenia), 8 (Schizophrenia), 9 (Hypomania), and 0 (Social Introversion). The MMPI-2 also includes supplementary scales and content scales. In this study, subjects will be scored only on the 10 clinical scales and on the validity scales.

Dyadic Adjustment Scale (DAS). The Dyadic Adjustment scale is a 32-item, self-report measure of dyadic satisfaction developed by Spanier (1976; See Appendix D for full scale). It can be completed in a few minutes and is designed for either married or unmarried cohabiting couples. The scale measures four empirically verified components: dyadic satisfaction (level of satisfaction and commitment to the relationship), dyadic consensus (extent of agreement on issues of importance to the marriage), dyadic cohesion (extent of pleasurable mutual activities in which the couple engages), and affectional expression (satisfaction with the level of sexual and affectionate behavior).

The consensus subscale has 13 items and utilizes a 6-point Likert scale ranging from 0, "always disagree," to 5, "always agree" (range 1-65). The Affectional expression scale has a total of 4 items. The same 6-point Likert scale as the consensus subscale is used on two questions. This scale also consists of two yes/no statements (range 1-14). Dyadic satisfaction is measured with use of a 5-point Likert scale and has 10 items (range 1-50). Finally, the cohesion subscale has a total of 5 items and is measured with a 6-point Likert scale ranging from 0, "never," to 5, "most of the time" (range 1-26).

Spanier (1976) began with approximately 300 items that had previously been used in scales measuring marital adjustment. Items were judged for content validity by three

independent judges. A total of 200 remaining items including some new items were administered to a sample of both married (n = 218) and recently divorced (n = 94) persons. Items were dropped which had low variance and high skewness and which did not significantly discriminate between the married and the divorced groups. The remaining 40 variables were then factor analyzed leaving 32 items after some were eliminated due to having factor loadings below .30.

Construct validity of the DAS is indicated by a .86 correlation (Spanier, 1976) with the Locke-Wallace Marital Adjustment Test (Locke & Wallace, 1959), the most established scale in the field. The DAS has an internal reliability of .96 (Spanier, 1976).

Relationship Style Questionnaire (RSQ). The RSQ is an 11 item questionnaire which assesses the extent of agreement to which partners engaged in expressions of pursuit and/or withdrawal (Markman, Silvern, Clements, & Kraft-Hank, 1993; See Appendix F for full scale). The scale consists of two subscales: Complaints about Pursuit and Complaints about Withdrawal. A 5-point Likert format is used to indicate the extent of agreement with 1 indicating strong agreement and 5 indicating strong disagreement.

The original scale consisted of 16 items with each subscale constructed of 8 of these items. Five of the items were dropped because they did not load on either factor using a cutoff of .45. The subjects rated both themselves and their partner.

Minimizing, Denying, and Blaming Questionnaire (Min/Rat). This questionnaire was developed by the researcher and consisted of twelve questions (See Appendix G). There are four questions designed to measure each of the factors of minimizing, denying, and blaming. Respondents rate the level of agreement or disagreement on each of the questions using a 5 point Likert format scale ranging from strongly agree to strongly

disagree. An example of a question indicating minimization is "I hardly touched her". An example of a question for denying and blaming respectively includes, "I never hit her", "She asked for it". Due to low reliabilities, some items were dropped from the questionnaire (items 4, 5, 8,11). In addition, denying and blaming were combined into one subscale called rationalizing as these items were intercorrelated. Table 2 indicates the pre-test and post-test reliabilities for internal consistency on all scales used.

Modified Conflict Tactics Scale. The batterers program administers a modified form of the Conflict Tactics Scale (CTS: Straus, 1979). This scale (Appendix I) was designed "to measure the use of Reasoning, Verbal Aggression, and Violence within the family" (Straus, 1979, p. 75). The original CTS consists of 18 items tapping the frequency of concrete and specific behavior occurring during family conflicts. The modified form consists of 25 items, with one item from the original form deleted and eight items added that specifically relate to the population studied. The CTS is given as a questionnaire form, not as an interview. The CTS has internal consistency reliabilities of .56 for the reasoning factor, .79 for the verbal aggression factor, and .82 for the physical violence factor (Straus, 1979). Evidence for construct validity is derived from the consistency with which studies utilizing the CTS (e.g. Straus et al., 1980) have replicated previously established findings such as the high rate of verbal and physical aggression in American families (Gelles, 1974).

The modified form used in this study is for the men to respond to about themselves. For example, item 1 reads, "Have you discussed the issue calmly". The respondents rate the frequency of response on a scale of 0 to 6 ranging from Never to More than 20 times. An X indicates the respondent does not know the answer. There are four subscales as

Table 2

Reliabilities for Scales Used : Cronbach's Alpha

Measure	Time	
	Pre	Post
DAS		
Consensus	.86	.87
Affectional Expression	.73	.68
Satisfaction	.67	.81
Cohesion	.75	.76
RSQ		
Partner Withdrawal	.79	.87
Self Withdrawal	.83	.87
Partner Pursuit	.77	.83
Self Pursuit	.84	.88
CTS		
Communication	.69	.39
Verbal Aggression	.67	.77
Physical Threats	.90	.88
Physical Aggression	.94	.89
MDB (non-corrected)		
Minimizing	.59	.83
Denying	.66	.06
Blaming	.10	.60
Min/Rat (corrected)		
Minimizing	.63	.86
Rationalizing	.66	.69

measured in the modified form. Due to low reliabilities, only 3 of the subscales were used in this study. These subscales are verbal aggression, physical threats, and physical aggression. The reasoning (or communication) subscale was eliminated.

Procedure

All men who were ordered by the court to enter one of the three treatment programs for battering were provided with a consent form and the following questionnaires: RSQ; DAS; Min/Rat; the demographic questionnaire, and the Modified CTS. These surveys were distributed during the first session of the 13-week program and completed during that session.

During the seventh or eighth treatment session, the MMPI-2 was administered to the men who volunteered to participate in the research study. These men completed this questionnaire during the treatment session. The post-tests were administered during the second to last session (week 12). The men completed the minimizing/rationalizing measure, the RSQ, DAS, and modified CTS at this time. A short 3-question evaluation used by the treatment program was administered by phone to the female partners at the end of the treatment program. The questions were: 1) Did the physical violence stop? 2) Did the verbal/emotional abuse stop? 3) Do you feel safety is an issue for you now? The results of these responses were unable to be correlated with the data of the particular subject due to an inability to maintain anonymity. However, overall descriptions are reported.

Hypotheses

1. Based on MMPI-2 scores, three groups of men were formed. Group one consisted of those subjects with a non clinical profile. Group two consisted of those men with an

elevated scale 4 (psychopathic deviate). Group three consisted of those men who did not fall into any of the above two groups. In concordance with the above research (and as predicted), this group consisted of profiles with elevations on scale 7 (psychasthenia) and/or scale 8 (schizophrenia) and/or scale 2 (depression). Based on this classification, it was expected that group assignment would interact with change over time. The following hypotheses were proposed.

- Men in group one will show the most amount of change relative to the other two groups in the outcome measures as reported by the men. Therefore, it is expected that these men will change pre to post testing on the Dyadic Adjustment Scale (increase on subscales), Modified Conflict Tactics Scale (decrease), and the Minimizing, Denying, and Blaming Questionnaire (decrease).
- Men in Group two will show the least amount of change in the outcome measures as reported by the men. Therefore, the Dyadic Adjustment Scale (DAS), Modified Conflict Tactics Scale (CTS), and Minimizing, Denying, and Blaming Questionnaire (MDB) will reflect no significant change from pre to post testing.
- Men in Group three will fall in the middle of those in Group one and two. It is likely that this group will exhibit change in the positive direction (increased DAS, decreased CTS, decreased Minimizing, Denying, Blaming score).

2. On the RSQ, a male pursuit/female withdrawal pattern is expected, and this pattern is expected to decrease post-treatment.
3. It is expected that those men with high alcohol consumption will show little change on the outcome measures from pre-test to post-test while those with low alcohol consumption will show positive change from pre-test to post-test.

RESULTS

Demographics of the Population

The average age of the men who completed the study was 33.1 years with a range from 22 to 48. Six subjects (28.6%) were white while 61.9% were black. Two subjects did not report their race. Approximately half (47.6%) the men were married while 47.6% reported being unmarried. One subject did not report marital status. Fifteen subjects (71.4%) reported being in a relationship at the time of the study while 19.0% (n=4) were not in a relationship. Two subjects did not answer this question. Five subjects (23.8%) reported having no children while the remainder had an average of 2.3 children with a range from 1 to 5.

Four subjects (19.0%) reported having less than a high school degree while 42.9% (n=9) had a high school degree. One subject (4.8%) had attended a trade school; 2 subjects (9.5%) had attended some college; 3 men (14.3%) had a college degree; and 1 male (4.8%) had attended some graduate school. One subject did not report his level of education. Five men (23.8%) were working part time while 52.4% (n=11) were employed full time. Three subjects (14.3%) reported being unemployed and 9.5% did not respond to this question. Five subjects (23.8%) did not report income level yet indicated they were working at least part time. Fourteen men (66.7%) reported being employed at least part time. The average level of income reported for these 15 subjects was $26,143 with a range from $3,000 to $80,000. Several subjects did not report their occupation. Some of those listed included; driver, carpentry, plumber, self-employed, tire technician, landscaper, roofer, shipping, medical field, cement finisher, cook, purchasing agent, and field sales manager.

Seventeen men (81%) reported drinking alcoholic beverages while 19% (n=4) reported they do not drink. Of those subjects who did report drinking, 4 did not indicate how much. Of the remaining 13 subjects, the average drinks per week reported was 7 with a range from 1 to 12. Nine and one half percent of the respondents did not respond when asked about trouble with the law. Thirteen men (61.9%) reported being in trouble with the law. The types of violations reported varied from traffic violations to assault, robbery, malicious wounding. Six men (28.6%) reported never being in trouble with the law.

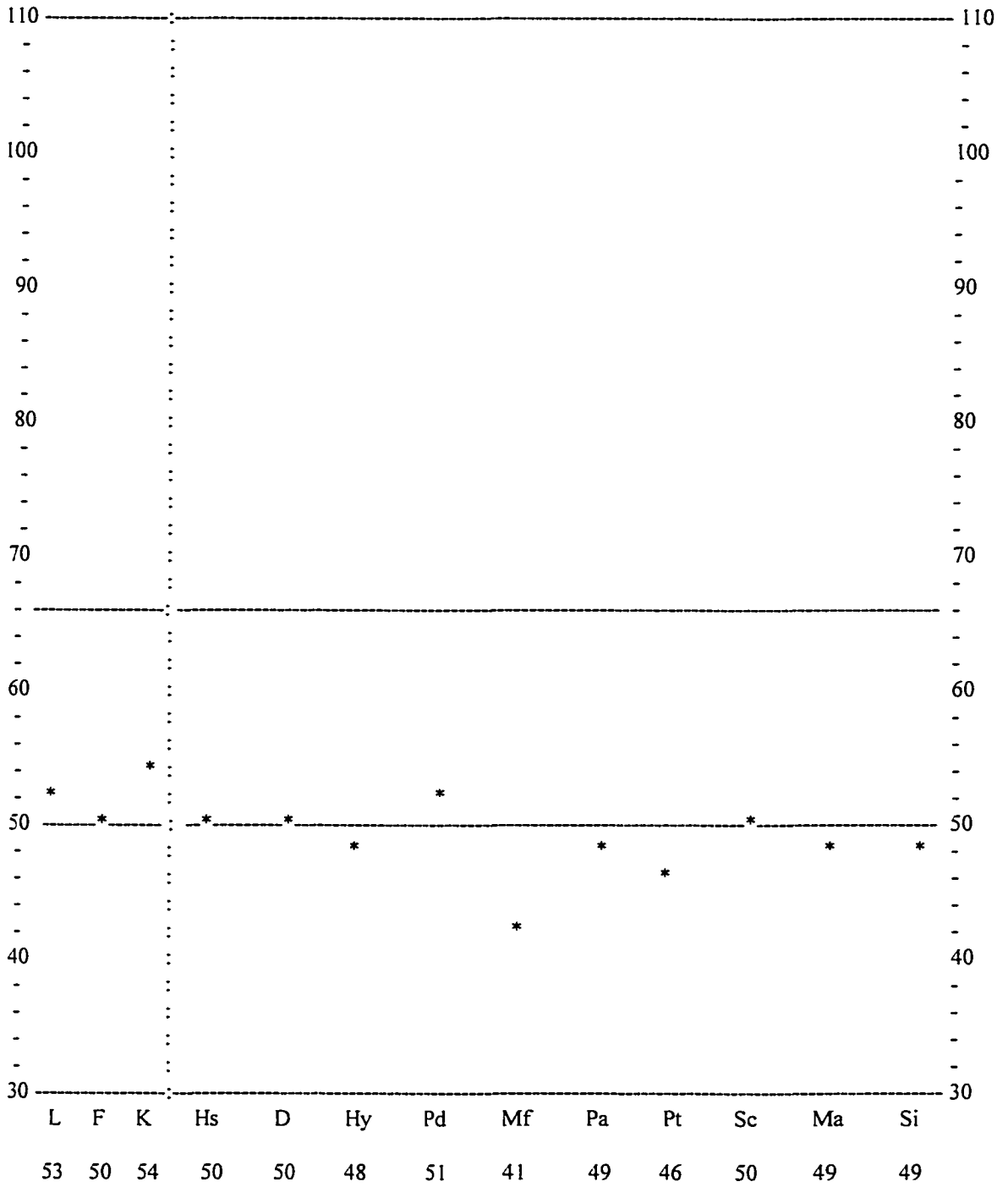
Finally, 52.4% (n=11) of the respondents reported witnessing physical violence in their home growing up. Five men (23.8%) reported being a victim of violence in the home when growing up. Only 3 subjects (14.3%) reported having been in therapy in the past.

Hypotheses

The first hypothesis was tested with a 3 (between subjects variable - MMPI-2 classification) by 2 (within subjects variable - time of testing) Multivariate Analysis of Variance (MANOVA). The three MMPI-2 classifications were non-clinical profiles, elevated scale 4 (psychopathic deviate), other elevated scales. The within-subjects variable was time of testing, at the beginning of treatment versus the end of treatment (Time 1 and Time 2). The Dyadic Adjustment Scale (DAS), the Relationship Style Questionnaire (RSQ), the Conflict Tactics Scale (CTS), and the Minimizing/Rationalizing Scale (Min/Rat) were analyzed separately.

The MMPI-2 profiles were easily separated into the three groups. Category 1 (non-clinical profiles) consisted of six subjects. Figure 1 depicts the average profile for the subjects in this group. Category 2 consisted of six subjects with an elevated (T-score of

Figure 1: Average MMPI-2 Profile for Category 1 (Non-Pathological) Subjects



65 or greater) psychopathic deviate scale. See Figure 2 for the average profile for the subjects in this group. Category 3 consisted of nine subjects. These nine subjects had elevations on more than one scale. As expected, elevations on scale 7 (psychasthenia), scale 8 (schizophrenia), and/or scale 2 (depression) were common for this group. In addition, this subject sample showed elevations on scale 6 (paranoia), scale 9 (hypomania), and scale 4 (psychopathic deviate). This group of subjects appeared more pathological than expected due to elevations on many scales in a single profile. Figure 3 shows the average MMPI-2 profile for subjects in Category 3.

Due to high attrition in batterers groups, the number of participants in each category is very small. Given the low power of analyses and the hard to come by nature of the sample, results at p=.10 or less are considered. Results, however, should be interpreted cautiously.

The first hypothesis was not supported by the data. The category by time interaction for the DAS was not significant. The category by time interactions for the RSQ, the CTS, and the Min/Rat were not significant. See Tables 3 and 4 for pre and post test means and standard deviations for each of the categories.

The data indicated a significant overall effect for category $F(8,30) = 3.77$, $p<.05$ on the DAS. Univariate F tests indicate a significant effect for satisfaction, $F(2, 18) = 7.78$, $p<.01$ and a trend for affectional expression, $F(2,18) = 2.72$, $p<.10$. Post-hoc comparisons indicate that with pre-test and post-test scores combined category 1 subjects ($M = 3.88$) report significantly more satisfaction than category 2 subjects ($M = 3.00$) and category 3 subjects ($M = 2.90$). Category 2 and category 3 subjects report approximately the same amount of satisfation. Category 1 subjects ($M = 2.58$) also report more

Figure 2: Average MMPI-2 Profile for Category 2 (Antisocial/Narcissistic) Subjects

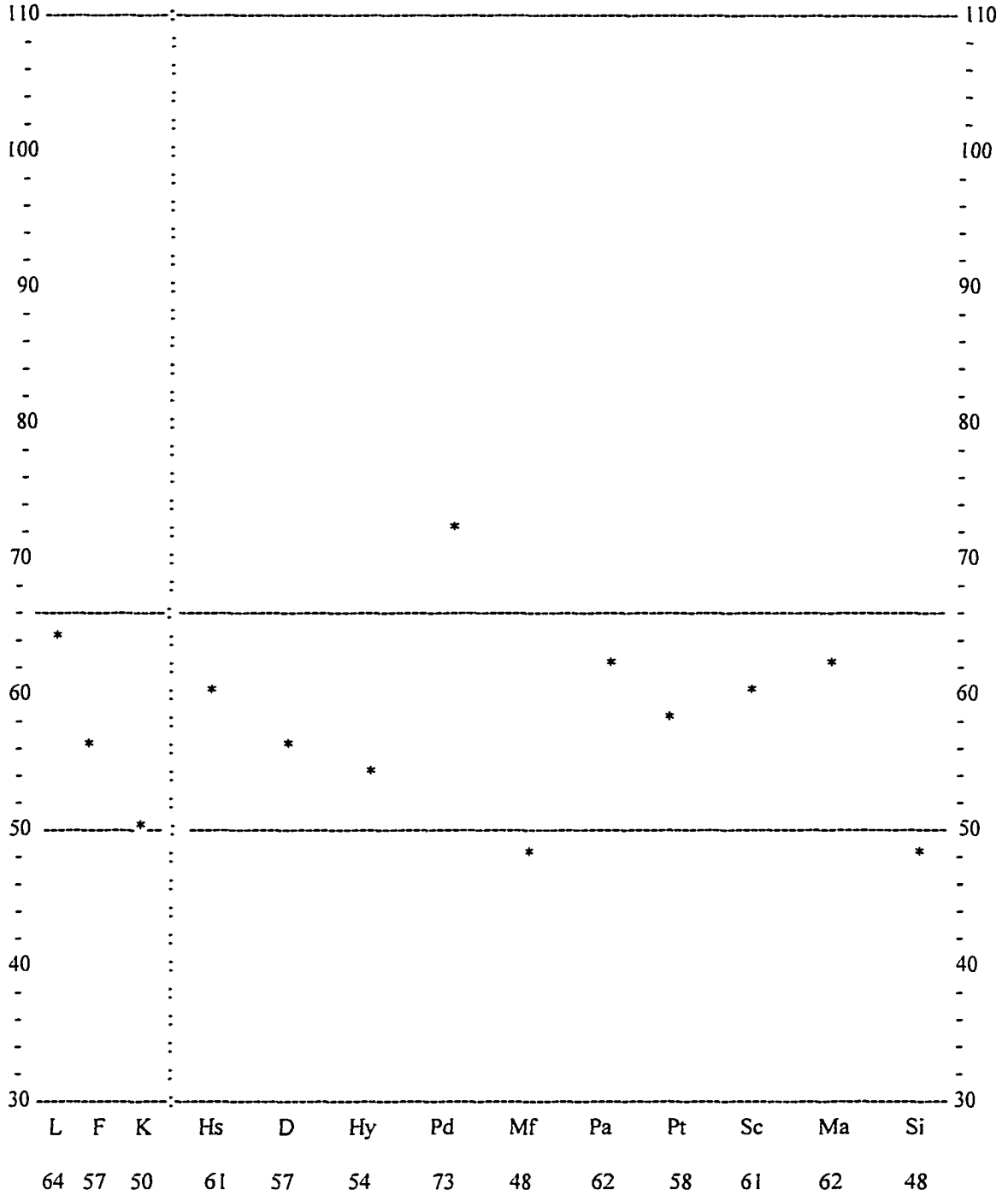


Figure 3: Average MMPI-2 Profile for Category 3 (Severely Disordered) Subjects

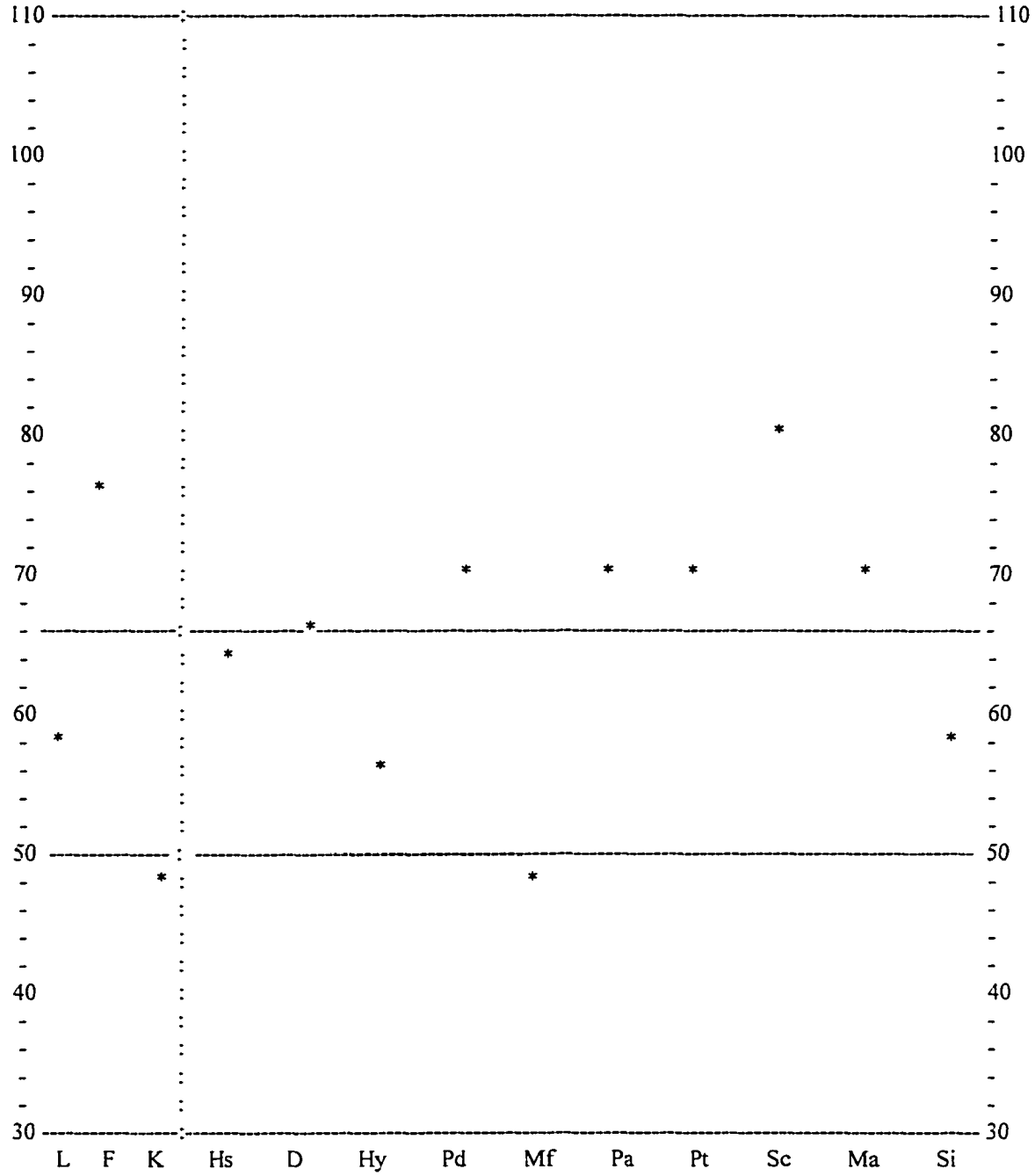


Table 3

Pre-Post Means and Standard Deviations for Each Category on the DAS and the RSQ

		Time			
		Pre		Post	
Subscale	MMPI-2 Group	M	SD	M	SD
DAS					
Consensus	Category 1	4.11	.68	3.78	.35
	Category 2	3.54	.69	3.79	.66
	Category 3	3.43	.44	3.39	.81
Affectional Expression	Category 1	2.71	.49	2.46	.56
	Category 2	2.33	.26	2.33	.47
	Category 3	2.11	.76	1.67	.84
Satisfaction	Category 1	3.73	.59	4.02	.39
	Category 2	2.99	.58	3.00	.80
	Category 3	3.04	.47	2.99	.52
Cohesion	Category 1	3.53	.78	2.93	.77
	Category 2	2.63	.91	3.17	1.02
	Category 3	2.56	.75	2.47	.66
RSQ					
Partner Withdrawal	Category 1	1.89	.81	1.75	.83
	Category 2	3.02	1.35	2.69	.89
	Category 3	3.20	1.09	3.28	1.00
Self Withdrawal	Category 1	1.69	.92	2.11	1.33
	Category 2	3.01	1.07	2.06	.98
	Category 3	2.65	.86	2.87	.65
Partner Pursuit	Category 1	2.00	.80	2.33	1.28
	Category 2	3.03	1.15	3.23	1.22
	Category 3	3.31	.92	3.38	.79
Self Pursuit	Category 1	1.80	1.02	1.67	.97
	Category 2	2.53	1.08	1.97	.72
	Category 3	3.02	1.05	3.16	.79

Table 4

Pre-Post Means and Standard Deviations for Each Category on the CTS, and Min/Rat

		Time			
		Pre		Post	
Subscale	MMPI-2 Group	M	SD	M	SD
CTS					
Verbal	Category 1	9.00	7.69	4.33	3.39
Aggression	Category 2	14.17	10.70	10.17	4.40
	Category 3	11.56	6.71	12.78	7.68
Physical	Category 1	7.17	11.53	1.67	2.42
Threats	Category 2	8.50	11.73	6.17	7.47
	Category 3	7.22	6.26	6.11	5.69
Physical	Category 1	6.67	12.52	1.67	3.20
Aggression	Category 2	9.50	16.05	7.67	11.13
	Category 3	7.11	6.03	9.78	10.91
Min/Rat					
Minimizing	Category 1	2.61	1.29	2.94	1.20
	Category 2	2.61	1.34	3.33	1.83
	Category 3	3.11	1.18	3.15	1.54
Rationalizing	Category 1	1.47	.37	1.50	.89
	Category 2	2.17	1.13	2.07	1.08
	Category 3	2.69	.79	1.96	.61

affectional expression than category 3 subjects (M = 1.83). Although category 1 subjects report more affectional expression than category 2 subjects (M = 2.33), this difference was not significant.

The category effect for the RSQ yielded $F(8,30) = 1.87$, $p=.10$. Univariate F tests indicate a significant effect for partner withdrawal, $F(2,18) = 5.16$, $p<.05$, and a significant effect for self pursuit, $F(2,18) = 5.34$, $p<.05$. Post-hoc comparisons on the significant univariates indicate that category 1 subjects (M = 1.82) report significantly less partner withdrawal than category 2 subjects(M = 2.86) and category 3 subjects (M = 3.15). The difference between category 2 and category 3 was not significant. On self pursuit, category 3 subjects (M = 3.15) were significantly higher than both category 2 (M = 2.25) and category 1 subjects (M = 1.73). The effect of category on the CTS and the Min/Rat were not significant.

The effects of time on the DAS, RSQ, and Min/Rat were not significant. There was a trend over time on the CTS, $F(3,16) = 2.88$, $p<.10$. However, the univariate F-tests were not significant.

Hypothesis two was analyzed with a within-subjects ANOVA with time of testing as the within subjects variable. The levels of this variable include Time 1 and Time 2. The male pursuit/female withdrawal score was computed by adding the scaled scores for these two variables for each subject.

Hypothesis two was not supported by the data. There was no significant difference in male pursuit/female withdrawal scores from pre to post testing (2.67 versus 2.64).

The third hypothesis was tested with a 2 (level of alcohol consumption) by 2 (time of testing) MANOVA with time of testing as a within subjects variable. The levels of alcohol

consumption are high consumption versus low consumption based on a median split. The levels of the second variable include Time 1 and Time 2. Once again, the DAS, RSQ, CTS, and Min/Rat were analyzed separately.

Generally, the third hypothesis was not supported by the data, although there were some trends in the direction anticipated. The level of alcohol consumption by time interaction was not significant for the DAS. However, the interaction effect yielded $F(4,13) = 2.46$, $p=.10$. Univariate F-tests indicated a significant interaction for cohesion, $F(1,16) = 6.87$, $p<.05$. The low alcohol consumption group reported an increase in cohesion from pre-to-post testing ($M = 2.24$, $M = 2.78$) while subjects in the high consumption group reported a decrease ($M = 3.22$, $M = 2.80$). The alcohol by time interaction was not significant for the RSQ, the CTS, and the Min/Rat.

In examination of an alcohol effect when the variables were collapsed over time, little was found. There was a trend on the DAS for alcohol, $F(4,13) = 2.86$, $p<.10$. However, the univariate F-tests were not significant. Finally, there was no significant overall effect for alcohol on the RSQ, the CTS, and the Min/Rat.

The female partners responded to three questions at the end of the treatment program. The questions were: 1) Did the physical violence stop? 2) Did the verbal/emotional abuse stop? 3) Do you feel safety is an issue for you now? The following was reported. Out of the 23 subjects, 7 partners (30.4%) were unable to be contacted or refused to talk. One subject (4.3%) reported she no longer lives in the same area as her partner, and they have no contact. Subjective appraisal of the 15 responses indicate that 6 partners (37.5%) reported the abuse is the same, 2 partners (12.5%) reported it was worse. The additional 7 (47%) reported the abuse was less and the relationship was

better. See Appendix I for the statements received from the 15 partners who could be contacted.

DISCUSSION

The men in the current sample demographically appear similar to previous descriptions of court referred batterers with one exception. The present sample had a higher percentage of non-white subjects than previous studies. For example, the average percentage of white subjects for six of the studies reviewed (Hamberger & Hastings, 1986; Hamberger & Hastings, 1985; Roberts, 1987; Gondolf, 1988; Gondolf, 1997; and Saunders, 1992) was 68.1% compared to the present study at 30.4%. The level of reported violence in the family of origin appeared slightly higher also at 52.2%. It is unclear how these differences may alter the data since other variables, including employment, are similar. Otherwise, the demographics in the present sample reflect what generally prevails in court-ordered batterer programs (Gondolf, 1997, in press).

The first hypothesis was not supported by the data. There were no significant differences in treatment outcome for the three MMPI-2 subtypes of male batterers. These results actually support the findings from Gondolf (1997, under review). In his research, Gondolf did not find significant differences in reassault rates for the different types of batterers. The low number of subjects in the present research forces one to view the results with caution. However, Gondolf (1997, under review) found similar results with a sample of 840 subjects from 4 different treatment programs. This suggests that men who batter respond to treatment in individualistic ways. Some do well, others do not. It might also suggest that personality type is not a good predictor of treatment outcome for male batterers. Maybe some other variable which we have not yet discovered is a better predictor.

The results of this research lend little support to Dutton's (1995) conclusions, "The

results of my research clearly shows, however, that violence is reduced by group therapy by 10,500 attacks per 1,000 men over 10 years. However, one reason for caution is that men with extreme personalities (especially antisocial or severe borderline disorder) would be least likely to benefit from such treatment." (p. 177). The severe pathology group (category 3) did show less movement than the other groups. However, the differences were not significant.

Hypothesis two was not supported by the data. There was no decrease in the male pursuit/female withdrawal pattern of communication from pre-to-post test. Babcock et al. (1993) found that violent couples are more likely to exhibit a male pursuit/female withdrawal pattern, and this pattern correlates with the level of abuse in the relationship. The current study showed a trend in the area of category differences in regards to this pattern when looking at the male pursuit and female withdrawal scores separately in the initial MANOVA. Category 1 subjects, or the non-pathological subjects, had the least amount of male pursuit and female withdrawal behaviors. Category 3, the severely disordered type, scored the highest on these measures. Category 2, the antisocial/ narcissistic, subjects fell in the middle of the other two groups in reported male pursuit and female withdrawal behaviors. This does indicate a tendency for this pattern to be more predominant in abusive relationships in which the male evidences a high level of psychopathology. Further research in this area should be explored. It may be important to include education in this pattern of communication in the treatment of male batterers. Since this pattern did not decrease as a result of treatment, it is likely that the treatment program does not address such a pattern of communication.

In general, hypothesis three was not supported by the data. The low alcohol

consumption group did not show a significant improvement in outcome measures while the high consumption group showed no change. However, in the area of cohesion, subjects in the low alcohol consumption group reported an increase in cohesion from pre-to-post testing. The high consumption group decreased in reported levels of cohesion. This difference was significant. Once again, due to the low number of subjects, these results should be viewed with caution. In addition, cohesion was the only outcome measure that showed any differential outcome as a result of level of alcohol consumption.

Little was found in the current study to support any conclusions regarding alcohol consumption. In fact, the high alcohol consumption group reported having better dyadic adjustment in general than the low consumption group. This is the opposite of what we might expect logically. This finding could reflect a level of denial that is not uncommon in alcoholics. The lack of results in this area may reflect a lack of honesty in the reported level of alcohol consumption by the subjects. The level of consumption was determined using a median split. The high consumption group consisted of those subjects who reported drinking more than six drinks per week. There were only eight subjects in this category. Four subjects did not report their level of consumption, yet they acknowledged that they did drink. These subjects had to be dropped from this analysis. However, they may have been heavy drinkers. Four subjects reported they did not drink and were included in the low consumption group. There was a total of 13 subjects who acknowledged they did drink and reported average drinks per week of 7 with a range from 1 to 12. Gondolf (1996) reported "over half of the men were apparently 'alcoholic'" (p.1) in his research. He used the Michigan Alcoholism Screening Test (MAST: Selzer, 1971) to determine whether the subjects were likely to be alcoholic. Since the current sample

was similar in demographics to the Gondolf (1996) sample, it is probable that the present sample underreported alcohol usage.

The MMPI-2 data on category 3 subjects indicated more pathology than anticipated. This group appear similar to the "severely disordered" type as characterized by Gondolf (1997, under review). These subjects showed elevations (T-score of 65 or above) on the following scales; 2 (depression), 4 (psychopathic deviate), 6 (paranoia), 7 (psychasthenia), 8 (schizophrenia), and 9 (hypomania). Category 1 subjects in the current study can be compared to the "non-pathological" type characterized by Gondolf (1997, under review) and the normal range profile subjects described by Flournoy and Wilson (1991). Category 2 subjects in our sample are similar to a "spike 4" client on the MMPI-2 (Greene, 1991). This type of individual is one who "may show impulsive behavior, rebelliousness, and poor relationships with authority figures. They are likely to be seen as egocentric, lacking insight, and shallow in their feelings for others. They have a low tolerance for frustration, and this quality combined with poorly controlled anger and poor self-control often results in outbursts of physical aggression." (Greene, 1991, p. 273). This type of person also has difficulty in intimate interpersonal relationships and is likely to have problems with substance abuse. This description appears to be similar to the antisocial/narcissistic type characterized by Gondolf (1997, under review) and the psychopathic or antisocial personality profile found in Flournoy and Wilson (1991).

Generally, Category 1 subjects (non-pathological) appeared "better" overall than category 3 subjects (severely disordered). They reported significantly less self pursuit, significantly less partner withdrawal, significantly more dyadic satisfaction, and significantly more affectional expression. In general, category 2 subjects

(antisocial/narcissistic) fell in the middle of category 1 and category 3 subjects, not significantly different than either in some cases. Category 2 subjects were similar to category 3 subjects in reported satisfaction and partner withdrawal. This was significantly different from category 1 subjects. Category 2 subjects were not different from category 1 or category 3 subjects in reported affectional expression, self pursuit, and partner pursuit. This was different from what was expected. This is likely to be a result of the level of pathology that was found in category 3 subjects. Category 3 subjects had elevations on many scales on the MMPI-2 while category 2 subjects had elevations on scale 4 (psychopathic deviate) only. Category 1 subjects had no elevations on the MMPI-2 and reported being better overall on the variables described. Therefore, this indicates that the categories were not only different in level of psychopathology, but were also different on scores for some of the measures. This suggests a correlation between the level of pathology in the men and level of adjustment in the relationship. Although this difference does not appear to impact treatment outcome, it is an important variable to consider. This suggests we might target the level of pathology for intervention. The difficulty in this is that such an intervention is often not successful. It does lead us to consider different options for treatment other than group educational models.

Almost 50% of the partners who were contacted at the end of treatment reported the abuse had decreased or stopped, and they felt safe. Although the reported level of verbal aggression, physical threats, and physical aggression did decrease from pre-to-post testing, these changes were not significant. Our results are similar to follow-up information collected by Gondolf (1997) during a 15 month follow-up phase. Sixty-six percent of women in Gondolf's (1997) study felt they were "better off" at the 15 month follow-up

compared to 50% in the current study. Twelve percent of the partners in Gondolf's (1997) study felt "worse off" compared to 12.5% in the current study. However, it is necessary to view the results reported by the women with caution. Women have reported being afraid to speak with mental health workers due to fear of the information they provide being reported to their partner. These women may not be completely honest with the interviewers for various reasons including personal safety. The results reported by Gondolf (1997) appear promising. However, he also found that 71% of the women reported they were being verbally abused at the 15 month follow-up. Forty-five percent of these women reported the men were engaging in controlling behaviors and 43% reported the men were threatening. These are fairly high percentages and somewhat contradict the 66% who reported they were "better off". What is meant by "better off"? These men appear to continue to be emotionally abusive in several ways. Reducing the number of times someone physically harms the partner does not indicate the abuse has stopped or that emotional abuse is not occurring.

It is important to recognize that the majority of indicators did not change as a result of treatment, and those few for which change did occur (verbal aggression, physical threats, physical aggression) only represented trends. The actual behaviors appeared to be slightly reduced as reported by both the men and their partners. However, we cannot say for certain small changes are a result of treatment. The cognitively-based indicators showed no change. Minimizing and rationalizing were relatively the same both before and after treatment. This particular treatment program uses a psychoeducational approach that targets minimizing, denying, and blaming in regards to episodes of abuse. Yet the research indicates these did not change. Other variables that did not change as a result of

treatment are consensus, affectional expression, satisfaction, and cohesion. This indicates that the quality of the relationship by the men's self report did not change following treatment. There is also no evidence these men are thinking differently about their abuse. In sum, the research suggests there was a relative lack of success in treatment objectives for this particular treatment program. This conclusion should be viewed with some caution, though, given the small number of subjects.

The proposed study was an attempt to define both personality and relationship characteristics that may lead to more successful interventions for male batterers. It attempted to answer the question, "For whom is a psychoeducational model of treatment appropriate?" More research is needed to answer this question. Research in the area of domestic violence is difficult to conduct due, in part, to poor operational definitions of "domestic violence," bias in the labeling process of those who abuse and who are abused, nonrepresentative samples due to reporting bias of abuse, high attrition rates, and difficulty collecting data from this population (Gelles, 1980).

A major problem with the present study is the low number of subjects who participated. Part of this is a result of the high drop-out rate of 70%. This is likely a result of the lack of negative consequences for not completing the treatment program. This clearly indicates the importance of following through when these men are court mandated to treatment. With no negative repercussions for leaving treatment, why would these men continue? In addition, only 38% of those remaining agreed to participate in this research indicating that many of these men did not wish to be tested. These problems probably resulted in a biased sample. Another issue with the present study is that the data was collected through self-report of the batterers. Therefore, the numbers may reflect an

underreporting of the abusive behaviors. "This population has been shown to especially minimize their reports of abuse at program intake" (Gondolf, 1995, p. 16). However, Gondolf (1997, in press) found that inclusion of the partner data on reassault rates did not "substantially change the outcome" (p. 8).

The present study points out the importance of including an evaluation component in the treatment of male abusers. If this component could be a universal part of treatment, additional data would be available to assist with finding effective treatment for this population. A general lack of funding in the area of domestic violence services places pressure on treatment programs for male abusers to be as efficient as possible. Due to financial pressures within health plan coverage, time limits are being imposed. The proposed study contributes to the process of defining different types of batterers that may respond differently to different types of treatments. It suggests there are differences between the three groups defined in this study. However, the data does not indicate any differences in treatment outcome among the subtypes of male batterers.

Future research should target the study of men who drop out of treatment. It is important to understand who the men are who drop out of treatment, why they drop out, and why those who do not drop out stay in the program. How do we reach the group that does not benefit? What differentiates those who benefit from those who do not? It does not appear that personality is the variable to be focusing on. Additional research should target variables such as relationship, environment, society, and others.

Research in the area of male battering is vague and somewhat weak. In addition, it is not clear who we are studying due to high attrition rates and lack of identification of male batterers without court involvement. All research is retrospective. Prospective studies

may be the next step. Longitudinal studies should target the collection of information on abuse. This would provide additional information that is not available after one becomes abusive. In addition, societal and environmental factors can also be examined. Domestic violence is a major sociological issue that needs to be addressed differently than it is has been in the past.

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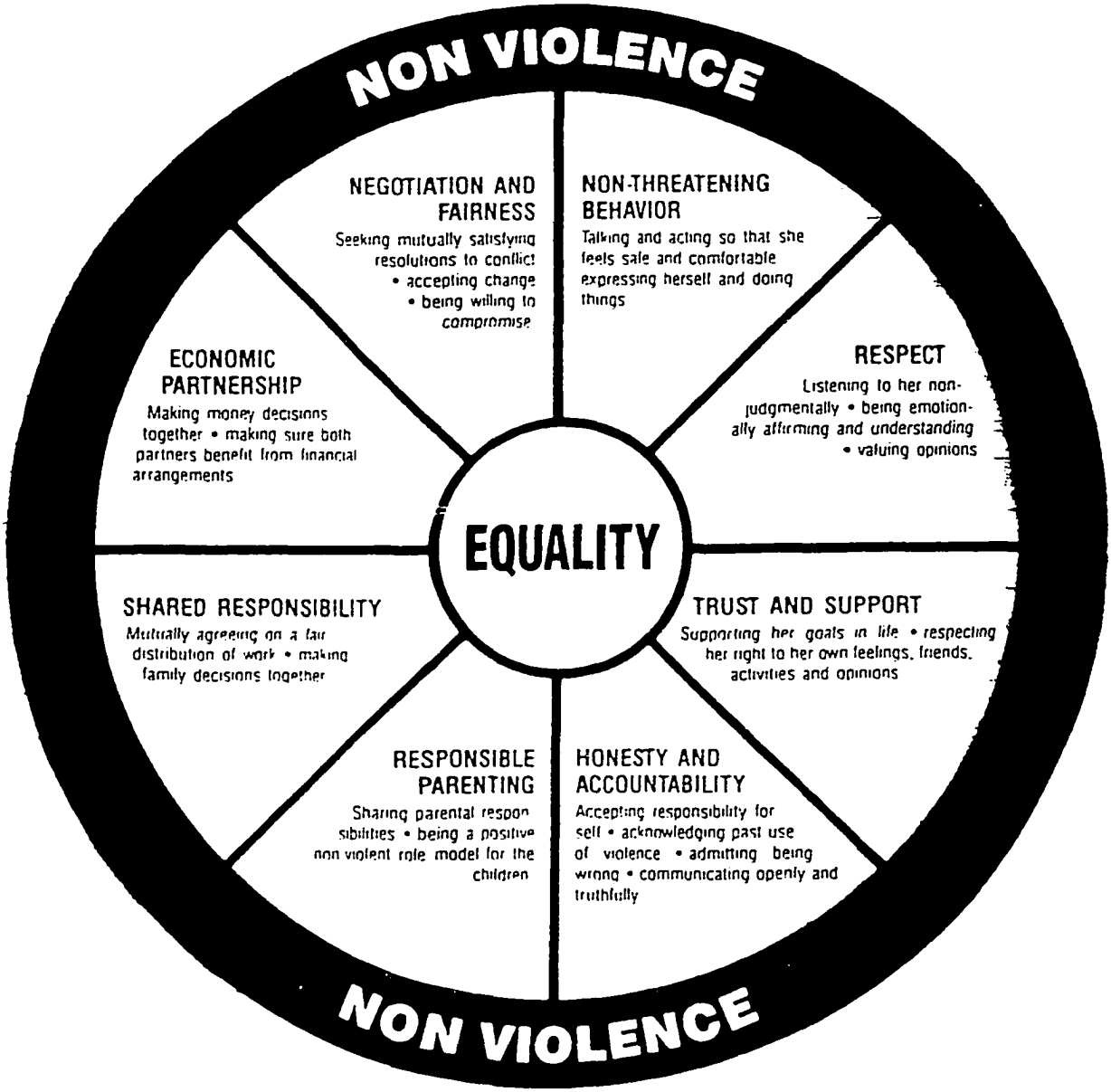
APPENDIX A



APPENDIX B

APPENDIX C

Subject # _____

DEMOGRAPHIC QUESTIONNAIRE

1. Age _____

2. Level of Education (Please check one)
   ____ under 12 years; years completed _____
   ____ high school degree
   ____ trade school; trade _____
   ____ some college; years completed _____
   ____ college degree
   ____ some graduate school; years completed _____
   ____ advanced degree; indicate what type of degree _____
   ____ other; please explain _____

3. Estimated gross yearly income _____

4. Race _____

5. Are you married? (Please circle) Yes No Years married _____

6. Do you have children? If so, how many? _____
   List their gender and age _____

7. Are you currently in a relationship ? (Please circle) Yes No
   If so, how many years have you and your partner been together? _____

8. Occupation _____
   Current Employment? (Please circle) Part-time Full-time Unemployed

9. Were you ever in trouble with the law (Please circle) Yes No
   If so, for what reason? _____

10. Do you drink alcoholic beverages (including beer)? Yes No
    If so, about how many drinks do you have per week? _____

11. Did you ever witness physical violence in your home when you were growing up?
    (Please circle) YesNo

12. Were you ever a victim of violence in you home when you were growing up?
    (Please circle) Yes No

13. Have you ever been in therapy before? (Please circle) Yes No
    If so, for how long? _____
    If so, did you find it helpful? (Please circle) Yes No
    If so, what brought you to therapy? _____

APPENDIX D

Subject # _____

DYADIC ADJUSTMENT SCALE (DAS)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list, focusing on the past 2-3 months.

	Always Agree	Almost Always Agree	Occa-sionally Disagree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behavior)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals, and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More Often than not	Occa-sionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or termination of your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	0	1	2	3	4	5
19. Do you confide in your mate?	0	1	2	3	4	5
20. Do you regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves"?	0	1	2	3	4	5

	Every Day	Almost Every Day	Occa-sionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

	Yes	No	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy" represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, in your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

__5__ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
__4__ I want very much for my relationship to succeed, and will do all I can to see that it does.
__3__ I want very much for my relationship to succeed, and will do my fair share to see that it does.
__2__ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
__1__ It would be nice if my relationship succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
__0__ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX E

Subject # _____

RELATIONSHIP STYLE QUESTIONNAIRE (RSQ)

Please describe your current or most recent intimate relationship to the extent to which you and/or your partner engaged in the behaviors presented, focusing on the past 2-3 months.

CIRCLE a number of each of the items listed below to show your closest estimate of your agreement or disagreement with the items listed.

5 = Strongly Agree
4 = Mostly Agree
3 = Don't Know
2 = Mostly Disagree
1 = Strongly Disagree

1.	When I bring up a relationship issue, my partner tends to withdraw, become silent, or refuses to discuss the matter further	5	4	3	2	1
2.	My partner does not seem to want to talk about his/her feelings.	5	4	3	2	1
3.	My partner does not talk to me enough.	5	4	3	2	1
4.	When discussing problems in our relationship, my partner often superficially agrees or dismisses the problem in order to avoid really talking about the issues.	5	4	3	2	1
5.	My partner too often acts emotionally cold when I get upset.	5	4	3	2	1
6.	My partner, when discussing relationship problems, oversimplifies the issues involved.	5	4	3	2	1
7.	My partner gets angry at me easily.	5	4	3	2	1
8.	My partner nags at me too much.	5	4	3	2	1
9.	My major complaint about our relationship is that our discussions frequently end up in unpleasant arguments.	5	4	3	2	1
10.	My partner get too emotional about problems that the two of us have.	5	4	3	2	1
11.	Even when my partner tries to be helpful he/she doesn't have the patience to understand me.	5	4	3	2	1

CIRCLE a number of each of the items listed below to show your closest estimate of your agreement or disagreement with the items listed.

5 = Strongly Agree
4 = Mostly Agree
3 = Don't Know
2 = Mostly Disagree
1 = Strongly Disagree

1.	When my partner bring up a relationship issue, I tend to withdraw, become silent, or refuses to discuss the matter further	5	4	3	2	1
2.	I do want to talk with my partner about my feelings.	5	4	3	2	1
3.	I do not talk to my partner enough.	5	4	3	2	1
4.	When discussing problems in our relationship, I often superficially agree or dismiss the problem in order to avoid really talking about the issues.	5	4	3	2	1
5.	I often act emotionally cold when my partner gets upset.	5	4	3	2	1
6.	When discussing relationship problems, I oversimplify the issues involved.	5	4	3	2	1
7.	I get angry at my partner easily.	5	4	3	2	1
8.	I nag my partner too much.	5	4	3	2	1
9.	My partner's major complaint about our relationship is that our discussions frequently end up in unpleasant arguments.	5	4	3	2	1
10.	I get too emotional about problems that the two of us have.	5	4	3	2	1
11.	Even when I try to be helpful, I don't have the patience to understand my partner.	5	4	3	2	1

APPENDIX F

Subject # _____

MIN/RAT

Please indicate the degree to which you agree or disagree with the following statements concerning your use of physical abuse in your relationship.

5 = Strongly Agree
4 = Mostly Agree
3 = Don't Know
2 = Mostly Disagree
1 = Strongly Disagree

		Circle One			
1. I hardly touched her.	5	4	3	2	1
2. I only hit her once.	5	4	3	2	1
3. I didn't hurt her.	5	4	3	2	1
4. It is not a big deal.	5	4	3	2	1
5. I never hit her.	5	4	3	2	1
6. She fell when I reached for her.	5	4	3	2	1
7. I was acting in self defense	5	4	3	2	1
8. I would never hurt anyone.	5	4	3	2	1
9. I was drunk when I touched her.	5	4	3	2	1
10. She asked for it.	5	4	3	2	1
11. She hit me too.	5	4	3	2	1
12. If she would only do as I ask, it wouldn't happen.	5	4	3	2	1

APPENDIX G

Subject # _____

MODIFIED CONFLICT TACTICS SCALE (CTS)

No matter how well a couple gets along, there are times when they disagree on major decisions, get annoyed about something the others does, or have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also use many different ways of trying to settle differences. The following lists some things that you and your spouse might have done when you had a dispute.

Please circle the number that gives your **best guess** about how often each has occurred in the **past 2-3 months.**

0. Never
1. Once
2. Twice
3. 3-5 Times
4. 6-10 Times
5. 11-20 Times
6. More than 20
X. Don't Know

	How many times in the past 2-3 months...								
1.	Have you discussed the issue calmly	0	1	2	3	4	5	6	X
2.	Have you gotten information to back up your side of things	0	1	2	3	4	5	6	X
3.	Have you brought in or tried to bring in someone to help settle things	0	1	2	3	4	5	6	X
4.	Have you refused to give affection or sex to your spouse/partner	0	1	2	3	4	5	6	X
5.	Have you insulted or sworn at your spouse	0	1	2	3	4	5	6	X
6.	Have you sulked and/or refused to talk about it	0	1	2	3	4	5	6	X
7.	Have you stomped out of the room or house (or yard)	0	1	2	3	4	5	6	X
8.	Have you cried	0	1	2	3	4	5	6	X
9.	Have you done or said something to spite your spouse	0	1	2	3	4	5	6	X
10.	Have you threatened to leave the marriage	0	1	2	3	4	5	6	X
11.	Have you threatened to do things like withhold money, take away the children, have an affair	0	1	2	3	4	5	6	X
12.	Have you tried to control your spouse physically (forced to sit down, held so they could not move, etc...)	0	1	2	3	4	5	6	X

13. Have you threatened to hit or throw something at your spouse	0	1	2	3	4	5	6	X
14. Have you thrown, smashed, hit, or kicked something	0	1	2	3	4	5	6	X
15. Have you driven recklessly to frighten your spouse	0	1	2	3	4	5	6	X
16. Have you threatened or directed anger at a pet	0	1	2	3	4	5	6	X
17. Have you thrown something at your spouse	0	1	2	3	4	5	6	X
18. Have you pushed, grabbed, or shoved your spouse	0	1	2	3	4	5	6	X
19. Have you slapped your spouse	0	1	2	3	4	5	6	X
20. Have you kicked, bit, or hit your spouse with a fist	0	1	2	3	4	5	6	X
21. Have you choked or strangled your spouse	0	1	2	3	4	5	6	X
22. Have you physically forced your spouse to have sex	0	1	2	3	4	5	6	X
23. Have you beat up your spouse	0	1	2	3	4	5	6	X
24. Have you threatened you spouse with a knife or a gun	0	1	2	3	4	5	6	X
25. Have you used a knife or gun on your spouse	0	1	2	3	4	5	6	X

APPENDIX H

PARTNER RESPONSES

SAME

"The physical abuse has stopped, the verbal abuse continued but not as much. She feels safe at times but not always.

"Wife sought shelter while he was in group. All forms of abuse have continued. She does not feel safe."

"Wife states that he is not physically abusive, very controlling, very verbally abusive. She feels safe that he will not hurt her physically but the relationship is still not good."

"Partner stated they are no longer together. He is not physically abusive but calls and harasses her. She is afraid of him and does not feel safe."

"Wife stated that he is still abusive, pushing, yelling, etc... He is verbally abusive and she does not feel safe but is unsure if she wants to leave."

"Wife stated that physical abuse has stopped but probably because he knew he'd get into trouble. Verbal abuse continues. She feels safe most of the time except when he's drinking."

WORSE

"Wife stated that he is only getting worse. She had to seek shelter while he was attending group. He is very physically abusive and verbally abusive. She does not feel safe but does not want to leave because of the children."

"Partner stated that he is still somewhat abusive as he threatens but has not actually hit her since starting the group. Verbal abuse is worse. She does not feel safe but also does not want to leave."

BETTER

"Wife stated that all abuse had stopped, 'it was never very serious'. Things are better, she does feel safe."

"Wife stated that their relationship is better than ever. He was court-ordered in another state and since they moved here there have been no problems. She does feel safe."

"Wife stated that there is no physical abuse, minimal verbal abuse, she feels safe."

"Partner states that physical abuse has never been too serious. He seems to have improved since group, no more physical abuse. He is somewhat verbally abusive but she does feel safe."

"Partner stated that physical abuse is not an issue. Sometimes he calls her names. She stated she feels safe."

"Wife stated that there are no problems, that initial situation was an isolated incident. She stated there is no abuse and she does feel safe."

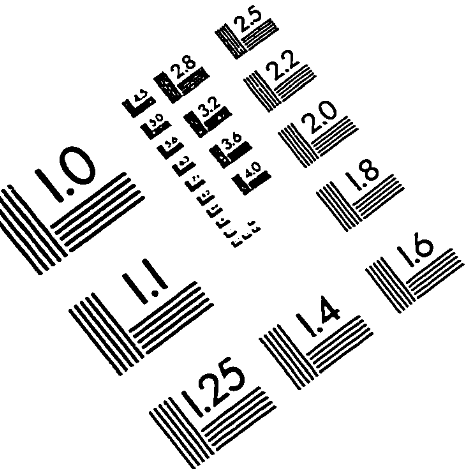
"Wife stated that everything is great, he is not threatening, he is not abusive. She is safe and they are happy."

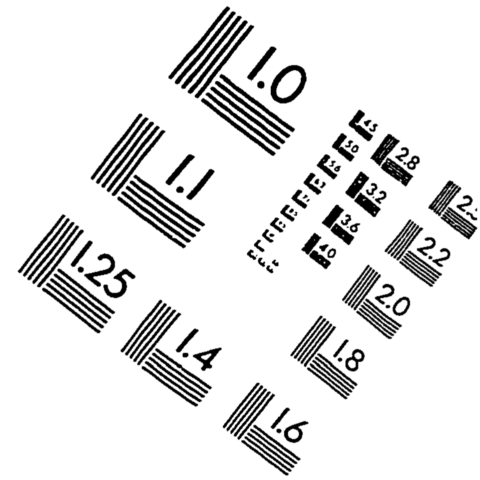
VITA

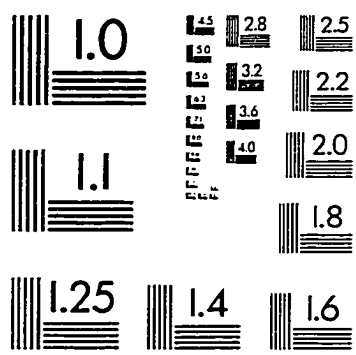
Lisa Petrica was born in Philadelphia, PA on June 18, 1964. Her family was living in New Jersey at the time. She graduated cum laude from Gettysburg College in Pennsylvania in 1986. Lisa also graduated with honors in psychology and several leadership awards. She spent the next four years in banking, holding several middle management positions. Lisa then attended Villanova University to pursue her M.S. in psychology. She left this program in order to pursue her doctorate at Virginia Consortium. She completed an APA approved internship at the University of South Florida Counseling Center. Lisa was involved in individual and group therapy, the Employee Assistance Program, performed several workshops for students and staff, and was a consultant to the residential life department. She also spent some time at the USF Psychiatry Center and Psychiatric Hospital of Florida.

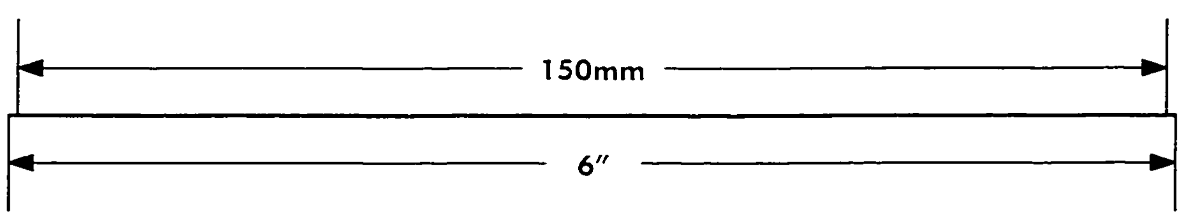
Lisa is currently the Director of Programming and Professional Development at Windmoor Healthcare in Clearwater, Florida. She specializes in the areas of abuse and addictions.

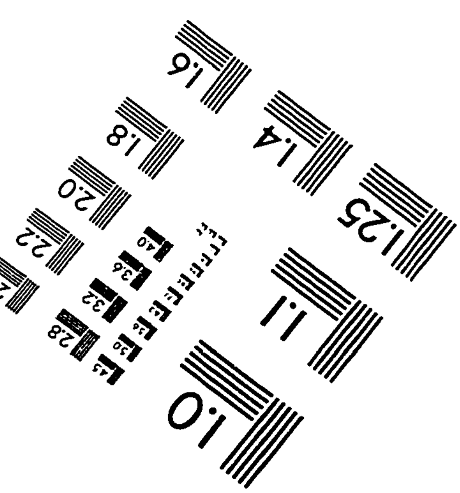
IMAGE EVALUATION TEST TARGET (QA-3)











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