RESEARCH

Therapeutic Factors in Guidance versus Counseling Sessions of Domestic Violence Groups

Michael Waldo
Philip A. Kerne IV
Valerie Van Horn Kerne
New Mexico State University

Group leaders randomly employed a counseling leadership approach for one session in place of the guidance leadership approach typically used in six ongoing domestic violence offender groups. Group members completed the Critical Incident Questionnaire to assess therapeutic factors and the Group Experience Rating Form to assess if the leadership approaches were worthwhile. Results suggested more participants experienced hope and information during the guidance sessions, and universality, cohesion, and interpersonal learning during the counseling sessions. Existential factors were more prevalent during the guidance sessions. There was no significant difference in the extent to which members believed the two approaches were worthwhile.

Keywords: *counseling/interpersonal problem solving groups; domestic violence intervention; guidance/psycho-educational groups; therapeutic factors*

Domestic violence is a pervasive and devastating problem in American society. It has been estimated that between 21% and 34% of adult women are assaulted by a man with whom they have an intimate relationship (Browne, 1993). According to the Bureau of Justice Statistics Special Report on Intimate Partner Violence, 900,000 violent crimes are committed yearly against females in the United States by their current or former partners, and intimate partner violence comprised 22% of violent crimes against women between 1993 and 1998 (Rennison & Welchans, 2000). Approximately 8.7 million married

Michael Waldo, Ph.D., is a professor in the Department of Counseling and Educational Psychology at New Mexico State University. Philip A. Kerne IV, Ph.D., is located in Austin, Texas. Valerie Van Horn Kerne, M.A., is a first-year doctoral student in counseling psychology in the Department of Educational Psychology at the University of Texas at Austin. Correspondence concerning this article should be addressed to Michael Waldo, Ph.D., Professor, Counseling and Educational Psychology Department, 205 O'Donnell Hall, College of Education, New Mexico State University, Las Cruces, New Mexico 88003; phone: (505) 646-4095; fax: (505) 646-8035; e-mail: miwaldo@nmsu.edu.

THE JOURNAL FOR SPECIALISTS IN GROUP WORK, Vol. 32 No. 4, December 2007, 346–361
DOI: 10.1080/01933920701476672
© 2007 ASGW

المنارة للاستشارات

couples experience physical violence every year within their relationships (Straus, 1999). In addition to the physical and psychological trauma experienced by the women and men who have been abused (Stark & Flitcraft, 1996), children who witness partner abuse can experience a variety of emotional and social problems (Margolin, 1998). These findings argue for the development of effective interventions for stopping abuse (Hage, 2000).

Gondolf (1985) suggested a lack of resources, negative institutional responses, a lack of legal system accountability and a patriarchal hierarchy, systematically trap females in abusive relationships. Largely in response to the women's movement beginning in the 1970s, efforts to provide women protection from abuse have resulted in the establishment of over 1,500 community-based shelters for domestic violence survivors (Stark & Flitcraft, 1996). While sheltering survivors is an important first step, it is the perpetrators of domestic violence who are the source of the problem, and it is the perpetrators who need to change their abusive and violent behaviors (Finn, 1985; Waldo, 1987).

Studies of men who have been abusive have identified a number of characteristics that could potentially be targets for corrective interventions (Jasinski & Williams, 1998). Perpetration of abusive behavior has been associated with controlling attitudes toward women (Kaufman-Kantor, Jasinski, & Aldorondo, 1994; Straus & Gelles, 1990; Stith & Farley, 1993), gender role stress (Copenhaver, Lash, & Eisler, 2000; Eisler, Franchina, Morre, Honeycutt, & Rhatigan, 2000), witnessing or experiencing abusive behavior in their families of origin (Dutton, 1998; Gortner, Gollan, & Jacobson, 1997), low self-esteem/self concept (Cantoni, 1981; Murray & Baxter, 1997), restricted emotionality and difficulty relating to other men (Schwartz, Waldo, & Daniel, 2005), and personality disorders (Chase, O'Leary, & Heyman, 2001; Dutton, 1995; Gottman et al., 1995; Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000; Holtzworth-Munroe & Stuart, 1994). Abusive men have been found to be more demanding of their partners, to feel more threatened by their partners' independence, to feel powerless in their relationships, and to lack the skills to communicate their needs (Babcock, Waltz, Jacobson, & Gottman, 1993; Berns, Jacobson, & Gottman, 1999; Ehrensaft, Langhinrichsen-Rohling, Heyman, O'Leary, & Lawrence, 1999). Substance abuse, particularly alcohol abuse, has been linked to domestic violence (Fagan, 1990; Leonard & Blane, 1992). Gorney (1989) found that 60% to 70% of violent men assault their partners while they are under the influence of alcohol. The wide array of problems associated with abusive behavior suggests that helping perpetrators stop their violence requires robust intervention strategies (Waldo, 1987).

Group work may be particularly well suited for treating men who have engaged in domestic violence because of the therapeutic factors

المنارة للاستشارات

available in groups (Yalom, 2005). Schwartz and Waldo (2004) identified ways in which group therapeutic factors might counter personal and interpersonal dynamics that may contribute to perpetration of domestic violence. A summary of how therapeutic factors could help group participants overcome abusive patterns is offered in Table 1.

Table 1 Group Therapeutic Factors Impact on the Dynamics of Abuse

Therapeutic Factors (Yalom, 2005)	*Impact on the Dynamics of Abuse (Schwartz & Waldo, 2004)*
Universality	Participants can recognize that they are not the only persons who have engaged in abuse, reducing their denial and defensiveness, and increasing their receptivity to treatment.
Instillation of Hope	Participants learn that despite the often-cataclysmic state of their current lives, they can change. This helps them overcome desperation and engage in the group counseling process.
Catharsis	Participants learn to identify and appropriately express emotions that previously had built up to the point of explosive violent outbursts.
Family Reenactment	Participants experience healthy interaction in the group that offsets the abusive interaction they may have experienced in their family of origin.
Cohesion	Participants experience closeness with other group members. Group cohesion helps clients overcome isolation, reducing their dependence on their partners.
Altruism	Participants help other group members. Helping others raises their self-esteem, and increases the likelihood that they will pursue the counseling goals they are promoting, including non-violence.
Interpersonal Learning	Participants receive corrective feedback from group members on how to improve their style of relating in and outside the group.
Information	Participants learn about domestic violence, healthy approaches to intimacy, anger management, and non-violent conflict resolution.
Modeling	Participants learn from the group leaders and other members about how they can relate without violence.
Socializing Techniques	Participants try new ways of relating within the group, and receive reinforcement from the leaders and other members on their interpersonal skills. They can then generalize use of these skills to their intimate relationships outside the group.
Existential Factors	Participants recognize that they do not control many aspects of the world, including their partners. Participants recognize that they have choices, their choices have consequences, and they are accountable for their choices.

المنارة للاستشارات

While it seems likely that all the therapeutic factors potentially available in groups could counter perpetration of domestic violence, the formats typically employed in domestic violence treatment may not allow members access to all therapeutic factors. Theory (Waldo, 1985) and some evidence (Schwartz & Waldo, 1999) suggest that differences in group formats and leadership styles could result in group participants experiencing different therapeutic factors. Because guidance/psycho-educational (guidance) groups focus on providing information and skills (Association for Specialists in Group Work, 1992), it seems likely they promote the therapeutic factors *information, socializing techniques, hope*, and *modeling*. Counseling/interpersonal problem solving (counseling) groups focus on the relationships between group members (Association for Specialists in Group Work, 1992). It seems likely that counseling groups promote *cohesion* and *interpersonal learning*.

Guidance groups are commonly employed in domestic violence treatment programs (Adams, 1994; Gondolf, 1997; Lawson et al., 2001), often focusing on males' use of power and control in abusive relationships and encouraging men to acknowledge, take responsibility for, and change their abusive attitudes and behavior (Pence & Paymer, 1993). Austin and Dankwort (1999) contacted state domestic violence coalitions to review available standards, and learned that group interventions employing psycho-educational approaches, profeminist approaches, cognitive-behavioral approaches, or combinations of all three, were the preferred treatment formats. The guidance approaches employed in these groups have been shown to promote the therapeutic factors of *information* and *socializing techniques*, but have not been shown to promote other therapeutic factors, like *cohesion* and *interpersonal learning*, that could be essential for helping participants who engage in abuse (Schwartz & Waldo, 1999). The limits of the guidance approach may therefore be restricting treatment effectiveness. Gondolf (2000) studied group treatment effectiveness with males arrested for domestic violence. According to the female partners of group members, re-assault rates among male participants were 32% at 15 months and 41% at 30 months. These results suggest there is room for significant improvement in group treatment of men who have perpetrated abuse.

The authors of this article believed that using a counseling approach for one session, instead of the guidance approach which is typically used when leading a group for men who have perpetrated abuse, would result in the men experiencing different therapeutic factors. Specifically, the authors predicted that the traditional guidance approach to addressing domestic violence in groups would result in higher levels of *hope*, *information*, *socializing techniques*, and *modeling*, and that a

المنارة للاستشارات

counseling leadership approach would promote the therapeutic factors of *universality, catharsis*, *cohesion, altruism*, and *interpersonal learning*. These predictions arose from the authors' observations while leading groups and their knowledge of group theory. While the authors did not expect the participants to rate the two group formats differently, this study did explore members' ratings of how worthwhile they thought the two approaches were.

METHODS

Participants

Group members were recruited from a domestic violence treatment center in a mid-sized southwestern city after the institutional review board approved the study. On average, approximately 130 to 150 males attend weekly domestic violence intervention groups at the center. Group members were referred to the domestic violence intervention groups from municipal and magistrate courts because of domestic violence incidents (e.g., battery against a household member and/or having been issued a restraining order). Researchers obtained informed consent for the study from men who were members in six ongoing guidance groups offered at the center. A total of 99 men voluntarily participated in the study. No group members declined to participate. The average age of the group members was 30.42 years ($sd = 8.72$), with a range in age from 18 to 56. Group members' ethnicity was as follows: 75% ($n = 74$) identified as Hispanic, 15% ($n = 15$) identified as Anglo, 3% ($n = 3$) identified as African American, 1% ($n = 1$) identified as Asian American, 1% ($n = 1$) identified as Native American, and 1% ($n = 1$) identified as other. Thirty-seven percent ($n = 37$) of the participants reported that they were single, 26% ($n = 26$) reported they were married, 7% ($n = 7$) reported being divorced, 7% ($n = 7$) reported that they were separated, and 22% ($n = 22$) reported that they were living with their partner. The education levels of the group members were as follows: 29% ($n = 29$) did not complete high school, 31% ($n = 31$) graduated from high school, 29% ($n = 29$) attended some college, and 10% ($n = 10$) obtained a minimum of a bachelor's degree. Eighty-three percent ($n = 82$) of the group members reported being court mandated to attend the domestic violence intervention program. The average number of group sessions attended prior to participation in the intervention sessions was 12.47 ($sd = 7.42$) with a range from 1 to 30 sessions attended. Drop out rates from the groups at the center average approximately 33% over the sixth month course of the groups. However, drop out rates were not

المنارة للاستشارات

relevant to the evaluation of the group interventions reported here because the interventions were conducted during only one group session. No group members dropped out during the sessions that were studied.

Instruments

A demographic information sheet was employed to collect data describing the participants by ages, marital status, present or past legal complications, referral sources, number of group sessions attended, education levels, and ethnicities.

The Critical Incident Questionnaire (CIQ). The Critical Incident Questionnaire (Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979) was employed to assess the therapeutic factors that group members experienced while participating in the group sessions. The questionnaire asks participants to write a response to the question: "What event (incident, interaction) from this session was most helpful to you? Describe what happened, the feelings you experienced, and how the event was helpful to you." Expert raters then read the participants' responses and determined which therapeutic factor was predominant in each response. The reliability (inter rater agreement rate) and validity of this method for assessing participants' experience of therapeutic factors in groups have been demonstrated in previous studies (Kivlighan & Goldfine, 1991; Wheeler, O'Malley, Waldo, Murphey, & Blanck, 1992), including studies on this population (Schwartz & Waldo, 1999; Schwartz & Waldo, 2003). Reliability of ratings (assessed through inter rater agreement rates) have averaged above 90%. CIQ assessment of therapeutic factors in domestic violence groups has been shown to be related to group format and stage of development, offering evidence regarding the validity of the CIQ for assessing therapeutic factors in these groups (Schwartz & Waldo, 1999; Schwartz & Waldo, 2003).

The Group Experience Rating Form (GERF). The Group Experience Rating Form is a self-report measure developed by the authors to assess the extent to which group members found the group sessions to be worthwhile. Participants rated their experience of group sessions on a scale ranging from 1 (Not Worthwhile) to 5 (Very Worthwhile). No reliability or validity data was available on this measure.

Procedures

Group leaders. Three group leaders who led six ongoing domestic violence intervention groups (two groups each) participated in this

المنارة للاستشارات

study. The three facilitators had received education, training, and supervision in a doctoral level group counseling theory and practicum course as part of their American Psychological Association (APA) accredited doctoral program. The three leaders were training six masters' students (two students each) who co-led the groups with them (one in each group). The six counselors-in-training were all graduate students pursuing masters' degrees in a Council for Accreditation of Counseling and Related Educational Programs (CACREP) accredited counselor education program. The group leaders implemented both the guidance and the counseling sessions according to protocols provided to them by the researchers.

Guidance sessions. The guidance groups addressing domestic violence in the center are based on the Duluth model (Pence & Paymer, 1993). The Duluth model covers nine different themes: nonviolence, non-threatening behavior, sexual respect, honesty and accountability, support and trust, partnership, respect, negotiation and fairness, and the effects of violence on children. Group leaders educate group members on the importance of these nine Duluth themes in building healthy, nonviolent relationships.

The nonviolence theme was addressed throughout the guidance sessions assessed for this study. Group leaders began the guidance sessions by eliciting group members' thoughts and reactions to the themes of violence and nonviolence. Group members were asked to provide their own definitions of these words in order to assess their understanding. Information (lecture and handouts) was provided to educate group members about violent behaviors. Once group members understood which behaviors were considered violent and aggressive, discussion was directed toward situations where violence is considered justified in our society. Group members were then asked to reflect on the true cause of violence. In accordance with the Duluth model (Pence & Paymer, 1993), group members' responses that anger, alcohol, jealousy, and losing control cause violence were challenged with the educational message that violence is a choice, even if it happens in a split second. Group leaders instructed participants that violence is not about losing control, but about an individual trying to get control of a person or situation.

Group members were also asked what they thought it took to become a nonviolent individual, along with a discussion of potential impediments to becoming nonviolent. Possible impediments that were explored included pride, fear of disrespect, denial, media influence, and male socialization. The guidance sessions ended with a group discussion on why nonviolence is important in intimate relationships and what happens to intimate relationships when violence and aggression

المنارة للاستشارات

occur. Prior to terminating the session, group members discussed what they had learned from the group.

Counseling sessions. All of the leaders randomly substituted one counseling session for one session of the typical guidance group format they employed in their groups, resulting in a total of six counseling group sessions. The counseling sessions were based on Yalom's description of "here and now" processing, including member-to-member feedback. This leadership approach relied on group members' self-disclosures to assist group members in learning about themselves and each other. Group leaders facilitated examination of relationship challenges and/or successes that group members were currently encountering. Challenges included relationship conflict, legal difficulties, relationship separation, and emotional distress. Group members' successes included disclosures about walking away from conflict instead of resorting to aggression and violence, the use of non-controlling behaviors such as assertive communication, and healthy conflict resolution styles such as negotiation, compromise, active listening, and assertive communication. Participants described challenges in their current relationships, expressed their thoughts, worries, fears, and concerns, and received feedback from fellow group members regarding their approach to relationships, current options, possible consequences, and best solutions. Group members were encouraged to focus on the present and positive changes that are possible in their lives and relationships, despite the conflicts and challenges that they reported enduring during the prior week. Prior to ending the session, group members discussed what they had learned from other group members.

Study design. This study was conducted in six ongoing domestic violence intervention groups that were all being led in a guidance format. Three group leaders and the co-leaders they were training led two groups each. In order to compare the guidance format to a counseling approach, the leaders replaced a typical guidance session with a counseling session in one of their two groups (selected at random). At the end of the session, the 31 members attending these group sessions completed the Critical Incident Questionnaire (CIQ) and the Group Experience Rating Form (GERF). That same week, the 30 members attending the sessions of the leaders' other groups completed the CIQ and GERF at the end of their typical guidance session. The following week, the leaders returned to using the guidance format in both of their groups (all six groups). Two weeks after implementing the counseling approach in one of their groups for one session, the leaders led a counseling session in their other group, which had not

المنارة للاستشارات

Table 2 Random Assignment of Guidance and Counseling Group Leadership Approaches

		Weekly Sessions				
Group Leader	*Group*	*Session*	*Session*	*Session*	*Session*	*Session*
Leader A	1	G	**C**	G	**G**	G
	2	G	**G**	G	**C**	G
Leader B	3	G	**G**	G	**C**	G
	4	G	**C**	G	**G**	G
Leader C	5	G	**C**	G	**G**	G
	6	G	**G**	G	**C**	G

G = Guidance/Psycho-educational. C = Counseling/Interpersonal problem solving. Sessions in **bold** were assessed using the CIQ and GERF.

experienced the counseling format. The 29 members attending these group sessions completed the CIQ and GERF at the end of the meeting. That same week, the 42 members attending the leaders' other group sessions completed the CIQ and GERF at the end of their typical guidance meeting. Table 2 depicts the random assignment of counseling sessions to replace the ongoing guidance sessions typically offered in the groups.

The procedures described above resulted in 60 group members participating in the counseling sessions and 72 group members participating in the guidance sessions, with the order in which these different group styles were offered being varied at random. Differences in the numbers of members participating in the two group formats resulted from normal fluctuations in group membership associated with new members entering groups, members graduating, and members missing groups because of illness or other commitments.

Two researchers who had been trained in the CIQ assessment procedure (Bloch et al., 1979) rated group members' responses on the CIQ. The raters read participants' responses on the CIQ and determined which therapeutic factor was predominant in each participant's description of the incident during the group session that was most helpful to him. The researchers were unaware of which sessions the participants were responding to (guidance or counseling) when rating the participants' responses. The researchers achieved an inter rater reliability rate of 95% agreement on practice CIQ responses prior to beginning rating CIQs for the study. Seventy-two participants completed the CIQ after attending the guidance sessions (61 were ratable), and 60 participants completed it after attending the counseling sessions (47 were ratable). Twenty four participants' responses were illegible because of poor handwriting and were not ratable. Inter rater

المنارة للاستشارات

reliability of the ratings for all of the CIQ ratings was 83.3%, with 100% agreement achieved after a discussion of conflicting ratings.

Participants also completed the Group Experience Rating Form after both the guidance and counseling sessions. This form assessed whether participants believed that the group sessions were worthwhile. Two group members failed to complete the Group Experience Rating Form, resulting in 130 responses available for analysis. A *t*-test was computed to compare group members' ratings of the guidance and counseling group formats.

RESULTS

This was a pilot study of therapeutic factors in domestic violence intervention groups utilizing two different group leadership approaches. The authors were interested in comparing group members' experience of therapeutic factors in guidance versus counseling group sessions. The authors also checked for differences in group members' ratings of the extent to which they found the two approaches to be worthwhile. The Critical Incident Questionnaire (CIQ) was used to assess participants' experience of therapeutic factors. Ratings of the CIQ yield nominal data, with one out of eleven potential therapeutic factors being identified for each response. This fact, coupled with the small sample size in this pilot study, resulted in the data on therapeutic factors being inappropriate for analysis through inferential statistics. The results do, however, allow for comparisons of the therapeutic factors experienced by group members in this sample. The therapeutic factor results are presented in Table 3. Some differences between the therapeutic factors members experienced in the two group formats were very small (less than 2%). Other differences ranged from 3% to 12%. Differences greater than 3% are highlighted below.

As predicted, participants reported higher percentages of the therapeutic factors of h*ope* (difference of more than 3%) and *information* (difference of more than 6%) in the guidance group sessions than in the counseling sessions. *Modeling* was only slightly more prevalent in the guidance sessions (difference less than 2%). *Socializing techniques* were equally prevalent in both groups. Also as predicted, higher percentages of *universality* (difference of more than 12%), *cohesion* (difference of more than 7%) and *interpersonal learning* (difference of more than 3%) were identified in the counseling sessions. Minimal differences (difference less than 2%) were found between the two group formats regarding the therapeutic factors of *catharsis* and *altruism*. No differences were predicted regarding members' experience of

المنارة للاستشارات

Table 3 Percentages of Therapeutic Factors in Guidance and Counseling Group Sessions

Therapeutic Factor	*Guidance (n = 61)*	*Counseling (n = 47)*
Universality*	1.64% (1/64)	**12.77**% (6/47)
Hope*	**8.20**% (5/64)	4.26% (2/47)
Catharsis*	6.56% (4/64)	8.51% (4/47)
Family Reenactment**	0.00% (0/64)	0.00% (0/47)
Cohesion*	6.56% (4/64)	**14.89**% (7/47)
Altruism***	4.92% (3/64)	4.26% (2/47)
Interpersonal Learning*	4.92% (3/64)	**8.51**% (4/47)
Information*	**27.87**% (17/64)	21.28% (10/47)
Modeling*	3.28% (2/64)	2.13% (1/47)
Socializing Techniques*	21.31% (13/64)	21.28% (10/47)
Existential**	**14.75**% (9/64)	2.13% (1/47)

(Differences in excess of 3% are indicated in **bold**.)
*Percentage differences are in the predicted directions.
**No prediction was made regarding differences.
***Percentage difference was not in the predicted direction.

existential factors, but this factor proved to be more prevalent in the guidance/psycho-educational sessions (difference of more than 12%). *Family reenactment* was not observed in the CIQs coming from either type of group.

A second question posed in the study was whether group members would rate guidance or counseling sessions as more worthwhile. A *t*-test analysis of the results from the Group Experience Rating Form revealed no significant differences ($t = -0.31$, $p > .05$, $df = 128$) between members' ratings of the two group formats. Results (guidance/psycho-educational, $X = 4.04$, $sd = 1.10$ and counseling/interpersonal problem solving, $X = 4.10$, $sd = 1.09$) suggest that group members found both leadership approaches to be worthwhile since a rating of 4 on the GERF signified a "worthwhile" rating.

DISCUSSION

The use of guidance groups to promote change in men who have engaged in domestic violence has been an important step in preventing future violence (Pence & Paymer, 1993). However, the guidance format may be limited in its ability to provide group members all the therapeutic experiences they need to acknowledge and change violent and aggressive behaviors. For example, because guidance groups focus on conveying information rather than on the relationships between group members, they may be less likely to foster *universality*, *cohesion*, and

المنارة للاستشارات

interpersonal learning. As suggested in Table 1, each of these therapeutic factors could be helpful in reducing the propensity for domestic violence. It should be noted that members attended an average of 12.47 group sessions prior to their participation in the study and that the counseling approach replaced only one guidance approach in six ongoing groups. Still, the results suggest that a counseling leadership style could provide group members' experiences of *universality*, *cohesion*, and *interpersonal learning*. It is not surprising that counseling sessions, which focus on interaction between members, would foster these therapeutic factors. Providing group members with information and skills training provides a foundation for group members to believe that change is possible. Therefore, it is not surprising that the guidance sessions promoted *hope* and *information*. The findings suggest that group leaders who want to promote specific therapeutic factors may be able to do so by employing specific group leadership approaches (Waldo, 1985).

Theory (Waldo, 1987) and research (Schwartz & Waldo, 1999; Schwartz & Waldo, 2004) suggest that individuals being treated for domestic violence will benefit from experiencing *universality*, *cohesion* and *interpersonal learning*. Although the percentage of differences in therapeutic factors observed in this study were small, *universality*, *cohesion*, and *interpersonal learning* appears to have been more prevalent in counseling group sessions than in guidance sessions. If these findings are confirmed by future research, increased use of counseling leadership approaches in domestic violence groups may be warranted. Increased *universality*, *cohesion*, and *interpersonal learning* in treatment groups could contribute to reduction in group members' domestic violence recidivism. It is interesting to note that the guidance sessions and the counseling sessions both fostered substantial levels of the therapeutic factors *information* and *socializing techniques*. This finding suggests that increased emphasis on counseling in domestic violence group interventions did not significantly decrease members' experience of acquiring needed information and skills for ending abusive and violent behaviors. It is also possible that the substantial level of the therapeutic factor *information* from the counseling approach was a carryover from previous guidance sessions. Finally, members rated both guidance and counseling sessions as worthwhile on the Group Experience Rating Form (ratings of both sessions averaged to approximately 4 on a 5 point scale), suggesting they had equally positive responses to the group guidance and group counseling approaches.

It is also interesting to note that *altruism* was nearly equally prevalent in the guidance session as the counseling session. It is possible that the "nonviolence" theme addressed in the guidance session elicited attempts to provide supportive advice between members. It is also

المنارة للاستشارات

possible that this topic elicited the high level of *existential factors* evidenced in the guidance sessions. The emphasis on choices in regard to violence may have encouraged participants to examine their personal responsibility during violent episodes. These findings may suggest that, in addition to promoting specific therapeutic factors through use of specific group leadership approaches, leaders can increase the likelihood of participants' experiencing specific therapeutic factors by focusing the group on a theme that will promote those factors. The absence of the therapeutic factor, *family reenactment*, may also have been a consequence of the theme addressed in the guidance session. Perhaps an alternative topic, such as the Duluth Model curriculum theme that addresses the effects of violence on children, would have elicited more *family reenactment*.

Limitations

There are several limitations inherent in this pilot study which should be taken into account when considering the results. The differences in percentages of therapeutic factors experienced during the two group formats were small. Using a counseling leadership style in only one session is likely to have limited the impact of that approach. Only one session of each of the six ongoing groups was changed from guidance to counseling because the researchers did not want to significantly alter the organizational structure and format of the domestic violence group program. However, it is possible that offering several sessions in this format would have resulted in greater distinctions in the therapeutic factors group members experienced. For example, it may take several group sessions led in a counseling format for large numbers of members to experience *interpersonal learning*. Also, 24 participants provided illegible responses further reducing the sample size.

There are other limitations in this study. The assessment of participants' judgments about how worthwhile the group sessions were was based on a single item instrument for which reliability or validity data are not available. The small sample and use of nominal data precludes generalizing research findings to other domestic violence group treatment programs. The members all were from one social service agency in the southwestern part of the country and were predominantly Hispanic and Anglo, further limiting the generalization of the results to other domestic violence intervention programs. Another limitation of this pilot study is that members had already attended an average of 12.47 group sessions prior to participation in the study. It is possible that the groups' stages of development may have impacted the therapeutic factors participants experienced. Kivlighan and Holmes (2004) hypothesized that affective insight experiences will be

المنارة للاستشارات

predominant in the performing stage of group development. Members with more group experience may have been more comfortable with the counseling approach. Finally, despite following written protocols, the three different group leader pairs may have differed in their leadership styles when implementing the two different group treatments, possibly impacting the group members' experiences and limiting the generalizability of the research findings.

Suggestions for Future Research

The trends identified in this pilot study suggest that further research on promoting specific therapeutic factors in domestic violence intervention groups through use of a counseling leadership approach is warranted. The finding that percentage differences in experience of therapeutic factors were in the predicted directions does suggest that comparing therapeutic factors in guidance and counseling groups is a potentially productive direction for future research. Future research with more participants and more counseling formatted sessions could yield findings that can be generalized to other groups and settings. Longitudinal research that explores the impact of group formats on domestic violence recidivism is needed. Variables that also might be studied in future research include the impact of leader and participant ethnicity, the extent of their experiences in groups, and variations in leaders' styles. Research focusing on group stages in domestic violence intervention groups and their impact on participants' experience of therapeutic factors may offer another area for future research.

REFERENCES

Adams, D. (1994). *Historical timelines of institutional responses to battered women*. Cambridge, MA: Emerge.

Association for Specialists in Group Work (ASGW). (1992). Association for Specialists in Group Work: Professional standards for training of group workers. *The Journal for Specialists in Group Work*, *17*, 12–19.

Austin, J. B., & Dankwort, J. (1999). Standards for batterer programs: A review and analysis. *Journal of Interpersonal Violence*, *14*(2), 152–168.

Babcock, J. C., Waltz, J., Jacobson, N. S., & Gottman, J. M. (1993). Power and violence: The relation between communication patterns, power discrepancies, and domestic violence. *Journal of Consulting and Clinical Violence*, *61*, 40–50.

Berns, S. B., Jacobson, N. S., & Gottman, J. M. (1999). Demand-withdraw interaction in couples with a violent husband. *Journal of Consulting and Clinical Psychology*, *67*, 666–674.

Bloch, S., Reibstein, J., Crouch, E., Holroyd, P., & Themen, J. (1979). A method for the study of therapeutic factors in group psychotherapy. *British Journal of Psychiatry*, *134*, 257–263.

المنارة للاستشارات

Browne, A. (1993). Violence against women by male partners: Prevalence, outcomes, and policy implications. *American Psychologist*, *48*, 1077–1087.

Cantoni, L. (1981). Clinical issues in domestic violence. *Social Casework*, *62*, 3–12.

Chase, K. A., O'Leary, K. D., & Heyman, R. E. (2001). Categorizing partner-violent men within the reactive-proactive typology model. *Journal of Consulting and Clinical Psychology*, *69*, 567–572.

Copenhaver, M. M., Lash, S. J., & Eisler, R. M. (2000). Masculine gender-role stress, anger, and male intimate abusiveness: Implications for men's relationships. *Sex Roles*, *42*, 405–414.

Dutton, D. G. (1995). Trauma symptoms and PTSD-like profiles in perpetrators of intimate abuse. *Journal of Traumatic Stress*, *8*, 299–316.

Dutton, D. G. (1998). *The abusive personality*. New York: Guilford Press.

Ehrensaft, M. K., Langhinrichsen-Rohling, J., Heyman, R. E., O'Leary, K. D., & Lawrence, E. (1999). Feeling controlled in marriage: A phenomenon specific to physically aggressive couples? *Journal of Family Psychology*, *13*, 20–32.

Eisler, R. M., Franchina, J. J., Morre, T. M., Honeycutt, H. G., & Rhatigan, D. L. (2000). Masculine gender role stress and intimate abuse: Effects of gender relevance of conflict situations on men's attributions and affective responses. *Psychology of Men and Masculinity*, *1*, 30–36.

Fagan, J. (1990). Intoxication and aggression. In M. H. Tonry & J. Q. Wilson (Eds.), *Drugs and crime* (pp. 241–320). Chicago: University of Chicago Press.

Finn, J. (1985). Men's domestic violence treatment groups: A statewide survey. *Social Work with Groups*, *8*, 81–94.

Gondolf, E. W. (1985). *Men who batter: An integrated approach for stopping wife abuse*. Holmes Beach, FL: Learning Publishers.

Gondolf, E. W. (1997). Batterer programs: What we know and need to know. *Journal of Interpersonal Violence*, *12*, 83–98

Gondolf, E. W. (2000). A 30-month follow-up of court-referred batterers in four cities. *International Journal of Offender Therapy and Comparative Criminology*, *44*(1), 111–128.

Gorney, B. (1989). Domestic violence and chemical dependency: Dual problems, dual interventions. *Journal of Psychoactive Drugs*, *21*, 229–238.

Gortner, E. T., Gollan, J. K., & Jacobson, N. S. (1997). Psychological aspects of perpetrators of domestic violence and their relationships with the victims. *Psychiatric Clinics of North America*, *20*, 337–352.

Gottman, J. M., Jacobson, N. S., Rushe, R. H., Shortt, J. W., Babcock, J., La Taillade, J.J., & Waltz, J. (1995). The relationship between heart rate reactivity, emotionally aggressive behavior, and general violence in batterers. *Journal of Family Psychology*, *9*, 227–248.

Hage, S. M. (2000). The role of counseling psychology in preventing male violence against female intimates. *The Counseling Psychologist*, *28*, 797–828.

Holtzworth-Munroe, A., Meehan, J. C., Herron, K., Rehman, U., & Stuart, G. L. (2000). Testing the Holtzworth-Munroe and Stuart (1994) batterer typology. *Journal of Consulting and Clinical Psychology*, *68*, 1000–1019.

Holtzworth-Munroe, A., & Stuart, G. L. (1994). Typologies of male batterers: Three subtypes and the differences among them. *Psychological Bulletin*, *116*, 476–497.

Jasinski, J. L., & Williams, L. M. (Eds.), (1998). *Partner violence: A comprehensive review of 20 years of research*. Thousand Oaks, CA: Sage.

Kaufman-Kantor, G., Jasinski, J., & Aldorondo, E. (1994). Sociocultural status and incidence of marital violence in Hispanic families. *Violence and Victims*, *9*, 207–222.

Kivlighan, D. M., & Goldfine, D. C. (1991). Endorsement of therapeutic factors as a function of stage of group development and participant interpersonal attitudes. *Journal of Counseling Psychology*, *38*(2), 150–158.

المنارة للاستشارات

Kivlighan, D. M., & Holmes, S. E. (2004). The importance of therapeutic factors: A typology of therapeutic factors studies. In J. L. DeLucia-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 23–36). Thousand Oaks: Sage Publications.

Lawson, D. M., Dawson, T. E., Kieffer, K. M., Perez, L. M., Burke, J., & Kier, F. J. (2001). An integrated feminist/cognitive-behavioral and psychodynamic group treatment model for women who abuse their partners. *Psychology of Men & Masculinity*, *2*, 86–99.

Leonard, K. E., & Blane, H. T. (1992). Alcohol and marital aggression in a national sample of young men. *Journal of Interpersonal Violence*, *7*, 19–30.

Margolin, G. (1998). Effects of domestic violence on children. In P. Trickett & C. Schellenback (Eds.), *Violence against children in the family and the community* (pp. 57–101). Washington, DC: American Psychological Association.

Murray, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence*, *12*, 607–619.

Pence, E., & Paymer, M. (1993). *Educational groups for men who batter: The Duluth model*. New York: Springer.

Rennison, M., & Welchans, S. (2000). Intimate partner violence. *Bureau of Justice Statistics Special Report*. US Department of Justice: The Office of Justice Programs.

Schwartz, J. P., & Waldo, M. (1999). Therapeutic factors in spouse abuse group treatment. *The Journal for Specialists in Group Work*, *24*, 197–207.

Schwartz, J. P., & Waldo, M. (2003). Reducing gender role conflict among men attending partner abuse prevention groups. *The Journal for Specialists in Group Work*, *28*, 355–369.

Schwartz, J. P., & Waldo, M. (2004). Group work with men who have committed partner abuse. In J. L. Delucea-Waack, D. A. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 576–592). London: Sage.

Schwartz, J. P., Waldo, M., & Daniel, D. (2005). Gender role conflict and self-esteem: Predictors of partner abuse in court referred men. *Psychology of Men and Masculinity*, *6*, 109–113.

Stark, E., & Flitcraft, A. (1996). *Women at risk: Domestic violence and women's health*. Thousand Oaks, CA: Sage.

Stith, S. M., & Farley, S. C. (1993). A predictive model of male spousal violence. *Journal of Family Violence*, *8*, 183–201.

Straus, M. A. (1999). The controversy over domestic violence by women: A methodological, theoretical, and sociology of science analysis. In X. B. Arriaga & S. Oskamp (Eds.), *Violence in intimate relationships* (pp. 17–44). Thousand Oaks, CA: Sage.

Straus, M. A., & Gelles, R. J. (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction Publishers.

Waldo, M. (1985). A curative factor framework for conceptualizing group counseling. *Journal of Counseling and Development*, *64*, 52–58.

Waldo, M. (1987). Also victims: Understanding and treating men arrested for spouse abuse. *Journal of Counseling and Development*, *64*, 52–58.

Wheeler, I., O'Malley, K., Waldo, M., Murphey, J., & Blanck, C. (1992). Participants' perception of therapeutic factors in groups for incest survivors. *The Journal for Specialists in Group Work*, *17*, 89–95.

Yalom, I. D. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York: Basic Books.

المنارة للاستشارات

Copyright of Journal for Specialists in Group Work is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.