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# Rationale for using group therapy with couples affected by domestic violence

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# Rationale for using group therapy with couples affected by domestic violence

## **Abstract**

This paper defines battering and batterers, highlights some of the treatment interventions already in place for batterers, and provides a rationale for using couples group therapy for those people who choose to remain in a relationship after there has been at least one incidence of domestic violence resulting in the arrest of one of the partners. The paper describes what this type of group format might look like, and takes a look at the criticisms of couples group therapy and the cautions associated with such a group. Finally, this paper summarizes the future direction of domestic violence treatment.

RATIONALE FOR USING GROUP THERAPY WITH  
COUPLES AFFECTED BY DOMESTIC VIOLENCE

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Master of Arts

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by  
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## Introduction

Domestic violence is a social problem that permeates race, color, social economic status, and age. In conservative figures, more than 2 million women are assaulted each year by their male partners (American College of Obstetricians and Gynecologists, 1995). This figure is estimated to be only about half of the actual incidence. At this rate, nearly 1 in every 4 women will be abused by a current or former male partner sometime during their lives.

The American Medical Association guidelines (American College of Obstetricians and Gynecologists, 1995) reported that 47% of husbands that beat their wives do so three or more times a year. This violence accounts for the death of one third to one half of female murder victims, accounts for 22-35% of women seeking medical care in emergency departments, and accounts for 25% of women who attempt suicide as well as for 25% of women who seek psychiatric services.

These statistics are staggering, especially considering domestic violence is a crime in every state (American College of Obstetricians and Gynecologists, 1995). It is surprising that there is not more public

outrage over this particular crime epidemic.

Fortunately, there are concerned people who are doing something about this situation. There are women's shelters and victim advocacy agencies in cities and towns all across the country. There have been laws passed and programs designed to protect women and punish batterers.

There are also programs and classes in place to re-educate and rehabilitate batterers. Primarily, these programs are psychoeducational in nature and focus on the cognitive restructuring and behavior modification of the batterers. However, as Schutte, Malouff, and Doyle (1988) found in their studies, in most instances, batterers seem able to induce their victims to stay in or return to the relationship. This is one important reason why couples group therapy appears to make good sense. If women are going to return to the relationship, both partners need education on such issues as power and control, fair fighting, time-out contracts, and the cycle of violence.

This paper defines battering and batterers, highlights some of the treatment interventions already

in place for batterers, and provides a rationale for using couples group therapy for those people who choose to remain in a relationship after there has been at least one incidence of domestic violence resulting in the arrest of one of the partners. The paper describes what this type of group format might look like, and takes a look at the criticisms of couples group therapy and the cautions associated with such a group. Finally, this paper summarizes the future direction of domestic violence treatment.

#### Definition of the Population

In recent times, there has been some controversy in mental health and research literature surrounding the definition of various terms associated with domestic violence. Such terms include "wife assault", "battering", "abuse", "violence", "family violence", and "domestic violence" (Stordeur & Stille, 1989). These many similar terms can be very confusing not only to the professionals in the field, but also to the general public.

Saunders (1988) writes that caution should be exercised in using certain terms. Different terminology shapes people's perceptions of events,

helps to define social problems, and may eventually determine what services are provided. Therefore, he concluded, marital violence events need to be studied in context. It is important that researchers employ caution in applying labels to verbal accounts of events.

With this in mind, a clearer definition of "battering" seems most relevant for the purpose of this paper. Deschner (1984) defined battering as "a series of physical injurious attacks on an intimate or family member that forms part of a repeated habitual pattern" (p. 21). Other definitions, such as Walker's (1979) place more emphasis on the purpose of battering. Walker defined battering as "any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without concerns for her rights" (p. xv). Still other authors, such as Anne Ganley (1981), do not distinguish between the above-mentioned terms.

Anne Ganley (1987) defines wife battering as the "assaultive behavior between adults in an intimate, sexual, theoretically peer, and usually co-habiting relationship" (p. 8). Although not evident in this



definition, Ganley clearly noted in her writings that she is describing male behavior.

Ganley (1981) breaks battering down into four forms: (1) physical, (2) sexual, (3) destruction of property and pets, and (4) psychological. This is consistent with other authors (Bograd, 1984, 1988; Pence, 1985; Stordeur & Stille, 1989) who view battering as one act on a continuum of controlling and abusive behaviors whereby a male maintains power over his female partner in a relationship. Today, the third form (destruction of property and pets) is included under a new category heading of intimidation (Schechter, 1987).

This last definition is the one this author has adopted for this paper. The term "batterer" is used specifically for men who have been arrested and convicted of domestic violence.

#### Previous Treatment Interventions

Treatment for batterers was established in 1985 (Margolin & Burman, 1993). Most treatments formats are in the form of group therapy. These groups are often psychoeducational in nature and primarily deal with anger control (Stordeur & Stille, 1989). Anger control

is managed through education in three areas. One area is relaxation and stress reduction. A second area is accurate identification of emotions and cognitive restructuring (Margolin & Burman, 1993; Tolman & Edleson, 1995). In other words, learning to think about things in new way. The third area is interpersonal skills development. These are skills that help people relate to and interact with one another.

Another area that many groups also incorporate is a gender analysis of battering (Tolman & Edleson, 1995). A gender analysis involves studying how something, in this case battering, differentiates between males and females. In other words, a gender analysis studies what the purpose of battering is for men as compared to the purpose it has for women. This analysis views battering as a function of male control over women in intimate relationships. Men, because of their size, strength, and male gender role stereotypes (e.g., males are dominate, authoritarian, and the heads of families) are more powerful than women and they use this power to control and intimidate women.

Interventions are used in balancing this power and

control between batterers and their partners. There is special focus on male gender role stereotypes, and how stereotypes shape men's abusive behaviors and the beliefs that underlie those behaviors. Gender role stereotypes are the values and beliefs that a child learns from society about the roles he or she has as a male or female. For example, some men often grow up with the belief that women are property and treat them as such. Other stereotypical beliefs about gender roles include husbands being the head of the household and the primary decision maker, men being the primary bread winner while women stay home and take care of the children and the household, and women in the supportive, caretaker role (Zigler & Stevenson, 1993).

Stordeur and Stille (1989) listed several treatment groups that are well-known around the country. They are the Domestic Abuse Project (DAP) in Minneapolis, MN., Domestic Abuse Intervention Project (DAIP) in Duluth, MN, RAVEN in St. Louis, MO, EMERGE in Boston, MA, and AMEND in Denver, CO. All of these programs share one central focus. This focus is to educate the batterer about his violence, attempt to have him accept his responsibility for his violence,

and understand how his violence damages his family and himself (Margolin & Burman, 1993). Confrontation is a crucial and often used technique due to batterers' tendencies to minimize or deny their violent behavior (Ganley, 1981). Confrontation is strongly pointing out inconsistencies of what the batterer is saying and what he is doing, and/or defining instances when the batterer is abusing his partner. This abuse could be physical or it could be that he is using his power and control to humiliate, degrade, and/or disrespect his partner. This type of abuse is often termed emotional, psychological, and/or verbal abuse.

These programs vary in length, but most are between six and thirty-two weeks (Eisikovits & Edleson, 1989; Tolman & Bennett, 1990). According to Jennings (1987), these programs generally have relatively structured formats, which also include peer accountability of the group members. This means that group members are responsible for, and encouraged to, confront each other about past behaviors, especially the abusive and the violent behaviors.

This treatment method has not shown to be all that effective, at least when used alone (Gondolf & Russell,

1986). Follow-up evaluation indicates that anger control methods may result in less physical abuse, but an intensified psychological abuse of the victims. Usually this form of treatment is recognized as having effective short term effects, with the understanding that more long-term follow-up is needed.

#### Couples Group Therapy

The most compelling reason for choosing couples group therapy is that many women choose to remain with their partners, despite there have being at least one instance of physical violence in the relationship. In fact, Sonkin (1987) suggested couples group counseling can be very helpful in those cases where the violence is relatively less severe, and the batterer is utilizing anger management techniques on a regular basis.

Schutte, Malouff, and Doyle (1988) studied a group of battered women, and found that in most instances batterers seem to be able to persuade their victims to stay in or to return to the relationship. The authors also found that this was less true of more highly educated women. Couples group therapy might provide enough education to these undereducated women and their

partners to make an informed decision about their relationship. Education might facilitate the women in leaving the relationship and/or it might facilitate change in the behavior of the batterers.

Another compelling reason for couples group counseling is that involving both partners in the counseling process most often increases the possibility of attaining basic counseling goals with "domestic violence-affected" couples (Lawson, 1989). The first of these goals is the cessation and prevention of violence. Treatment is at least somewhat effective if there are no further instances of physical violence. The second goal is an increased acceptance of individual responsibility, primarily, but not solely, by the batterer. This is not to say that the victim is responsible for the battering, but only that battering occurs in a dysfunctional system. The batterer is responsible for the violent, battering behavior, but are not fully responsible for the dysfunctional system in which the violence occurs. Women need to take some responsibility in changing the dysfunctional system. The third goal is expanded perceptual and behavior options of the couples' attempted solutions. Through

education and a new perception of the dysfunctional system, the couple will have more options in their repertoire to deal with conflict resolution and each other. A fourth goal is to establish couple differentiation. In other words, men and women have different roles within our society. Many of these roles are defined by the various stereotypes of men and women. Thus, men and women are not equal, but they are equivalent, or at least should be, in terms of power and control. Finally, the fifth goal is to gain a new systematic reequilibrium. As mentioned earlier, physical violence occurs in a dysfunctional system of which there is an imbalance of power and control. If the husband changes and no longer batterers, but the system does not change, someone else in the system will take on the role of the batterer. This means that the whole system needs to be changed and re-balanced in order for the violence to stop.

The theoretical perspective of these groups is usually cognitive or cognitive-behavioral (Tolman & Edleson, 1995). In other words, these groups attempt to identify and challenge the irrational or distorted beliefs and behaviors of the batterers. This is

consistent with most batterer's groups. This theoretical perspective also is consistent with the seven commonalities of effective treatment (Stordeur & Stille, 1989). These commonalities include (1) a clear and consistent primary goal of ending the violence, (2) a focus on the batterer taking responsibility for his behavior, (3) the use of confrontation as a primary intervention, (4) applying a psychoeducational approach, (5) the use of a structured format, (6) having the counselor or facilitator taking a direct and active approach, and (7) the utilization of groups.

As with all groups, screening of potential members is extremely important (Corey & Corey, 1992). Screening is done to find members who are ready for and appropriate for the group. Group members should be able to contribute to and benefit from the group. This is especially true for couples group therapy due to the increased probability for continued violence with the sharing of personal and condemning information in the group setting between the batterer and his partner. Thus, for a couples group, it is imperative that there is no current violence going on in the relationship immediately prior to and for the duration of the group.



It is important to assess each partner individually for this information through the use of personal interviews (Lawson, 1989). It is also important that the batterers have completed an education course about domestic violence. This way they will already be aware of some of the issues they will be confronted with during the group. Hopefully, this will decrease their level of defensiveness during the group and increase their acceptance of what is being taught to them.

There really is no effective or well-known model of couples group therapy to copy. However, since this is a complex and intense issue with which to deal, the size of the group should be kept to a minimum. Four to five couples in one group should be the maximum number. This will then result in eight to ten group members for two facilitators. A one and a half to two hour group session is ideal. This allows enough time to get everyone involved, and yet not too long so that the group members or facilitator would become exhausted and lose focus. The length of the group can vary due to the needs of the group members. In general, eight to ten weeks seems like a reasonable amount of time (Corey & Corey, 1992).

### Cautions of Couples Group Therapy

When undertaking couples group therapy with batterers and their partner victims, there are some precautionary steps to take. Perhaps the most important step is screening (Costa & Holliday, 1993; Lawson, 1989). Not all couples are appropriate for couples group counseling, and, in addition, the probability for continued violence is quite high (Yegidis, 1992). Therefore, first and foremost, it is imperative that the batterer has completed a course in batterer's education before being considered as a candidate for couples group therapy. Batterer's education focuses having the batterer take personal responsibility for his own behavior.

Couples should be screened individually to make sure conjoint therapy is something they each want and feel safe doing. Individually screening each potential member can also help ensure that there is no violence currently occurring in the relationship. Victims are much more likely to admit that there is violence occurring if they can say so in a confidential environment. Current violence should be an automatic rejection or dismissal from couples group therapy.

Margolin and Burman (1993) suggested the use of non-violence contracts for couples for the duration of therapy.

Lawson (1989) writes that screening for alcohol use and abuse is another good reason to screen couples. Although alcohol has not been identified as a cause of domestic violence, it is highly correlated with violence in domestic situation (Byles, 1978; Cleek & Pearson, 1985; Flanzer, 1993; Gelles, 1993; Kaufman Kantor, & Straus, 1989; Stewart & DeBlois, 1981).

Another important consideration when doing couples group therapy is the use of co-facilitators. While there is no research that indicates two male or two female facilitators are more effective than one male and one female facilitator, there are some potential benefits to having the latter. One benefit is to have a female facilitator trained in victim advocacy who can recognize when the victim might be in further danger. Another benefit is that if the facilitators ever decide to split the group, the female facilitator can work with the victims, while the male facilitator is working with the batterers. A third benefit is modeling. A female and a male facilitator can model equalitarian

behavior and interaction between males and females. Appropriate behavior includes respecting and valuing each other and opinions, compromising on conflictual issues, and modeling conflict resolution in non-controlling ways.

### Criticisms

There are many critics of couples group therapy. Many of their criticisms come from feminist clinicians and victim advocacy workers (Bograd, 1992). Bograd named some of these criticisms as being a compromised therapeutic alliance (which is siding with either the batterer or the victim), an increased risk of danger for the victim, interventions that indicate at least partial responsibility on the part of the victim, and/or decreased leverage with the batterers.

Schechter (1987) is also a strong advocate against the use of couples group therapy in cases of domestic violence. She stated that couples therapy, although probably not intentionally, suggests that the victim is responsible for the batterer's behavior; that is they focus on the victim's responsibility rather than the batterer's responsibility. This can be corrected by focusing on the batterer's responsibility for the

violence and the couple's responsibility for the dysfunctional system that needs to change. Other reasons cited by the author include the possibility of the batterer using couples group therapy as a way to blame the victim for the violence and thus, deny full responsibility. This issue should have been dealt with in the batterer's education program that the batterer should be required to successfully complete prior to couples group therapy. The batterer may also use couples group therapy to monitor what the woman says and control her access to advocacy. This can be controlled by periodically doing same gender groups as a safety check against the batterer's control over the victim. The batterer may use therapy as a way to maintain contact with the woman and thus, attempt to maintain some control over the woman. This criticism is discounted by the requirement that both members of the couple must want to maintain their relationship. The batterer and his victim need to be screened individually to find out this information. And lastly, couples group therapy does not allow for the need of the couple to work on needs that can not be addressed together primarily for safety concerns. This criticism

is nullified by the requirement of both the batterer and the victim to be able and willing to address all issues including the violence and how it happened.

#### Future Direction

Tolman and Edleson (1995) suggest, in the light of inconclusive findings in recent studies on the effectiveness of current treatment methods, there is a need for broader intervention and prevention efforts in the area of domestic violence. Specifically, there needs to be an effort to target the special needs of different people rather than a "one size fits all" idealism. Some of these special needs include first time offenders, batterers who are only violent with their partners as opposed to those who are generally violent, batterers with significant mental health problems, and batterers of minority races and cultures.

#### Conclusion

In conclusion, domestic violence is a social problem in our country that has reached epidemic levels. Domestic violence is now a crime in every state and usually there is a mandatory arrest of anyone who has caused physical injury to another person in a domestic situation.

Most states and communities have chosen to deal with the batterer and the victim separately. For the most part, these are effective methods of treatment. However, there are many times where the couple decides to stay together despite the domestic abuse. Therefore, couples group counseling could be an option to help these couples in improving their relationship and ending the violence. Of course, there are some cautions to be aware of and this method of treatment is not appropriate for all couples. There needs to be further research to study how to better utilize couples group counseling as a treatment method for domestic violence.

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