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Group Therapy for Male Batterers: A Chinese Experience

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Abstract

Objective: To examine the effectiveness of treatment groups for Chinese male batterers.

Method: A single group research design with pre-test and post-test was employed. Results:

Results showed that the level of physical assault and psychological aggression at post-test was lower than the level at pre-test. The findings based on the reports of caseworkers indicated that after the group intervention, 78.6% of the participating batterers stopped using violence against their female partners. The findings based on the low dropout rate indicated successful engagement with the respondents. Conclusion: The present study provides some evidence to support the effectiveness of treatment groups for Chinese male batterers.

(no. of words: 103)

**KEY WORDS:** Group therapy; family violence; Chinese male batterers, Hong Kong

Stopping domestic violence is the primary concern of intervention in family violence. The public is becoming aware that the social cost of marital violence is great and that it is now a major health problem in our society. Society commits a lot of resources to protecting and rehabilitating victims of marital violence by providing shelters, medical and legal services (Wallace, 2002). If the impact on the victims of marital violence is taken into account, the social cost is impossible to estimate.

Intervention in family violence has gone through different stages, from the protection and rehabilitation of battered women, to the punishment and then treatment of male perpetrators. Since the launching of the first batterers' program EMERGE in 1977, many treatment programs have been organized. Batterer intervention programs are extremely diverse (Rosenbaum & Leisring, 2002). Existing batterers' programs are mainly group-based (Ronel, 2003), psycho-educational (Edleson & Tolman, 1992; Gelles, 1997; Tolman & Bennett, 1990), cognitive-behavioral (Eisikovits & Edleson, 1989), supportive (Farley & Magill, 1988), use of a Feminist perspective (Adams, 1988), or a combination of approaches but with different emphases (Tolman & Edleson, 1995, p.264).

In recent years, increasingly more concern has been given to the treatment of male batterers in Hong Kong. According to statistics from the Centralized Information System of the government of Hong Kong, the number of battered spouse cases increased from 1,009 in 1998 to 3034 in 2002, representing a threefold expansion in five years. About 92% of spouse

abuse victims were women. Among these cases, 97.8% of the perpetrators were husbands and 2% were cohabitantes. About 97% of the cases involved physical abuse. Unlike in some Western societies, there is no court-mandated program for batterers in Hong Kong. As batterers usually lack motivation and do not like to seek help, the recruitment rate of batterers for treatment programs is very low. To develop court-mandated treatment for batterers in the future, the effectiveness of group treatment has to be demonstrated. This study examines the effectiveness of the first two treatment groups for Chinese male batterers in Hong Kong and the Mainland China.

### **Special Features of Treatment Groups for Chinese Male Batterers**

Utilizing the Duluth model (Pence & Paymar, 1993) and the cognitive behavioral approach, the two groups under investigation mainly focused on changing abusers' belief systems. Abusive belief systems are characterized by beliefs in the centrality, superiority, and deservedness of the self. The objective of the group interventions were to change the abusive belief systems of the abusers so that they came to believe in respectful behavior and considered a marriage as a connected, equal, and mutually engaged relationship (Russell & Frohberg, 1995). The treatment proceeded mainly by bringing abusive beliefs to awareness, highlighting the problems with them, confronting them, and considering alternatives to them. As the abusive behavior is mediated by the abusive beliefs, changes in behavior were expected. Anger control techniques were taught through relaxation exercises and time-out

contracts. The gender role expectations for men and women, and men's stress and pain were fully addressed in the group. The basic assumptions of the group design were: (a) violence against women is not the fault of the women; and (b) the abuser should be responsible for his abusive behavior.

The ultimate goal of the group treatment was to stop abusive behavior. This was to be achieved by changing abusive beliefs and training the men to control their anger. The group experience provided a social environment in which the abusers could challenge their abusive beliefs through self-disclosure and examination, and receive support and feedback. The working stages of the group process were: (1) setting the stage – to develop group cohesion and a supportive environment for self-disclosure; (2) sharing personal stress; (3) understanding abusive behaviors and identifying abusive beliefs about relationships; (4) identifying the consequences of abusive beliefs and confronting the abusive beliefs – admitting the unwanted consequence, guilt, shame, and regret resulting from abusive behavior through role-playing and directed questions; (5) developing respectful beliefs and training the men to listen respectfully; and (6) preparing a peaceful separation, if necessary.

Each group met for eight sessions. The frequency of the group sessions was once a week and the duration of each session was two hours. The format of the group mainly involved sharing, skills training, and homework assignments. Mutual support was enhanced through the group process. The group was co-led by one female and one male social worker. The

importance of male-female co-leadership has been emphasized by earlier researchers (Ammerman & Hersen, 1990; Russell & Frohberg, 1995). The existence of a female leader can effectively disrupt a masculine culture and facilitate the enactment of the effects of being abused, modeling, and the practice of respectful female-male relations.

## **METHOD**

### **Subjects**

The aim of this research was to study the effectiveness of group treatment for Chinese male batterers. Sampling was purposive to include those subjects who fitted the requirements of the study. Criterion sampling (Patton, 1990, p. 176) was adopted to select all cases that met predetermined criteria. The inclusion criteria were: (a) male, 21-55 years old; (b) reports of two or more violent incidents against the female partner in the year preceding the research interview; (c) married or cohabiting with the female partner for at least six months; and (d) able to read, write simple Chinese, and speak Cantonese. The exclusion criteria were: (a) active psychotic symptoms, such as hallucinations and delusions; and (b) mental retardation.

### **Research Design**

The study of the effectiveness of the group treatment for male batterers was mainly based on the data collected through a single group pre-test and post-test research design using the revised version of the Conflict Tactics Scale. As is common with intervention research, this study met with difficulty when forming control groups. A randomized design involving a

no-treatment control group was ruled out on ethical grounds. Instead, measurements of the respondents' evaluation of the violence were conducted during the following two time periods: within one month before the group treatment (pre-group measurement) and within one month after the group treatment (post-group measurement).

### **Instrumentation**

The occurrence of wife abuse was measured by the revised Conflict Tactics Scales (CTS2) (Straus et al., 1996). The CTS2 is a 39-item self-report questionnaire which contains five scales (negotiation, psychological aggression, physical assault, sexual coercion, and injury). Each scale also has minor and severe subscales. The negotiation scale was excluded in the study, which focused mainly on the wife abuse scales. The internal consistency reliability of the CTS2 scales ranges from .79 to .95. The CTS2 scales have been translated into Chinese and showed satisfactory reliability ( $\alpha$  ranged from .78 to .88) (Chan, 2000). In this study, the Chinese translation of the CTS2 showed satisfactory reliability ( $\alpha$  ranged from .67 to .89).

### **Data Collection**

The respondents were required to report on the CTS2 before and after the group treatment. The purpose of this was to check if the violence used by the respondents had been reduced. However, such an evaluation could not rely solely on the batterers' self-reports as they usually responded to the CTS2 less honestly than their partners. Male batterers are likely



to minimize and deny their use of violence, and even externalize their responsibility in an attempt to explain violent behavior that seems to be out of their control (Edleson & Brygger, 1986; Stordeur & Stille, 1989; Walker, 1979). The underreporting of violence is common among batterers (Ptacek, 1988). Reports from a third party, for example their partners, are recommended (Stith & Straus, 1995). However, it is not advisable to contact their partners because it may make the batterers anxious and would not be helpful in the establishment of a trusting working relationship. Instead, reports from their caseworkers are a better alternative because they keep in touch with the couples. Caseworkers are more ready to report if the violence has ended and their reports are more reliable. The caseworkers in this study were requested to report on whether the violence had been reduced or had stopped altogether, on any changes in the batterers' behavior, and on how the group treatment helped the batterers.

The dropout rate was recorded to reflect the participation of the respondents. The dropout rate has a significant effect on the calculation of group effectiveness. High dropout rates make it difficult to interpret the outcome data of studies on the effectiveness of psychotherapeutic treatment, but low dropout rates are an indicator of the level of engagement in the treatment process. Psychotherapy process research shows that effective engagement predicts a positive treatment outcome (Horvath & Greenberg, 1994).

The quantitative analysis was based on reported data that were collected using the CTS2 during the pre-group and post-group measurements. Because the sample size was small, a

nonparametric Wilcoxon's test was used to explore the differences among the CTS2 scores obtained from the pre-group and post-group.

## RESULTS

Seventeen men who had used violence against their female partners were recruited for the two treatment groups for male batterers. The majority of them were referred by social workers from family service centers, school social work services, and a refuge for battered women. Only two respondents were self-referred. The group respondents were middle-aged, from 30 to 55 years old. The mean age was 43.5 years. Thirteen respondents were educated to secondary school level. Six respondents were divorced or separated at the time of the interview. They came from a variety of occupational backgrounds: they included laborers, skilled workers, technicians, a salesman, businessmen, a policeman, a correctional officer, and teachers. About 30% of them were unemployed. Most of their female partners were housewives. All of them had children (see Table 1).

[Table 1 about here]

The types and severity of violence used by the respondents against their partners were analyzed, based on the results of the CTS2. All respondents reported having used physical violence against their female partners. About 30% of them reached to a severe level of assault. About 41.2% of the respondents reported sexual abuse. They were mainly family-only batterers, according to Stuart and Holtzworth-Munroe's (1995) classification. They were not

psychopathic and were unlikely to be violent outside the home. They had no history of substance abuse or criminal behavior. They had inflicted minor to severe levels of spousal violence, but not severe enough to be prosecuted. There were no reports of child abuse, though some of the respondents might have had severe conflicts with their children. Most of them had been referred by their social workers who were from different kinds of social services such as family services and medical social services. They were relatively motivated to seek help, though they had struggled over it for a long time. The risk factors of spousal violence were stress, poor social support, childhood exposure to parental violence, alcohol abuse, spousal conflicts, and gender role conflicts. Anger and frustration were always the preceding emotions of violence.

### **The Revised Conflict Tactics Scale**

Thirteen of the group members completed the pre-group and post-group tests using the CTS2. Four members did not complete the post-group test because three of them dropped out from the groups before termination and one had personal problems and so did not show up in the post-group interview. The respondents were asked to report on their behavior toward their wives during conflicts over the past year on an eight-point scale, with 0 = never, 1 = once, 2 = twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = 20 items, and 7 = not in the past year but it did happen before. Scores of 7 were ignored in this study because it focused mainly on behaviors occurring in the previous year. For the post-group test, the respondents

were asked to report on the same items over the past two months; that is, during the period in which the groups met.

The results of the nonparametric Wilcoxon's test revealed a significant difference in the physical assault and psychological aggression subscales (see Table 2). The use of physical assault dropped from a mean of 5.61 at the pre-group measurement to a mean of .31 at the post-group measurement, and the use of psychological aggression dropped from a mean of 27.15 to a mean of 8.62. This showed that the group intervention had effectively reduced physical assault and psychological aggression, as perceived by the respondents, by a significant degree. The two subscales also indicated a reduction of sexual coercion and injury, though the changes were not significant.

[Table 2 about here]

### **Reports of the Caseworkers**

All the group respondents sought counseling after the group treatment. The caseworkers of the 14 respondents who completed the group treatment were asked to report on the changes. The time of reporting was one-and-a-half years after the termination of each group. According to their caseworkers' reports, nine of them were still living with their partners after the group had ended. Five of them were divorced but they were all still in contact with their partners. The caseworkers were in contact with the female partners who were also receiving counseling services from the caseworkers' agencies. Thus the caseworkers had a

good understanding of the family situation and spousal dynamics.

From the report of the caseworkers, 11 out of the 14 respondents who completed the group treatment had stopped being violent after the termination of the treatment. This makes a success rate of 78.6%. If the number of respondents who dropped out is included, the success rate drops to 64.7%, which is still satisfactory. It should be noted, however, that the research design was not really scientific enough because there was no control group for comparison. The counseling effect during the follow-up period might also have had a positive impact on the occurrence of violence. However, most of the caseworkers attributed the changes to the group treatment. They reported how the respondents talked about the usefulness of the group. In general, they felt that the group was both supportive and useful. They were able to learn from others, expand their perspective when solving problems, and gain insight into the dynamics of spousal relationships. They found the training in anger management very useful as well. As a high degree of mutual trust had developed within the group, the male respondents became more open about their violence in individual counseling sessions. In summary, the caseworkers appreciated that the group treatment for the male batterers was effective at ending violence, enhancing techniques of anger control, and providing a supportive group environment. The respondents came to feel more responsible for stopping the violence and were more receptive to the concept of gender equality.

### **Dropout Rate**

From our experience, it is a difficult task to recruit male abusers to participate in a group voluntarily. Even when they have joined a group, it is easy for men to be affected by changing life events, such as unemployment and work stress, and so it can become hard for them to continue to participate in the group. As premature termination is common, the dropout rate as well as the completion rate can be used as an indicator of the level of engagement of the male batterers. Psychotherapy process research shows that effective engagement predicts a positive treatment outcome (Brown & O'Leary, 2000; Brown, O'Leary, & Feldbau, 1997).

A total of 17 male batterers joined the two groups, 14 of whom completed all the group sessions. Thus, only three dropped out. Two of those three did, at the caseworkers' invitation, return to attend the post-group individual interview. They both indicated that they did want to join the groups but were overwhelmed with problems at work in one case and unemployment in the other. The dropout rate was about 17.6%, which means the completion rate was 82.4%. Such a dropout rate is relatively low compared with those of other programs for male batterers, which spanned a high range of one-third to one-half (Edleson, 1996) and in one case reached two-thirds (Gelles, 1997, p. 163). The low dropout rate of this study speaks to a successful engagement with the respondents.

## **DISCUSSION AND IMPLICATIONS**

As there is no mandatory counseling for male batterers in Hong Kong, the profile of the

respondents is confined to those who have participated in the treatment voluntarily. It is uncertain if the model would be applicable to men who have used severe violence; for instance, those who have used a weapon or intended to kill. Based on our experience of working with male batterers, it is believed that the model can serve as an initial framework for understanding severe violence in men.

The study of family violence in Hong Kong is still in its infancy. We have little knowledge of the risk factors relating to spousal violence and of the psychosocial needs of male batterers. For the better development of research and practice, the change processes of male batterers in groups should be articulated; for example, how abusive beliefs are changed and abusive acts stopped. How caseworkers' therapeutic interventions bring about change should also be expressed. Research of this kind can be conducted by documenting batterers' changes and caseworkers' tasks in the form of a manual. This would have the added benefit of standardizing the treatment model for further research into outcome effectiveness. Regarding the research design, an experimental or quasi-experimental design that makes use of control groups is needed in future research to better demonstrate the effectiveness of the group model. Though the research design of the present study might not be very empirical, it could serve as an effective vehicle for needs assessment and group evaluation.

In Hong Kong, there is no specific policy on family violence. The criteria for wife abuse are not well defined. As the definition of wife abuse is ambiguous and as Chinese culture

encourages a tolerance of family violence, the community, professionals, and members of violent families tend to tolerate violence until detrimental effects are identified. There is a need to review existing policy and to launch anti-violence policies in the form of legal amendments and social services coordination involving medical, housing, social welfare, and education services.

The study has aimed not only at examining the effectiveness of group treatment, but also at providing a knowledge base for the development of a practice model suited to Chinese male batterers and to the larger population of Chinese men. It is hoping that this study can contribute to the well-being of female victims, their children, and the men who have used violence against women.



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Table 1

Personal particulars of the respondents

	Background information	No. of respondents (%) (N=17)
Age	30-39	7
	41-49	7
	50-55	3
Education	Primary level	9
	Junior secondary level	2
	Senior secondary level	2
	University	4
Marital status	Married	11
	Divorced or separated	6
Occupation	Teacher	2
	Policeman or Correctional Officer	2
	Businessman	2
	Salesman	1
	Skilled worker	8
	Laborer	2
Employment status	Employed	12
	Unemployed	5
Employment status of female partner	Housewife	10
	Employed	7
No. of children	1	7
	2	5
	3	4
	4	1

Table 2:  
Results of the CTS2

	Mean	S.D.	N	Asymp. Sig.
<u>Physical assault</u>				
Pre-group assessment	5.61	7.53	13	.018
Post-group assessment	.31	.85	13	
<u>Sexual coercion</u>				
Pre-group assessment	2.38	6.83	13	.202
Post-group assessment	.23	.60	13	
<u>Injury</u>				
Pre-group assessment	1.69	2.18	13	.236
Post-group assessment	1.38	4.70	13	
<u>Psychological aggression</u>				
Pre-group assessment	27.15	28.85	13	.033
Post-group assessment	8.62	14.52	13	