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An Evaluation of Group Intervention Programs for Violent and Abusive Men

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Using the Abusive Behavior Inventory and Rosenberg's Self Esteem Questionnaire, we assessed the efficacy of six group intervention programs for abusive and violent men. We predicted that both physical and psychological abuse levels would be significantly lower and that self-esteem would increase significantly post-treatment. The six group programs, involving forty-five male participants overall, were conducted over ten to fourteen weeks in the Melbourne metropolitan area. Sixteen non-abusive male subjects were used as a comparison group. Results indicated that the programs were more effective than no treatment in significantly reducing psychological (but not physical) abuse and had no effect on self-esteem. No post-program differences were found between the comparison and treatment groups. We concluded that the programs had positive effects on the participants, particularly in reduced levels of psychological abuse, and that self-esteem was not a meaningful factor in level of abusive behaviour. The relatively low mean pre-program score on the physical abuse sub-scale for the program groups may explain the lack of significant differences between the physical abuse pre-program and post-program scores.

LITERATURE SURVEY

A variety of theoretical approaches have been proposed to explain domestic violence (Eiskovits and Edleson, 1990; Gelles and Straus, 1979; National Committee on Violence, 1990). Frequently cited explanations include feminist structural analysis (Hatty and Knight, 1985; Adams, 1988; Bograd, 1990; Saunders, 1988; Gondolf, 1993), social learning (Bandura, 1973; 1977; 1982) skills deficits (Holtzworth-Munroe, 1992) and psychodynamic theory (Adams, 1988). Feminist structural analysis and social learning theory are the most popular and, in combination, typically inform the design of men's programs (Wehner, 1985). Most reviews of outcome research show little or no differential effectiveness between the various psychotherapies (Styles, Shapiro, and Elliot, 1986) while indicating that psychotherapy is generally effective (Vandenbos, 1986). The primary impact of brief interventions is motivational, triggering a decision and commitment to change (Miller and Rollnick, 1991).

Group intervention programs for violent and abusive men aim to help participants to take responsibility

for ending their abusive behaviour. The combination of empathy and an emphasis on individual responsibility has a basis in research by Braithwaite (1989) and Bandura (1977; 1982). Braithwaite identified strategies consistent with shaming that are integrative (i.e. not stigmatising) as the most rehabilitative. Bandura found that self-liberation is based in part on the belief that one's own efforts are significant. Jenkins (1990) developed a pro-feminist approach to intervening with male perpetrators of domestic violence that emphasises the rights of women, stresses the taking of individual responsibility for behaviour, and conceptualises causal explanations (e.g. 'I hit her because she deserved it') as barriers to perpetrators' accepting responsibility. Currently, most group intervention programs for violent and abusive men incorporate a range of practical techniques in a social learning context that embraces Jenkins' framework.

Research Difficulties

Difficulties in conducting research into domestic violence are well documented (Follingstad, 1990; Dobash and Dobash, 1990; Yllo, 1988). It is common for abusers to be non-violent for up to several months (Rosenbaum, 1986) which disrupts the reliability of short-term assessments of behaviour change. If the partners are not living together, decreased levels of abuse may actually reflect

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decreased *opportunities* for abuse (Edleson and Syers, 1990; Gondolf, 1993). The long-term cooperation of perpetrator populations is difficult to obtain (McFerran, 1989). Because men typically underestimate their violence (Ptacek, 1988; Gondolf, 1993) the cooperation of partners is desirable to validate incidence rates. However, partner cooperation may be seen as threatening by the men, who then go on to escalate their levels of abuse. Poor attendance and high drop-out rates are common criticisms of programs (McFerran, 1989; Edleson and Syers, 1990; Gondolf, 1990; Ptacek, 1988). Perpetrator self selection and program management selection combine to screen out all but the most motivated men (Frances, 1993) and the in-house nature of much of the research allows limited comparison between groups. The overall picture is further complicated because few programs are consistently evaluated using the same methodology (Gondolf, 1990). Research findings on programs are considered far from definitive (Gondolf, 1987; Eiskovits and Edleson, 1989), and cannot explain why some men are abusive and others are not.

Group Intervention Programs For Abusive Men

Arguments that attribute men's abuse of women to the patriarchal structure of society fail to account for why only some men batter their partners (Devery, 1991). However, it is possible to identify some indicators of increased likelihood of abusive behaviour. Analysis of police and Australian Bureau of Statistics data found unemployment, poverty and the proportion of single parent families in an area reliable socioeconomic indicators of communities at risk of domestic violence in New South Wales (Devery, 1991) and federally (Australian National Committee on Violence, 1990). Increased domestic violence has been correlated with isolation and with decreased *visibility* of behaviour—i.e. behaviour occurring where there is less likelihood of outsiders becoming aware of it (Williams and Hawkins, 1989). Witnessing parental violence appears to result in the intergenerational transmission of abusive behaviour (Australian National Committee on Violence, 1990; Rosenbaum, 1986; Devery, 1991). Frances, Sutton and Adler's (1994) survey of eight programs for abusive men in metropolitan Melbourne reported that 67% of program participants were themselves either victims or witnesses of domestic violence as children. These findings support a social learning approach to the understanding of abusive behaviour. Group programs for violent and abusive men emphasise the social dimension of the change process (Gondolf, 1993).

Low self-esteem and feelings of inadequacy have been found to be indicators of abusive potential. Rosenberg (1965) found low self-esteem significantly correlated with lower social class, broken families, lack of parental interest, and distant, coercive, authoritarian fathering. Rosenberg defined low self-esteem as self-rejection, self-dissatisfaction, and self-contempt. The

correlations reported by Rosenberg suggest connections between low self-esteem, one's placement within society, and social learning factors. However, critics of psychological approaches that address the self-esteem of the perpetrator argue that these approaches divert attention from the real issue of responsibility for behaviour and extend sympathy to the perpetrator rather than to the victim of abuse (Adams, 1988). The potential validity of this criticism is acknowledged by pro-feminist program facilitators who structure their programs within Jenkins' (1990) framework. Nevertheless, self-esteem may be a useful indicator of the likelihood of change in abusive behaviour and the effectiveness of intervention programs.

It is particularly desirable to establish effective group programs for abusive men, as attempts to control domestic violence without working with the perpetrators have been unsuccessful (Rosenbaum, 1986) and many partners will not leave abusive relationships (Wehner, 1985; Rosenbaum, 1986; Devery, 1991). Perpetrators who present for programs are usually very unhappy with their situations and an increasing number of men are seeking help (Frances, 1993). The establishment of effective group programs for abusive men is further warranted by the limitations of the criminal justice system. Gondolf (1990) found no court action was taken against non-compliant court ordered program participants in the USA; in Australia, in only 4% of domestic assault cases was detention enforced in the courts (McFerran, 1989).

Australian Background

Australian rates of non-fatal assault appear high (National Committee on Violence, 1990). A Saulwick Poll (June, 1993) reported that 321,000 Victorians were direct victims of domestic violence. In Australia, the earliest programs for abusive men grew out of the women's refuge movement, with most agencies establishing group intervention programs for abusive men (Jennings, 1987). South Australia funded Australia's first program for abusive men in 1983 (Jennings, 1987). Development of group programs in Victoria first occurred around 1985, in response to legal reform and public meetings (Frances, 1993). The Australian National Committee on Violence (1990) recommended government support for the development of men's preventative programs, subject to systematic controlled evaluation. With the exception of Frances et al. (1994), however, no Victorian research into group programs for abusive men has achieved general publication and none has evaluated more than a single group program.

In general, early developments in intervention programs for abusive men were made in the USA (Baum et al., 1987). Jenkins' (1990) study, conducted in South Australia, is a notable exception. Typically, American group intervention programs are reported effective in reducing violent and abusive behaviour. These findings cannot be generalised to Australian programs as American programs typically include a significant proportion

of court ordered participants (Edleson and Syers, 1990; Gondolf, 1990) not found in Australian programs. Australian programs tend to run for between ten and fourteen weeks, whereas US programs typically run for up to six months (McFerran, 1989; Frances et al., 1994).

Despite methodological differences, local research findings indicate success in preventing physical violence but are less clear about general psychological abuse and attitudinal change. Interviews at Adelaide's Clovelly Park Community Health Centre (Baum et al., 1987), confirmed by partner appraisals, found decreased physical violence after attending programs. Questionnaire data from the Family Violence Scale (Moos and Moos, 1976) and the Index of Spouse Abuse (Hudson and McIntosh, 1981) completed at Adelaide's Domestic Violence Service found that men under-report abusive behaviour and that program participation leads to increased supportiveness of their partners and a decrease in physical violence (Poynter, 1989). However, no change was found in the fear experienced by the partners of the men who participated in studies by Baum, Brand, Colley and Cook (1987) by Poynter (1989). Booth et al. (1993) reported that group intervention program participants, their partners and children, felt that program attendance successfully achieved the changes they desired in their lives. Interviews with participants and their partners at eight metropolitan Melbourne program centres reported that 92% of participants changed their behaviour, 48% of participants' partners reported real differences in their lives and 66% said the programs were worthwhile (Frances et al., 1994).

Hughes (1991) administered the Index of Spouse Abuse (Hudson and McIntosh, 1981), the Family Environment Scale (Moos and Moos, 1976) and the Coopersmith Self-esteem Inventory (Coopersmith, 1981) to Melton's Community Health Centre program participants and found significantly reduced physically abusive behaviour and conflict in the home, but no significant differences in psychological abuse, attitudes towards women, or self-esteem.

AIM AND RATIONALE OF THIS STUDY

We aimed to evaluate the effectiveness of group intervention programs in reducing the incidence of both physical and psychological abuse in group participants. Six Melbourne metropolitan ten to fifteen week programs (see Appendix A) offered their cooperation in this pioneering quantitative assessment. The only similar research done in Australia (Frances et al., 1994) used qualitative methodology to assess, among others, five of the same programs evaluated in the present paper.

We do not aim for a comparative assessment of the different intervention strategies employed in the programs under evaluation. Preoccupation with program modality and curriculum may be misplaced (Gondolf, 1993). A remarkable degree of consistency in approaches has emerged in group programs for abusive men (Wehner, 1985; Rosenbaum, 1986; Frances et al., 1994). Brief (twelve week), structured, psycho-edu-

cational group programs have been found the most effective (Edleson and Syers, 1990). Because abusive men do not present as a homogeneous group (Gondolf, 1993) we considered it to be both realistic and appropriate to accept flexibility in how the programs were applied and differences in the styles of the various program facilitators. The programs overlaid the emphasizing of responsibility on the practical techniques of anger control coaching, time-outs (trigger and physical symptom awareness), sex role attitudinal change and communication skills training.

Problems have been identified with the questionnaires commonly used to measure abusive behaviour. McGregor (1990) points out that the CTS (Conflicts Tactics Scale, Straus, 1979) fails to measure the outcome of violent acts and the context in which they occur. Problems with the reliability of the Family Environment Scale have been raised by Roosa and Beals (1990). Hudson and McIntosh's Index of Spouse Abuse (1981) does not include indirect forms of abuse (Gondolf, 1987). Campbell and Shepard (1992) devised the Abusive Behavior Inventory (ABI) to address the flaws in earlier questionnaires. The facilitators of the programs included in our study were in contact with the partners of the male participants, as a check on the truthfulness of the men's reports.

We sought measures at both the social and psychological levels of analysis, choosing Rosenberg's Self-esteem Questionnaire to measure at the psychological level: it is brief, easy to use, and has good reliability and validity (see Materials sub-section). We did not use a measure of change in attitude, because of the complexity of the links between attitudes and behaviour (Ajzen and Fishbein, 1980; Zanna and Fazio, 1982) and the shortcomings of the current measures of attitudes to women that have been used in previous research (Jean and Reynolds, 1984; Archer, 1989; Archer and Rhodes, 1989; Law, 1976; Smith and Walker, 1991).

We hypothesised that after completing the group programs there would be significant reductions in both physical and psychological abuse and also an increase in self-esteem in the participants. Further, we hypothesised that there would be no significant differences between the program participants and the comparison group on the ABI physical sub-scale, the ABI psychological sub-scale and Rosenberg's Self-esteem Questionnaire post-program scores. In addition, we predicted that there would be no significant differences between the six separate group programs on pre- and post-program scores for the ABI physical sub-scale, the ABI psychological sub-scale and Rosenberg's Self-esteem Questionnaire.

METHOD

Subjects

We approached seventy-three men attending the initial sessions of six group programs. Sixty-seven of these men completed pre-program questionnaires. Eighteen (25%) dropped out during the course of the programs. Forty nine of those approached completed both pre- and post-

program intervention questionnaires. Four pairs of questionnaires were indecipherable and not used. Eight of fifteen program A men, six of eleven program B men, four of fourteen program C men, eleven of twelve program D men, eleven of thirteen program E men, and six of eight program F men completed both our pre- and post-program questionnaires. These 45 men comprised 62% of the original 73 program entrants.

We made a comparison between the treatment group of abusive men and a non-abusive group of men, to gain more information about the differences between men who do and do not identify themselves as abusive. A control group was not possible due to ethical concerns about the possible effects of withholding treatment from abusive men, and we could not find a suitable group of men waiting to enter programs to act as a control. The comparison group, recruited by students completing a Graduate Psychology course at Monash University, consisted of sixteen male volunteers who were in relationships, did not consider themselves abusive, were not considered abusive by the individual who recruited them, and did not attend an intervention program.

Nine partners (wives and girlfriends who did not participate in the intervention program) of the eleven subjects who participated in Program B completed pre-program ABI reports on their partner's behaviour. Two of the men did not have partners. Six (66%) of the nine women completed post-program ABI reports on their partner's behaviour. One of these women was excluded because her partner failed to complete a post-program questionnaire. The response rate for the women was 56%.

Materials

Apart from Rosenberg's Self-esteem Questionnaire (1965), discussed above, the assessment instrument was the Abusive Behavior Inventory (Campbell and Shepard, 1992). Eight descriptive questions provided the demographic details. The Abusive Behavior Inventory is a 29 item, five point Likert scale instrument that contains physical and psychological sub-scales designed to measure the frequency of physical and psychological abuse inflicted upon a woman by her partner over the preceding six months. The partner's version of the ABI is identical except for the substitution of appropriate pronouns. Campbell and Shepard (1992) reported reliability coefficients ranging between 0.79 and 0.92 (out of a possible maximum score of 1.0) for the four groups: 'men in an abusive relationship', 'women in an abusive relationship', 'men in a non-abusive relationship' and 'women in a non-abusive relationship'. This suggests that the ABI is a reasonably reliable questionnaire.

The validity of the ABI rests on the finding (Campbell and Shepard, 1992) that there are highly significant statistical differences (0.01 level) between abusive and non-abusive group scores on the ABI. ABI scores accounted for 25% of the variance between scores of abusive and non-abusive groups. High ABI scores were

also found to correlate highly with clinical and client assessment of abuse, and previous arrest for domestic violence. ABI items were assigned to sub-scales on the basis of higher correlations with physical or psychological factors. The physical sub-scale comprises nine questions with a possible maximum score of 45 and the psychological sub-scale comprises twenty questions with a possible maximum score of 100.

Rosenberg's Self-esteem Questionnaire (1965) is a self-report, ten item, five point Likert scale inventory that measures feelings of self-worth. Rosenberg reports a reliability coefficient of 0.93. The validity of the Self-esteem Questionnaire was determined by correlations between low self-esteem questionnaire scores and both self and observer reports of low self-esteem. No validity coefficients were provided by Rosenberg.

Procedure

The six group programs used a range of techniques including the appropriate use of time-outs (incorporating identification of personal cues, self talk and physical symptom awareness), training in communication skills and relaxation, examination of stereotypic sex role orientation, and role plays. The formats were loosely structured within the broader framework of Jenkins' (1990) approach, which features conversational invitations to challenge restraints on change, to demonstrate respect, and to adopt responsibility for violent and controlling behaviour. The group programs were run at five Community Health Centres and one Relationships Australia Centre between May and September, 1994. To safeguard the confidentiality and integrity of the six groups, we have used the letters A-F as identifiers.

Ethical clearance was obtained from Monash University's Standing Committee on Ethics in Research on Humans. At the beginning of the first session of each of the programs, copies of an 'Explanatory Statement' were distributed and discussed and those men willing to volunteer filled in the questionnaires on the spot, with the exceptions of Programs B and C, whose members took the questionnaires home to be returned later. Throughout, it was stressed that participation was entirely voluntary, could be withdrawn at any time, and was not a part of the intervention program. In the final session of the programs the same procedure was repeated, except that the instructions for the ABI substituted '... how often these behaviours occurred over the past two weeks' for '... how often these behaviours occurred during the six months prior to beginning the program'. We emphasised this change in the final session instructions when the participants completed the questionnaire. We had shortened the pre-program period of assessment in line with the way the ABI has been normally used to assess change in abusive behaviour. We sent the same explanatory statement to the comparison group. The emissaries followed the same procedure as the program facilitators, above. The non-abusive comparison group filled in the ABI and SEQ once only. The Program B facilitators requested that the partners of the

men in program B complete pre- and post-program questionnaires on their partner's behaviour. Although we did not ask for these women's responses, we include them in this report.

We ensured confidentiality by coding the questionnaire cover sheets rather than using names. The lists matching codes with individuals were held by (and seen only by) the facilitators of the programs, in separate locations from the questionnaires. To avoid loss of confidentiality by collecting signatures on consent forms, the Explanatory Statement said that completion of the questionnaire would be taken as confirmation of consent. Questionnaires were distributed to the partners of the men participating in Program B and collected by mail and in interviews, using the same procedures of coding and tacit consent as described above.

Program facilitators forwarded the completed questionnaires to the researchers. For a total score, we added the numerical responses representing frequency for each of the twenty questions on the ABI psychological sub-scale, and similarly, the nine questions comprising the ABI physical sub-scale. High scores on the ABI sub-scales indicate high levels of abuse. To create a total score, we reverse scored the five questions (3, 5, 8, 9, 10) on Rosenberg's Self-esteem Questionnaire for which low scores indicated low self-esteem, before we added them to the other five question responses for which low scores indicated high self-esteem. Thus, high scores on Rosenberg's Self-esteem Questionnaire indicate low self-esteem. T-tests were used to check for significant differences between pre- and post-program scores: for each program separately on the three measures; comparison group scores with the scores of all program participants on the three measures; and the Program B participants and their partners on the ABI psychological and physical sub-scales. Bonferroni adjustment to correct for repeated testing of the data altered the chosen critical level of 95% (0.5) probability of statistical findings not being due to chance to 99.4% (0.16). We shall report exact probabilities.

RESULTS

In testing the assumptions necessary for the reliability of the statistical analyses performed, we found some skewness and kurtosis in the distribution of the variables. When we examined variances and standard deviations, we found that homogeneity of variance was violated in a number of instances. Although these violations weaken analysis, skewness was generally mild and the differences in variance were authentic.

Table 1 shows the outcomes of matched t-tests on pre- and post-program scores on the ABI sub-scales and SEQ for individual programs and collectively. Table 1 indicates that in all cases the ABI physical sub-scale score is lower post-program but is only statistically significantly so for Program D and the treatment groups overall. There were statistically significant differences in the lower post-program scores on the ABI psychological sub-scale for Programs B, D, E, F and for all treatment

groups combined. There was a significant reduction in self-esteem between the pre- and post-program scores over all treatment groups on Rosenberg's self-esteem Questionnaire which, according to the method used, means lower post-program self-esteem, though none of the individual groups were significantly lower statistically on post-program self-esteem. Thus lower post-program scores were found over all treatment groups combined on the ABI sub-scales for physical and psychological abuse and Rosenberg's Self-esteem Questionnaire, but this was not uniformly so for the individual programs.

Table 2 shows mean ABI sub-scale scores and Rosenberg Self-esteem Questionnaire scores for the treatment and comparison groups, together with independent t-test outcomes. There were significant differences between the program participants and the comparison group on the ABI physical and the psychological pre-program scores, with program participants reporting higher abuse levels on commencement of the programs. There was at that time no significant difference between these two groups on self-esteem. The treatment group's pre-program mean score (on the Likert scale of 1-5) for questions on the ABI physical sub-scale was 1.35 as against 1.03 for the comparison group, and 1.93 as against 1.33 on the ABI psychological sub-scale, neither of which were very high for an abusive group. There were no significant differences on the ABI physical, the ABI psychological sub-scales or the self-esteem scores.

Table 3 shows the outcomes of matched t-tests comparing Program B participants and partners on the ABI physical and psychological sub-scales. There were no significant differences between the five men and their partners in their pre- or post-program physical and psychological abuse scores. The dispersion (i.e. standard deviations between conditions) displayed in the scores of the five men and their partners in the pre- and post-program physical and psychological abuse scores was markedly dissimilar. This potentially masked any possible differences.

Table 4 shows the F value, degrees of freedom and the significance of One-Way ANOVAs comparing the group programs for pre- and post-program scores for the ABI physical sub-scale, the ABI psychological sub-scale and Rosenberg's Self-esteem Questionnaire. There were no significant differences on any of the measures between the six programs.

DISCUSSION

As we hypothesised, there was a significant reduction in the physical abuse post-program as assessed by the ABI for the six treatment groups combined. However, when treatment groups were analysed separately only program D showed a significant reduction in the level of physical abuse. We found a significant reduction in the level of psychological abuse post-program for the six treatment groups combined, and for programs B, D, E and F individually. However, for self-esteem the results

Table 1: Means and Standard deviations for the pre-program and post-program scores of each group program and the combined programs (treatment group) on the ABI physical and psychological sub-scales and on Rosenberg's Self-esteem Questionnaire and matched t-tests.

ABI Physical Sub-scale							
Group		N	Mean	SD	t	df	P
<i>Program A:</i>	<i>Pre</i>	8	11.00	2.50			
	<i>Post</i>	8	10.37	3.50	0.48	7	0.644
<i>Program B Men:</i>	<i>Pre</i>	5	12.00	2.23			
	<i>Post</i>	5	9.00	0.00	3.00	4	0.040
<i>Program B Women:</i>	<i>Pre</i>	5	17.20	7.88			
	<i>Post</i>	5	10.00	1.41	2.39	4	0.076
<i>Program C:</i>	<i>Pre</i>	4	11.75	2.87			
	<i>Post</i>	4	9.25	0.50	1.99	3	0.141
<i>Program D:</i>	<i>Pre</i>	11	13.82	3.76			
	<i>Post</i>	11	9.91	2.70	3.21	10	0.009*
<i>Program E:</i>	<i>Pre</i>	11	12.00	3.82			
	<i>Post</i>	11	9.00	0.00	2.60	10	0.026
<i>Program F:</i>	<i>Pre</i>	6	11.16	1.16			
	<i>Post</i>	6	9.33	0.81	3.05	5	0.028
<i>Treatment Gp:</i>	<i>Pre</i>	45	12.13	3.13			
	<i>Post</i>	45	9.53	1.99	7.08	44	0.000*
ABI Psychological Sub-scale							
Group		N	Mean	SD	t	df	P
<i>Program A:</i>	<i>Pre</i>	8	37.75	7.22			
	<i>Post</i>	8	31.37	10.45	1.73	7	0.127
<i>Program B Men:</i>	<i>Pre</i>	5	32.80	5.02			
	<i>Post</i>	5	22.20	1.64	6.27	4	0.003*
<i>Program C:</i>	<i>Pre</i>	4	44.00	11.23			
	<i>Post</i>	4	30.50	5.00	1.82	3	0.166
<i>Program D:</i>	<i>Pre</i>	11	40.73	10.02			
	<i>Post</i>	11	26.73	7.40	3.75	10	0.004*
<i>Program E:</i>	<i>Pre</i>	11	41.63	14.59			
	<i>Post</i>	11	23.36	3.88	4.21	10	0.002*
<i>Program F:</i>	<i>Pre</i>	6	31.83	5.98			
	<i>Post</i>	6	22.66	3.07	5.73	5	0.002*
<i>Treatment Group:</i>	<i>Pre</i>	45	38.64	10.52			
	<i>Post</i>	45	26.00	6.94	18.31	44	0.000*
<i>Program B Women:</i>	<i>Pre</i>	5	42.20	18.01			
	<i>Post</i>	5	25.40	5.81	2.29	4	0.084
Rosenberg's Self-esteem Questionnaire							
Group		N	Mean	SD	t	df	P
<i>Program A:</i>	<i>Pre</i>	8	27.25	6.41			
	<i>Post</i>	8	30.37	2.97	-1.26	7	0.248
<i>Program B Men:</i>	<i>Pre</i>	5	29.60	1.82			
	<i>Post</i>	5	29.80	1.92	-0.23	4	0.828
<i>Program B Women:</i>	<i>Pre</i>		Not tested				
	<i>Post</i>		Not tested				
<i>Program C:</i>	<i>Pre</i>	4	27.75	3.40			
	<i>Post</i>	4	24.25	10.24	0.96	3	0.410
<i>Program D:</i>	<i>Pre</i>	11	29.45	5.08			
	<i>Post</i>	11	30.18	3.28	-0.97	10	0.356
<i>Program E:</i>	<i>Pre</i>	11	26.73	2.90			
	<i>Post</i>	11	29.00	2.83	-2.03	10	0.070
<i>Program F:</i>	<i>Pre</i>	6	27.83	2.48			
	<i>Post</i>	6	30.83	1.72	-2.20	5	0.080
<i>Treatment Group:</i>	<i>Pre</i>	45	28.02	4.15			
	<i>Post</i>	45	29.44	4.07	-6.63	44	0.000*

*Significant at 0.05 (Bonferroni corrected)

Table 2: Mean and Standard Deviations for the pre-program and post-program scores of the treatment group with the comparison on the ABI physical and psychological sub-scales and Rosenberg's Self-esteem Questionnaire and t-tests.

Pre-program scores						
ABI Physical Sub-scale						
Group	N	Mean	SD	t	df	P
Comparison	16	9.25	0.57			
Treatment	45	12.13	3.13	-3.64	59	0.001*
ABI Psychological Sub-scale						
Comparison	16	26.56	3.57			
Treatment	45	38.64	10.52	-4.85	59	0.000*
Rosenberg's Self-esteem Questionnaire						
Comparison	16	29.18	2.50			
Treatment	45	28.04	4.17	1.03	59	0.309
Post-program scores						
Group	N	Mean	SD	t	df	P
Comparison	16	9.25	0.57			
Treatment	45	9.53	1.99	-0.56	59	0.580
ABI Psychological Sub-scale						
Comparison	16	26.56	3.57			
Treatment	45	26.02	6.95	-0.25	59	0.802
Rosenberg's Self-esteem Questionnaire						
Comparison	16	29.18	2.50			
Treatment	45	29.44	4.07	-0.24	59	0.814

were not as we hypothesised. There was a small but statistically significant decrease post-program over the six treatment groups combined, though no one group showed any significant change.

We found significant pre-program differences between the treatment groups and the comparison group on the ABI physical and psychological sub-scales, with the treatment groups higher than the comparison group on both physical and psychological abuse. Self-esteem scores for treatment and comparison groups were not significantly different. We found no post-program differences on any of the measures found between the treatment groups together and the combined comparison group. Consequently it appears that attending the programs resulted in the abusive behaviour of the men decreasing to levels similar to those of the men identified as non-abusive.

Self-esteem

Overall self-esteem scores for the treatment groups did not differ significantly from the comparison group either pre- or post-program. Thus at neither stage were there any notable differences in self-esteem between the men

in the abusive and non-abusive groups. While the reduction in self-esteem between pre- and post-program scores for the abusive men alone was statistically significant, the difference was very small (28.04 pre-program versus 29.44 post-program, where a high score indicates lower self-esteem). Analysing the strength of association revealed that less than three per cent of the variance was accounted for between conditions (treatment groups pre- and post-program), indicating that self-esteem is not a useful indicator of the nature of the change brought about by the intervention programs for this group of abusive men. Consequently Adams' (1988) criticism that psychological approaches to intervention with abusive men divert attention from the issue of personal responsibility for behaviour in order to address self-esteem may be legitimate. However, this conclusion does not exclude the possibility that low self-esteem could be a factor for other types of abusive men (e.g. those whose abusive behaviour is more severe, or those who do not voluntarily present for treatment) since the abusive men in this study recorded relatively low scores on the physical abuse sub-scale.

Table 3: Means and Standard Deviations for the pre-program and post-program scores of the Program B participants with the scores of Program B partners on the ABI physical and psychological sub-scales.

<i>Pre-program scores</i>						
<i>ABI Physical Sub-scale</i>						
<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>P</i>
<i>Partners</i>	<i>5</i>	<i>17.20</i>	<i>7.88</i>			
<i>Men</i>	<i>5</i>	<i>12.00</i>	<i>2.23</i>	<i>1.42</i>	<i>8</i>	<i>0.194</i>
<i>ABI Psychological Sub-scale</i>						
<i>Partners</i>	<i>5</i>	<i>42.20</i>	<i>18.01</i>			
<i>Men</i>	<i>5</i>	<i>32.80</i>	<i>5.02</i>	<i>1.12</i>	<i>8</i>	<i>0.294</i>
<i>Post-program scores</i>						
<i>ABI Physical Sub-scale</i>						
<i>Group</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>P</i>
<i>Partners</i>	<i>5</i>	<i>10.00</i>	<i>1.41</i>	<i>1.58</i>		
<i>Men</i>	<i>5</i>	<i>9.00</i>	<i>0.00</i>		<i>8</i>	<i>0.153</i>
<i>ABI Psychological Sub-scale</i>						
<i>Partners</i>	<i>5</i>	<i>25.40</i>	<i>5.81</i>			
<i>Men</i>	<i>5</i>	<i>22.20</i>	<i>1.64</i>	<i>1.18</i>	<i>8</i>	<i>0.270</i>

Table 4: ANOVAs on pre- and post-program scores for the ABI physical, ABI psychological sub-scales and on Rosenberg's Self-esteem Questionnaire.

<i>Pre-program:</i>	<i>F</i>	<i>df</i>	<i>Sig of F</i>
<i>ABI Physical sub-scale</i>	<i>0.977</i>	<i>5</i>	<i>0.444</i>
<i>ABI Psychological sub-scale</i>	<i>1.344</i>	<i>5</i>	<i>0.266</i>
<i>Rosenberg's Self-esteem Questionnaire</i>	<i>0.646</i>	<i>5</i>	<i>0.666</i>
<i>Post-program:</i>			
<i>ABI Physical sub-scale</i>	<i>0.591</i>	<i>5</i>	<i>0.707</i>
<i>ABI Psychological sub-scale</i>	<i>2.607</i>	<i>5</i>	<i>0.040</i>
<i>Rosenberg's Self-esteem Questionnaire</i>	<i>1.776</i>	<i>5</i>	<i>0.141</i>

N.B. Bonferroni adjusted alpha = 0.016.

Levels of Abuse

The significant post-program reduction in the physical abuse score is notable since, as previously mentioned, the pre-program mean score was already relatively low (1.32). The non-abusive men's (comparison group) physical abuse mean score was, as expected, extremely low (1.03). On a scale of 1–5 where 1 = 'never' and 2 = 'rarely', the value of 1.32 suggests that the abusive men attending the programs either denied they were highly abusive or were genuinely not highly abusive from the outset. With such a low pre-program value, a floor effect (inability to observe any improvement in

behaviour scores owing to the fact that the men were already reporting minimal levels of physical abuse) might be expected. Despite this measurement constraint, we found post-program physical abuse to be significantly lower combined over all intervention groups. Similarly, the mean pre-program psychological abuse score was also relatively low for the abusive men (1.93), but somewhat higher than for the non-abusive men (1.33), making a floor effect less likely to be a problem. Again, we found a significant reduction in psychological abuse combined over all intervention groups post-program. Although the ABI physical sub-scale mean scores indicated that the abusive men (treatment groups) were

not highly abusive pre-program, they were significantly more abusive physically and psychologically than the non-abusive men (comparison group). That we found no significant difference between abusive and non-abusive men post-program clearly suggests that the programs were successful in addressing both physical and psychological abusiveness.

Psychological Abuse

The significant overall post-program reduction in psychological abuse shown by the abusive men in this study stands in contrast to the studies of Baum et al. (1987), Poynter (1989) and Hughes (1991), all of whom reported no significant changes in psychological abuse for group intervention programs. However, the present study supports later studies by Booth et al. (1993) and Frances et al. (1994) who both found that partners of abusive men reported decreased levels of psychological and physical abuse by participants on completion of group intervention programs. We can offer two possible reasons for these conflicting outcomes. First, program delivery may have benefited from increasing refinement over time. Second, as 38% of the abusive men in the current study had attended support groups (for up to four weeks) prior to entering one of the group programs, it is possible that many of these participants may not have been physically abusive at the time of entering. They were perhaps attending to help manage the psychologically abusive aspects of their behaviour and to establish a physically non-abusive identity. Further investigation is necessary to determine whether attendance at support groups prior to group intervention helps reduce physical abuse levels, consequently allowing the abusive men to concentrate more on the psychological aspects of their behaviour.

Physical Abuse

While there was a significant reduction in physical abuse over all group programs combined, only group D independently showed this effect. Since no attempt was made to monitor the differences in the styles of the various program facilitators or in how the programs were applied, it is not known how group D could record this significant reduction in physical abuse. That intervention groups separately showed few significant shifts toward lower physical abuse is not in line with other studies (Baum et al., 1987; Poynter, 1989; Hughes, 1991; Frances et al., 1994; Booth et al., 1993). As well as the possibility that this failure to obtain lower abuse scores may be the result of floor effects due to relatively low pre-program physical abuse scores, another explanation may be the relatively small numbers of participating subjects in the group programs. The statistical power of the analyses to detect differences reliably is reduced when the sample is small. With the exception of Frances et al. (1994) whose sample size was 63, Australian studies report on relatively small samples (Baum et al., 1987: N = 9; Poynter, 1989: N = 17; Hughes, 1991: N = 11; Booth et al., 1993: N = 9). In this study (where treat-

ment N = 45) meaningful analyses required combining the treatment groups and comparing these data with the non-abusive comparison group. Low response rates (particularly in group programs B and C) reduced sample size. The unusually low response rates in these two groups was probably due to the participants' being permitted to take the questionnaires home. In all other groups the questionnaires were completed at the first and last sessions. We recommend that in the future, researchers ensure that all data is combined to achieve appropriate numbers for statistically reliable analyses.

The finding that there were no significant differences between any of the six groups of abusive men on any measures either pre- or post-program suggests that the abusive men in all these groups indeed formed a homogeneous group. Considering them as a single group was justifiable therefore, and allowed for more sensitive statistical analyses. Thus, the structure and format of the program groups investigated in this study appear to lead to similar levels of change in abusive behaviours.

Qualitative Findings

Some qualitative evidence was available to help assess the veracity of the quantitative data. Anecdotal reports from partners of some of the abusive men suggested that neither denial by participants nor fear of reprisal by partners were affecting reported levels of abuse. Program evaluations based on qualitative interview data (Frances et al., 1994) have been shown to concur with decreases in abusive behaviour post-program. Frances et al.'s evaluations of eight intervention programs for abusive men reported that 92% of the participants changed their behaviour, and 66% of partners claimed the programs were worthwhile. In the present study, partners of participants in two of the programs (programs A and B), in interviews with the program facilitators, expressed satisfaction with changes in participants' behaviours. However, when victims of abuse report satisfaction with the changes in their partner's behaviour, three interpretations are possible: i) a real change has occurred, ii) the victim is denying reality, or iii) the victim reports satisfaction due to fear of reprisals. As part of program policies the facilitators maintained contact with the partners to confirm their safety, awareness of their rights, and access to legal, social and community resources. Despite these attempts on the part of the facilitators (who were also aware of the possibilities for denial on the part of both victim and perpetrator) the anecdotal reports of victim partners cannot be considered as empirically reliable or valid indicators of the success of group programs for violent and abusive men.

However, the exclusion of denial or fear of reprisal as influences on reported levels of change in participants' behaviour is supported by the finding that there were no significant differences between group B participants and their partners' assessments on the ABI subscales pre- or post-program. The generally accepted view that abusive men minimise the extent of their abus-

iveness (Ptacek, 1988; Poynter, 1989; Gondolf, 1993) seems not to be supported by these data. Workers concerned that seeking the cooperation of partners in assessing treatment efficacy might jeopardise the latter's safety appear to have been unnecessarily vigilant. Victim partners' involvement did not lead to any reported escalation of participants' levels of abuse, and is thus unlikely to have been perceived by participants as threatening to them. However, partners' responses were available for only one group (group B), which weakens the generalisability of this conclusion.

Normative Data

To the authors' knowledge, no previous Australian study has used a comparison group of non-abusive men. No Australian or overseas norms are available for the ABI. It would be valuable to compare groups against established norms to determine whether the abuse levels were low, moderate, or high. Without normative data it is difficult to assess how typical the levels of abuse shown by the participants in this study were. While high values could be expected to apply to extremely abusive persons, it is not known whether anyone ever obtains very high scores. Brief questionnaires such as the ABI, although easy to administer, may lack a satisfactory range of questions of sufficient sensitivity to measure adequately anything but the most extreme or obvious forms of abusive behaviour. This is particularly so as the psychological frameworks of abusive men may not be such that they readily acknowledge and identify more subtle forms of controlling behaviour. The relatively low scores that we observed pre-program in the intervention groups in this study were somewhat surprising given that 39% of the participants had court restraining orders against them.

The lack of normative data also makes it difficult to assess the representativeness of the selected groups. It is not clear whether pre-program differences between the abusive and non-abusive comparison groups on the ABI are a reflection of behaviours associated with different socioeconomic factors. As we saw earlier, Devery (1991), the National Committee on Violence (1990), and Rosenberg (1965) have argued that isolation, unemployment and poverty are factors in abusive behaviour. Nevertheless, any group program for violent and abusive men developed in line with Jenkins' (1990) framework should address the need for abusive men to take full responsibility for their behaviour and de-emphasise socioeconomic factors as causal explanations.

Voluntary Participation

In previous studies, self selection of participants for intervention programs has limited the generalisability of findings. It is unclear whether men who volunteer to undergo these programs benefit more than participants forced by court orders to attend. Voluntary participation in an intervention program for violent and abusive men may be a necessary prerequisite for achieving lasting behaviour change. If, as Frances (1993) argues, partici-

part self selection and management selection combine to screen out all but the most motivated men, this may ensure that programs target only those men who are most likely to benefit. These participants may not, however, be the most violent and abusive men, so alternative methods may need to be considered to address the more extreme abusers and court ordered men. In the present study, 39% had court orders taken out against them, though none were ordered by a court to attend the programs. Only those men who volunteered could be considered for inclusion in the current programs.

Time Factors

It is possible that the significantly lower post-program ABI measures are, in part, due to the different time intervals used for the questions pre- and post-program. At pre-program, the ABI instructions sought information on '... how often behaviours occurred during the six months prior to beginning the program', while at post-program the instructions were '... how often these behaviours occurred over the past two weeks'. This changed time interval is consistent with the intended usage of the ABI (Campbell and Shepard, 1992) which is to reflect recent changes in abusive behaviour due to intervention programs. Because our specified time interval was so short for the ABI post-program, our data may be skewed towards reporting lower levels of abuse, which may be irrespective of program efficacy. In addition, as abusers may remain non-violent for up to several months (Rosenbaum, 1986), the two-week reference period post-program (in comparison to the previous six months pre-program) may not be sensitive enough to assess whether long term change has been effected by the intervention, or whether the abuser is in a state of remission. Further long-term follow up on participants over a six month period is warranted to assess the magnitude and stability of change in abusive behaviour of men attending programs. Although Miller and Rollnick (1991) note that participants sufficiently motivated by brief intervention programs do go on to establish new behaviours, the extent to which group interventions motivate participants to effect long-term change is unknown. Thus the long-term safety and general well being of their partners and children may remain at risk. Nonetheless, the physical, and particularly the psychological, changes found post-program in the present study are suggestive of an attitudinal change which promotes a lower level of abusive behaviour.

SUMMARY

Programs for violent and abusive men arose in response to a need and are typically practical interventions. While the group programs assessed incorporate a range of practical techniques, it is very difficult to assess specific components in isolation from the social learning context or general pro-feminist framework within which they are presented. Furthermore, Gondolf (1993) has indicated that overall program measures are easily con-

founded, and preoccupation with program modality and curriculum may be misplaced. However, despite difficulty in adapting reliable scientific measures to group intervention programs that allow empirical research, some substantial empirical data is desirable to re-evaluate and strengthen a predominantly qualitative literature base on intervention efficacy. The present study provides some such data.

Our results show that the selected group intervention programs for violent and abusive men were effective in reducing physical and psychological abuse. However, the change in psychological abuse could not be considered to be due to a change in participants' self-esteem. All program groups showed lower levels of physical abuse post-program which, together, was statistically significant. In addition, some evidence was found which suggests that participants did not underestimate their abuse levels, a finding which is contrary to that shown in many other studies in this area.

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APPENDIX A

Box Hill Community Health Centre,
Chadstone Community Health Centre,
Cranbourne Community Health Centre,
Peninsula Community Health Centre,
The Creative Living Centre and,
Relationships Australia, Kew.

Christmas Reading—Out on Time—18.4!

Including:

Robyn Elliott: Therapy with Remarried Couples—A Multitheoretical Perspective

Greg Hammond: Problematic Gambling Patterns: Approaching a Systemic View

Bruce McNatty on Family Therapy Training

Simon Kennedy on Research

Dusty Miller's Letter from the USA

Network News asks what lies Beyond Narrative!

She didn't do what I asked, so I hit her

By Peter K. Jordan*

I'm the head
I'll be obeyed
I expect to lead

She didn't do what I asked, so I hit her.

Who's in control?
Only one at a time
The decisions are mine

She didn't do what I asked, so I hit her.

A clip on the ear
A slap in the face
A thump on the chest—

She didn't do what I asked, so I hit her.

A clip never hurt me
A slap kept me in place
A thump taught me what's right

She didn't do what I asked, so I hit her.

Respect's what's needed
Fear's the best way
Firm action's the answer

She didn't do what I asked, so I hit her.

I'm not violent
Just protecting my rights
Maintaining tradition

She didn't do what I asked, so I hit her.

I learnt from my family
My family now learn
Is it violence I practise?

She didn't do what I asked, so I hit her.

She fears me all right
Her respect for me's gone
In charge and alone

I didn't do what she asked, so she left me

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