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MEN WHO ABUSE WOMEN: TESTING A NARRATIVE-FEMINIST APPROACH  
TO GROUP PSYCHOTHERAPY

by

Ketan Tailor, M.Ed

A Dissertation

Submitted to the Faculty of the Graduate School,  
Marquette University, in Partial Fulfillment of the Requirements  
For the Degree of Doctor of Philosophy

Milwaukee, Wisconsin

August 2019

ABSTRACT  
MEN WHO ABUSE WOMEN: TESTING A NARRATIVE-FEMINIST APPROACH  
TO GROUP PSYCHOTHERAPY

Ketan Tailor, M.Ed

Marquette University, 2009

Although a number of treatment approaches are available to psychotherapists who work with men who abuse women, we still know very little about how to effectively treat these men (Smedslund, Dalsbø, Steiro, Winsvold, & Clench-Aas, 2011). This study set out to test the efficacy of a process group for partner violent men, a group that was guided largely by a narrative-feminist philosophy developed by Australian psychologist Alan Jenkins (Jenkins, 1990). A secondary analysis of data was conducted on a sample of 821 partner violent men who were self- or court-referred to a non-profit community counseling agency in Calgary, Alberta, Canada. Demographic data were obtained and self-report measures were administered at two time-points, pre- and post-treatment. A cross-lagged panel model was specified to evaluate the longitudinal effects of the group. Results found no change over time in men's severity of abuse perpetration, psychological experience (depression and stress), self-esteem, and relationship functioning. Results showed that following treatment, men's self-esteem decreased when they experienced greater psychological distress at the beginning of treatment. An unexpected finding in this study was the meaning of affective expression appeared to change for men from pre- to post-treatment. Findings are examined in light of the available literature, considering study limitations and directions for future scholarship.

## ACKNOWLEDGEMENTS

I would like to thank my on-site committee members (Drs. Timothy Melchert, Mauricio Garnier-Villareal, Lisa Edwards) for the advice and support they offered to bring this project to its conclusion. A special thanks to my off-site committee member, Drs. Robbie Babins-Wagner for her tireless efforts to serve the men involved in this study; I am grateful that you afforded me the data to carry out the analysis done here.

I am deeply indebted to my psychoanalytic mentor, Dr. Jan Van Schaik for his willingness to take me under his wing and create a loving space where I could develop myself as a clinician and scholar. You had a tremendous influence on my career and life and I will never forget what you have done for me. I am also deeply indebted to the support of my family, as well as my friends Jorge Montiel and Daniel Adsett, my philosophical companions who stayed by my side and pushed me along during the difficult times. I could not have done this without you.

Last, I want to thank my funders the Canadian Institutes of Health Research. Without your support I would have had to compromise many educational opportunities over the years. Thank you for the opportunity.

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## CHAPTER ONE

### INTRODUCTION

The purpose of the proposed research will be to consider the effectiveness of a psychotherapeutic approach to treating men who abuse women developed by Alan Jenkins in his seminal work *Invitations to Responsibility: The Therapeutic Engagement of Men who Are Violent and Abusive*. Alan Jenkins currently lives in Adelaide, Australia and works at the Eastern Community Health Service. He is highly acclaimed in Australia and New Zealand for his work in the areas of marital and sexual therapy, although his specific interests involve working with men and adolescent boys to help them engage in respectful ways of relating to others and to women in particular.

Jenkins (1990) psychotherapeutic approach is guided by a narrative-feminist philosophy. He believes that violence occurs when there is an imbalance between the male perpetrators sense of entitlement and responsibility, which exists by virtue of the greater privilege that is often attributed in society to men in general and the male abuser in particular (Jenkins, 1991). The male perpetrator may not perceive himself as occupying more power than the female victim and in fact may see himself as the victim of earlier experiences related to the violence. Jenkins (1990) notes that the goals of working with abusive men can only be achieved when the perpetrator accepts responsibility for his abusive actions. Abusive men, however, expect the victim of the abuse to accept responsibility for the cause and hence prevention/cessation of the abuse; the female victim will usually respond with feelings of intimidation, humiliation, and being trapped. The male perpetrator will tend to invite individuals outside of the

relationship (often family members) to accept responsibility for their abusive behavior and do their social and emotional work for them.

Jenkins' (1990) narrative-feminist approach invites the male abuser to "...acknowledge fully the existence and significance of the abuse and understand the potential impact of his abusive actions upon the victim and others. He must...bear the full onus of ceasing his abuse and changing his behavior" (Jenkins, 1990, p. 12). Jenkins (1991) makes note that he does not regard violence as being the consequence of differences in power; he very astutely points out that attempts to empower those in lower status positions are hardly ever matched by efforts to facilitate a felt sense of responsibility in those who occupy higher status positions.

Jenkins (1990) has criticized "contemporary" approaches, especially cognitive-behavioral and social learning-based models. He notes: "Most of these [contemporary] approaches acknowledge problems with motivation in abusive men...Not surprisingly, abusive men have often been regarded as "resistant" and unsuitable for therapy (Jenkins, 1990, p. 15-16). He also criticizes the feminist thinkers of the late 1970s who held the view that abusive men could not be changed given their earlier conditioning, and that intervention should be focused on protecting women from the male abuser (Taubman, 1986). According to Jenkins (1990), putting the responsibility of intervention on women when it comes at the expense of holding the male perpetrator accountable for his actions absolves the male of his responsibility, and puts the onus on the individuals who are the targets of his violence.

Jenkins' narrative-feminist approach aligns well psychodynamic schools of thought as well as with distinct elements of feminist schools. Psychodynamic

psychotherapy with the male who perpetrates intimate partner violence (IPV) encourages the male to become aware of his discontent so that he can be in a position to take responsibility (Wexler, 1999a), similar to Jenkins (1990) who will "...engage the man in a way that facilitates his taking responsibility for his participation in therapy and encourage an active interest and motivation in changing his own behavior" (p.16). Of note, Alan Jenkins has published more recent works, mostly in Australian journals for family therapy. These works will be reviewed in Chapter Two rather than here, as they are highly theoretical and take a philosophical turn, considering ethical practice in therapy for men and boys with a history of significant violence and abuse (Jenkins, 2006, 2011)

This chapter will consider two areas concerning the male abuser, contributing factors and dynamic processes related to violence perpetration (psychological experience, relatedness, socioeconomic status), and prominent approaches to treating the male perpetrator. The research reviewed here was mostly mixed in terms of samples of male perpetrators who were self- or court-referred for domestic violence treatment. Because the present research is based on Alan Jenkins' narrative-feminist therapeutic approach to abusive men, reviewed areas will reflect important aspects of Jenkins' "theory of restraint", a theory that believes the male perpetrator will find a number of ways to avoid "facing up" to his negative feelings and abusive behavior because underneath he may believe that to stop violence he must stop his feelings of fear, sadness and anger (Jenkins, 1990, p. 55). This chapter will also present research questions and hypotheses for the proposed research, followed by a brief description of proposed methods and study limitations.

## **Contributing Factors and Dynamic Processes Related to IPV Perpetration**

### **Psychological Experience**

**Psychological distress.** Jenkins (1990) indicates that abusive men have a tendency to rely on restraining patterns of thought (e.g., attributing abuse to a biological predisposition, such as violence running in the family) to avoid facing up to their difficult feelings and abusive behavior against an intimate partner. The male perpetrator who is able to face up to his difficult feelings (e.g., feeling rather than evading anger) is more likely to take responsibility for his actions or consider their impact on the female victim, according to Jenkins. This perspective stands in contrast to the dominant trend in the literature that finds a rise in psychological distress to contribute to male violence perpetration.

Depression is a widely studied area for research on male violence perpetration with the majority of data pointing to a positive association; that is, experiencing depression may be detrimental to the ceasing of violence against an intimate partner (Feldbau-Kohn, Heyman, & O'Leary, 1998; Lipsky et al., 2005). Third variables in the relationship between depression and male perpetration are not yet clear, although data generated in the US and Canada suggest that self-efficacy and the man's perception of power may indirectly influence this relationship (Maiuro, Cahn, Vitaliano, Wagner, & Zegree, 1988), as might drug and alcohol use (Lipsky et al., 2005) and ethnicity (Raul Caetano & Cunradi, 2003). Similar to the study of depression in the male perpetrator, researchers have examined stress from the perspective that increased levels may be detrimental to the ceasing of violence perpetration. Available research has looked

especially at male abusers' gender role stress and has found that men who are high on this dimension will perpetrate more violence when their masculinity is threatened than men who are low (Baugher & Gazmararian, 2015). Other forms of stress have been examined such as economic stress, acculturation stress and life stress with the general trend suggesting that a rise in stress increases the likelihood of violence perpetration (Raul Caetano, Ramisetty-Mikler, Caetano Vaeth, & Harris, 2007; Jasinski, Asdigian, & Kantor, 1997; Macewen & Barling, 1994a). Interestingly Swiss research has found that both men and women who report maladaptive ways of coping with stress, including low levels of individual coping (intrapsychic efforts to cope) and dyadic coping (responding to one's own and partner's stress signals) will be more likely to verbally aggress against their partner even when stress levels are low, alerting us to the importance of how stress is experienced in the psyche of the male perpetrator rather than the experience of stress itself.

**Self-esteem.** Jenkins (1990) emphasizes that the male perpetrator is usually preoccupied with his own sense of competence and adequacy, and while he is expected to be independent and in control of his life, he may rely on an intimate partner to handle his social and emotional responsibilities, which, according to Jenkins, fosters further insecurity. Because the man will feel he is at the mercy of those he relies on, he will be more likely to perpetrate violence, especially where his status and power are being threatened. Issues related to the self have been explored in earlier research relative to notions of self-esteem. Data from the US generally show a positive association between low self-esteem and male violence perpetration (Murphy, Meyer, & Daniel, 1994; Russell, Lipov, Phillips, & White, 1989). More recent investigation into self-esteem has

utilized more complex research designs. One study, for instance, found that in a sample of young adult males, a history of childhood sexual abuse (CSA) and low self-esteem were related to all forms of violence perpetration captured in the study (threatening, physical, sexual injury) (Renner & Whitney, 2012). Canadian research is highly limited although a study by Ali and Toner (2001) examined self-esteem in male abusers looking at Muslim immigrants in particular. The results were consistent with most research, revealing stronger attitudes against wife abuse where self-esteem was high. Baumeister, Smart, and Boden (1996) are among the few who have generated results contrary to the dominant trend in the literature. Their analysis found that violence perpetration is more a function of threatened egoism. In their words, "...inflated, unstable, or tentative beliefs in the self's superiority may be most prone to encountering threats and hence to causing violence" (Baumeister et al., 1996, p. 5)

The proposed research will examine the male perpetrator's psychological experience over time (pre- to post-intervention) by focusing on psychological distress and self-esteem. Both direct and indirect relationships will be examined between depression, stress and self-esteem, and abuse perpetration. Jenkins' (1990) theory of restraint will guide the analysis. He would suggest that a rise in depression, stress, and (genuine) self-esteem indicate that the male abuser is taking responsibility for his emotions and abusive behavior, a good sign that violence perpetration will wane and eventually cease. He would also propose that a rise in psychological distress might increase the perpetrators self-esteem over time because he is not relying on his partner to take care of his emotions and hence is more in control.

### **Relatedness**

Jenkins (1990) discusses relatedness in terms of men's ability to engage in respectful and sensitive relationships with an intimate partner. Jenkins stresses "dominant-submissive" ways of relating in violent relationships where the man dominates and is "propped up" by the partner who protects him from challenges to his authority while "putting up" with his abusive behavior. A vicious cycle is created that is designed to shield the male perpetrator from facing himself. It is believed that when the cycle is broken and the male abuser is able to face his difficult feelings, he will experience anger, fear and sadness (an acceptance of responsibility), and with this he will be able to see himself more accurately and be more sensitive to his partner's needs and feelings rather than resort to violence. Jenkins explains that while abusive men may experience feelings of shame, remorse and guilt associated with partner abuse, these feelings are short-lived and are usually pushed out of consciousness because they are too difficult for them to face, and are out of sync with the way they see themselves: as self-reliant and in command of self.

Moreover, Jenkins (1990) stresses the importance of open communication and less "restricted" cultural ideologies in intimate relationship for respectful relating. He explains that abuse "feeds" on ideologies about male entitlement and female submissiveness, as well as indirect forms of communication, such as relying on family members to prevent conflict.

Available research on relationship functioning and male violence perpetration is in great quantity and affords multiple perspectives, some of which are in line with Jenkins (1990). The data generally suggest that the male perpetrator's capacity for relatedness has important implications for abusive behavior. Broader notions of marital

satisfaction and marital discord have been studied in the US and Canada with research generally showing a link between increased marital discord and physical aggression and decreased marital satisfaction and physical aggression in intimate relationships (Stith, Green, Smith, & Ward, 2008). More specific areas of relatedness have been examined across academic disciplines, emphasizing communication and affective engagement in partnerships. A range of communication responses have been identified among violent men when compared to nonviolent men; more unilateral acts of blaming and attacking the character, competence or appearance of the female partner, more unilateral verbal aggression, less constructive communication and mutual problem-solving, and so forth (Feldman & Ridley, 2000). Giordano, Copp, Longmore, and Manning (2015) astutely note that we cannot remove context from communication in abusive couples; these authors showed how certain “verbal amplifiers” and the occurrence of infidelity can considerably increase the risk for IPV when couples attempt to “work through” common areas of conflict (Giordano et al., 2015). Cultural values and beliefs are also essential contextual considerations. Work by Haj-Yahia (1997, 1998) on Arab men, for instance, has found that traditional attitudes toward women that condone wife beating and uphold the notion that women benefit from being beaten preclude men from relating sensitively with women and serve to increase the likelihood of violence perpetration.

Consistent with the theory of restraint (Jenkins, 1990), some research suggests that because men are socialized to be unemotional, they will avoid emotional vulnerability with their partner due to fearing emotional expression (positive and negative); this has been associated with psychopathology and men’s aggression and violence towards an intimate partner (Jakupcak, 2003). It appears that violent men will be

less emotionally reactive to stress and relationship dynamics than their nonviolent counterparts; they have been found to inhabit a stronger masculine identity characterized by the repression of emotion (Umberson, Anderson, Williams, & Chen, 2003a). While withdrawing or “stonewalling” may serve as a method for men to deal with lower-level, short-term conflict in their intimate partnerships, continued use appears to increase tension over time resulting in violent behavior (Finkel, DeWall, Slotter, Oaten, & Foshee, 2009).

Male abusers who use defensive strategies such as denial and blame to dissociate from a “violent self” have been found to struggle with understanding how their partners perceive them, in turn creating problems understanding the problems of their partner (Goodrum, Umberson, & Anderson, 2001). Although these men can feel the sadness and fear of their partner, it has been noted that the splitting of the self into good and bad elements may preclude the experience of empathy. Interestingly, an analysis by Covell, Huss, and Langhinrichsen-Rohling (2007) found that empathy in the male perpetrator varied depending on the type of violence perpetrated. Men who perpetrated physical assault had problems with recognizing and coping with the emotional experience of others and tended to respond with violence, feeling misunderstood and maligned by others. On the other hand, men who responded with psychological aggression were preoccupied with their own internal experience and perceived others in relation to the impact they had on them.

The intersection between psychological problems, relatedness and male violence perpetration is an underdeveloped area of research. Heru, Stuart, and Recupero (2007) considered this relationship among male and female inpatients who shared the common

symptom of suicidal ideation, with the majority affected by a depressive disorder. Their findings showed that poor family functioning operated as a mechanism in the relationship between suicidality and IPV perpetration. As many as 81% of the men in the sample scored in the “unhealthy” range on the affective involvement scale, a scale that examines how family members are involved with one another (underinvolvement, overinvolvement). Another analysis by Vivian and Malone (1997) considered this relationship in a sample of couples who attended marital therapy. Their findings revealed that especially among husbands who engaged in severe forms of physical aggression against their wives, there was a decrease in marital and communication satisfaction and an increase in verbal and spouse-specific aggression, thoughts that disagreements are destructive and depressive symptomology/dysphoria. Other psychological conditions have been considered in the research literature (borderline personality disorder, antisocial personality disorder, posttraumatic stress disorder) and generally suggest that these conditions greatly influence the association between relatedness and violence perpetration, such that an increase in pathology negatively affects the perpetrators ability to relate to his partner, in turn resulting in the perpetration of violence (Lawson & Rivera, 2008; Mauricio, Tein, & Lopez, 2007).

The proposed research will examine direct and indirect relationships in the association between relationship functioning and male violence perpetration from pre- to post-intervention. Embedded in the theory of restraint (Jenkins, 1990), the proposed research will emphasize open communication, less “restrictive cultural ideologies, and “facing up” to one’s emotions as essential to understanding one’s partner and the eventual ceasing of IPV perpetration.

## **Socioeconomic Status**

Jenkins (1990) explains that the acquisition of status and power in the world of work has been traditionally tied to the male role in Western society. He is expected to be tough and competitive rather than vulnerable and emotional, which Jenkins regards as a “...recipe for social and emotional incompetence and total reliance on a female partner for the social and emotional requirements of relationships” (p. 39). Because abusive men frequently regard themselves as failing in masculine pursuits and achievement, they will expect their female partner to shelter them from the pressures of life, particularly socioeconomic hardships, a dynamic that can set the stage for dehumanizing and abusing the female partner as a method of abolishing the male of difficult feelings and responsibility.

Research on socioeconomic status (SES) and male violence perpetration is relatively mixed and equivocal. An earlier study based in Canada examined the influence of occupation, income and education on the perpetration of violence against an intimate partner, and among these variables income appeared to be the only variable significantly associated with (severe) physical violence, whereas psychological violence showed no association to SES (Lupri, Grandin, & Brinkerhoff, 1994). A more recent analysis conducted in the US found that annual household income had a greater influence on the propensity for violence perpetration than education or employment in a sample of White, Black and Hispanic persons (Raul Caetano & Cunradi, 2003a). Studies that demonstrate no association between SES and male violence perpetration are rare but do exist (e.g., Mooney, 2000), and while education and employment status have been established as

protective factors against male perpetration (Abramsky et al., 2011; Gelles, 1980, 1985), their associations are generally weak when compared to income.

The importance of psychological influences on the male perpetrator cannot be understated where socioeconomic pressures are present. Benson, Fox, DeMaris, and Wyk (2003) showed that employment instability and greater subjective financial strain are strong contributors to IPV perpetration. In their study, employment instability, not household income, predicted a threatened subjective sense of masculinity in the male perpetrator: “Being repeatedly fired or released from employment may provoke feelings of stigmatization and anger in males, who then may take out their frustrations on their partners” (Benson et al., 2003, p. 230). Other research has shown that the amount of perceived stress experienced by the male perpetrator may operate as a mechanism between economic factors and male perpetration (Burke, O’Campo, & Peak, 2006), a finding that reflects the feminist perspective that men who do not feel their status in society is consistent with pre-established norms and expectations may resort to violence in order to reinstall a sense of power (Jenkins, 1990). This notion is supported further by research that finds when women earn a good portion of the couples income, or where there is a status incompatibility favoring women, men may use violence in an effort to reassert their dominance (Atkinson, Greenstein, & Lang, 2005; Kaukinen, 2004).

The proposed research will examine direct and indirect relationships in the association between SES and IPV perpetration guided by the theory of restraint (Jenkins, 1990). The important consideration of Jenkins’ theory for the proposed research is the learning to face up to difficult emotions that might arise from failures in status and achievement for the male perpetrator. Facing up to difficult emotions related to

socioeconomic pressures, according to Jenkins, can reduce violence perpetration and set the stage for respectful relating.

## **Treating the Male Perpetrator**

### **Prominent Treatment Models**

Alan Jenkins' approach was discussed during the outset of this document and will be examined in considerable detail in Chapter Two. Let us briefly consider prominent models for batterer intervention that become apparent in the research literature, models that generally prescribe to three theoretical camps: feminist, cognitive-behavioral and social learning, and psychodynamic. The feminist model is the standard intervention that influences most state-sanctioned programs, and it is designed to address battery, presumed to be a male offense attributed to patriarchal values (Stuart, 2005). Other programs guided by cognitive-behavioral and social learning, and psychodynamic perspectives are available to practitioners, although they have not gained the prominence of the feminist perspective, even though feminist interventions have not garnered much empirical support where it concerns the male perpetrator.

The Duluth model is a feminist-based, cognitive-behavioral approach to counseling for educating men who are arrested for domestic violence or mandated by the courts for domestic violence treatment (Pence & Paymar, 1993). The program was intended to ensure the safety of the female victim by holding the male perpetrator accountable for his actions and placing the responsibility of the intervention on the community for ensuring the safety of women. Gondolf's integrated treatment model (Gondolf, 1985), a prominent CBT model advocates that IPV is inextricably a male

problem as it is men's violence that is most excessive and severe. Gondolf's treatment affords men the opportunity to "combat" their feelings of isolation and experience confidence and self-control. Treatment objectives are: to take responsibility, break isolation, avoid violent behavior, reduce stress, communicate feelings, resolve conflict, undo sex-role stereotypes and organize social action. Wexler's self-psychology has been emphasized in the literature for psychodynamic treatment of the male perpetrator (Wexler, 1999a). Wexler asserts that the confrontational approach of many treatment programs that emphasize patriarchal attitudes do a poor job of understanding the developmental history that is endured by abusive men. Wexler's treatment approach starts from the position of self-psychology where the male abuser can be understood as someone who has been deprived during childhood of emotional nourishment that is essential for him to develop an internal sense of ease and comfort. The approach attempts to understand the "root" of the male perpetrators problems so that he can undergo a "reorganization" of self.

Outcomes research for treating the male perpetrator is relatively underdeveloped. Overall, findings demonstrate small effect sizes for the available treatment approaches, with little variation in effectiveness across modalities (Babcock, Green, & Robie, 2004; Corvo, Dutton, & Chen, 2008). Outcomes research on psychodynamic psychotherapy is highly limited. The data suggest that the psychodynamic approach may have distinct advantages over other approaches where it concerns certain populations (Saunders, 1996), and that the integration of psychodynamic psychotherapy with more traditional approaches such as CBT may be favorable to the use of traditional approaches alone (Lawson, 2010). One of the distinct advantages of psychodynamic psychotherapy is that

it retains a greater percentage of men in treatment; another is it appears to elicit better treatment involvement, particularly when compassion is stimulated in these men toward their own childhood traumas (Saunders, 1996; Stosny, 1994).

### **Research Questions and Hypotheses**

The main purpose of the proposed research is to determine the efficacy of Alan Jenkins' (1990) narrative-feminist psychotherapeutic approach to the male perpetrator by modeling, through structural equation modeling (SEM), key principles of the approach. A few studies have taken on the mighty task of modeling interventions for abusive men (Gondolf & Jones, 2001; Jones & Gondolf, 2002; Lila, Oliver, Catalá-Miñana, & Conchell, 2014; Lila, Oliver, Galiana, & Gracia, 2013) and have generally found positive changes in these men over time (e.g., reduced recidivism risk). While none of these studies tested Alan Jenkins' narrative-feminist approach, Lila and her colleagues (Lila et al., 2013) considered the issue of responsibility, an essential component of Jenkins' theory. They found that abusive men who took the most responsibility for their violence following treatment were those who had experienced greater levels of anxiety, depression and self-esteem. This logic closely reflects Jenkins' (1990) notion of owning negative emotions as a guiding force to accepting responsibility, which will be modeled in the proposed research using an alternative method.

Based on the data presented above and Jenkins' (1990) theory of restraint, the following research questions are proposed:

1. Does physical abuse change across pre- and post-intervention conditions?
2. Does psychological abuse change across pre- and post-intervention conditions?

3. Does psychological health (depression, stress) change across pre- and post-intervention conditions?
4. Does self-esteem change across pre- and post-intervention conditions?
5. Does relationship functioning (communication, affective expression, role performance, task accomplishment, involvement, control, values and norms) change across pre- and post-intervention conditions?
6. What is the relationship between the perpetrators ability to experience psychological distress and physical abuse pre- to post-intervention?
7. What is the relationship between the perpetrators ability to experience psychological distress and psychological abuse pre- to post-intervention?
8. What is the relationship between the perpetrator's self-esteem and physical abuse pre- to-post intervention?
9. What is the relationship between the perpetrator's self-esteem and psychological abuse pre-to-post intervention?
10. What is the relationship between the perpetrator's ability to experience psychological distress and self-esteem from pre- to post-intervention?
11. What is the relationship between the perpetrator's ability to experience psychological distress and relationship functioning pre- to post-intervention?
12. What is the relationship between the perpetrator's self-esteem and relationship functioning pre- to post-intervention?
13. Does the male abuser's psychological health mediate the relationship between SES (income, education, employment status) and physical abuse pre- to post-intervention?

14. Does the male abuser's psychological health mediate the relationship between SES and psychological abuse pre- to post-intervention?
15. Does the male abuser's self-esteem mediate the relationship between SES and physical abuse pre- to post-intervention?
16. Does the male abuser's self-esteem mediate the relationship between SES and psychological abuse pre-to post-intervention?
17. Does relationship functioning mediate the association between psychological health and physical abuse pre- to post-intervention?
18. Does relationship functioning mediate the association between psychological health and psychological abuse pre- to post-intervention?
19. Does relationship functioning mediate the association between self-esteem and physical abuse pre- to post-intervention?
20. Does relationship functioning mediate the association between self-esteem and psychological abuse pre- to post-intervention?

It is hypothesized that males will engage in less physical and psychological abuse, demonstrate improved relationship functioning, and experience more depression, stress and (genuine) self-esteem from pre- to post-intervention (Hypotheses 1, 2, 3, 4 and 5).

The author anticipates that in situations where male perpetrators experience more psychological distress and self-esteem, relationship functioning will improve (Hypotheses 11 and 12) and the man's propensity for physical and psychological abuse will lessen from pre- to post-intervention (Hypotheses 6, 7, 8, and 9). The author also anticipates that where the male perpetrator can experience more psychological distress, he will show an improvement in self-esteem (Hypotheses 10). Further, the author predicts

that from pre- to post-intervention both psychological health and self-esteem will indirectly influence the relationship between SES and partner violence, in that improved self-esteem and an increase in the ability to experience psychological distress in response to poorer socioeconomic conditions will reduce the likelihood of physical and psychological forms of abuse (Hypotheses 13, 14, 15, 16). Finally, the author predicts from pre- to post-intervention that relationship functioning will indirectly influence the relationship between psychological health and self-esteem and physical and psychological abuse, in that improved relationship functioning will result from a heightened ability to experience psychological distress and self-esteem, and lead to a reduction in physical and psychological forms of abuse (Hypotheses 17, 18, 19, 20).

### **Method**

A secondary analysis of data will be conducted on the Family Violence groups database, a large database that consists of data collected on four different family violence treatment groups. These data were collected from March 2007 to June 2014 by therapists, masters and doctoral students at a non-profit community counseling agency that provides treatment to domestic violence perpetrators and victims in Calgary, Alberta, Canada. The proposed research focuses specifically on partner violent men involved in the Responsible Choices for Men (RCM) group, a process group for men who use physical and psychological violence and control tactics in intimate relationships. The full sample collected for this group consisted of 821 partner violent men who were self- or court-referred to the counseling agency. The analytic plan employs SEM and specifically cross-lagged panel analysis to accommodate the longitudinal effects of treatment.

## Study Limitations

A number of limitations become apparent regarding the study sample. Data were collected exclusively from male perpetrators involved in a process group for IPV perpetration, which limits generalizability of the sample to the challenges and sensitivities associated with research in applied settings. The data do not allow for cross-cultural comparison given the uneven proportions of individual ethnic groups, and hence the findings may not generalize across cultures. The findings also do not generalize to gay men due to the exclusion of gay men for reasons that concern the nature of Jenkins' (1990) theory as guided by notions of male entitlement and female submissiveness. A control group was not included, which also limits generalizability of the research and means that changes identified in abusive men cannot be attributed to the group.

Limitations regarding measures are as follows: All measures used in the proposed research are self-report instruments, which may be vulnerable to social desirability influences. There was no external validation of the actual levels and types of IPV perpetrated, so the potential for classification error warrants caution. While men dis/confirmed whether a history of abuse was present in their family of origin, the data do not include a measure for child abuse and neglect, an often critical consideration for men's use of violence against women (Renner & Whitney, 2012a)

The analysis is limited by the large proportion of missing data, an inevitable consequence of naturalistic research. While the half-longitudinal mediation design in the proposed research is a significant improvement in inferential power over earlier methods (e.g., cross-sectional mediation), it introduces bias as the data do not include information

collected at three time-points; hence, the data will allow the author to determine whether a mediating variable is a partial mediator but not a full mediator.

## CHAPTER TWO

### LITERATURE REVIEW

This chapter will provide a review of the literature relevant to the present study. Major areas of focus concerning the male abuser include: (a) IPV and its contributing factors and dynamic processes (psychological experience, issues of relatedness, socioeconomic status), (b) approaches to treatment, and (c) a review of studies that have employed modeling techniques such as structural equation modeling (SEM) to test available treatment approaches. Because the present research is based on Alan Jenkins' narrative-feminist therapeutic approach to men who abuse women (Jenkins, 1990), his perspective on the above areas will be considered throughout the review.

#### **Contributing Factors and Dynamic Processes Related to IPV Perpetration**

##### **Psychological Experience**

**Psychological distress.** Jenkins' (1990) "theory of restraint" explains that the male perpetrator will find a number of ways to avoid "facing up" to his negative feelings and abusive behavior because underneath he may believe that to stop violence he must stop his feelings of fear, sadness and anger (p. 55). He maintains that abusive men's restraining patterns of thinking may reflect a sense of entitlement that is out of sync with facing his emotions. These restraining patterns for Jenkins include traditions, habits and beliefs that influence the way these males make sense of their world, and according to Jenkins, abusive men have a tendency to experience their abuse as caused by limitations that exist in themselves or the world. For example, abuse may be perceived as a response

to biological or psychiatric illness; in other words, these men may come to see themselves as passive victims of circumstance, rather than take responsibility for their abusive behavior. Jenkins (1990) argues that most abusive men only think about their actions immediately after the occurrence of abuse. However, the emotions are difficult for them to face and will be “pushed out of experience and avoided” while relying on restraining patterns of thought (p. 55). In the words of Jenkins (1990), “These strategies are invariably unsuccessful and serve to alienate the man from his own experience so that he feels more ‘under the influence’ of his feelings or urges and less likely to take steps to control his actions” (p. 56).

Jenkins’ therapeutic approach invites these men to consider ways in which they can begin to take responsibility for their own feelings and behavior. It is believed that the male abuser who is able to face his difficult feelings will be more likely to take responsibility for his actions and to consider his impact on the female victim. In this spirit, we might observe an increase in negative feelings as the perpetrator accepts responsibility, which is expected to lead to a decrease in violence perpetration. Let us turn to the empirical literature to understand the experience of depression and stress in the male perpetrator and how it relates to Jenkins’ theory.

***Depression.*** Depression is one of the most widely studied psychological concerns for research on male abusers in the United States, with research demonstrating a positive association to IPV perpetration (Feldbau-Kohn, Heyman, & O’Leary, 1998; Lipsky, Caetano, Field, & Bazargan, 2005; Vivian & Malone, 1997). It appears that depression has been studied exclusively in the male perpetrator from the vantage that a rise may be detrimental to attempts at ceasing violence against an intimate partner, with a handful of

these studies exploring underlying mechanisms and providing suggestions for treating depression. This perspective stands in contrast to Jenkins' facing up to difficult emotions as a sign of responsibility (i.e., owning one's emotions), and hence progress towards an eventual ceasing of violence.

An earlier meta-analysis conducted by Stith, Smith, Penn, Ward, and Tritt (2004) reviewed studies on physical violence and treated dating violence as a distinct phenomenon, focusing instead on married and/or cohabitating couples. Their results demonstrated moderate positive effect sizes between male violence perpetration and depression. The mechanism behind the depression-IPV perpetration link is not yet clear, although there are data to suggest that violence may serve to (temporarily) increase self-efficacy and a perceived lack of power in the depressed male abuser (Maiuro, Cahn, Vitaliano, Wagner, & Zegree, 1988). While Canadian data are limited, Graham, Bernards, Flynn, Tremblay, and Wells (2012) recently showed that the experience of depression was very alive in violent relationships, and that the conditions for it were different across sex: For women it was associated with being victimized; for men, on the other hand, it was associated with aggression towards an intimate partner. It is noteworthy that Graham and colleagues employed a computer-assisted telephone interviewing technique to collect data, a technique that may eliminate from the sample a number of individuals living below the poverty line, the majority of whom are represented in Canada by the Aboriginal people (Government of Canada, 2008; McGillivray & Comaskey, 1999). Another sex-based analysis was carried out by Anderson (2002) in the US. Her findings showed that in situations where violence is mutual, depression and substance abuse are reported at higher levels among both men and

women, although both of these outcomes appear to be significantly greater for women than men. Notably, Anderson indicated that relationships to these outcomes weakened or disappeared where victimization was controlled, pointing to the primacy of being on the receiving end of abuse in the experience of depression and substance abuse.

Research has revealed that the severity of male IPV perpetration may be related to increased levels of depression in both the men and women involved (Cascardi & O'Leary, 1992; Johnson & Leone, 2005). It appears that the general pattern of control and the continual threat of violence may wear on the psychological state of the female victim, resulting in greater vulnerability to further abuse (Lehrer, Buka, Gortmaker, & Shrier, 2006). Depression in the male perpetrator may be complicated by drug and alcohol use. In a sample of Black and Hispanic patients in an urban emergency department in America, alcohol use did not predict male perpetration, however alcohol use did predict IPV where depression and illicit drug use were present (Lipsky et al., 2005). Caetano and Cunradi (2003) examined the relationship between IPV and depression across Whites, Blacks and Hispanics. Their findings revealed that depression is higher in situations where male-to-female violence is reported than not reported, and that Black and Hispanic ethnicity may be a protective factor against depression, whereas unemployment and "other" employment (disabled, in school, volunteer, in job training program), female-to-male violence, and living in a neighborhood characterized by high unemployment may be potential risk factors. Interestingly, Rankin, Saunders, and Williams (2000) did not find any evidence that depression was related to abuse of an intimate partner, although a sense of belonging was found to mediate the depression-partner abuse link. That is, where depression is present and the male feels valued in a

relationship (not necessarily in the intimate relationship), there is usually a decrease in the severity of partner abuse. However, earlier Canadian data has demonstrated that support from male peers may actually increase partner (sexual) abuse and even cancel other forms of support that reduce partner abuse (DeKeseredy & Kelly, 1995). Rankin, Saunders, and Williams (2000) also discovered that less hopelessness was related to physical abuse of a partner, which the authors explain in terms of "...an increased sense of power gained after physically abusing his partner" (p. 1076).

Only a handful of studies beyond Rankin, Saunders, and Williams (2000) have considered symptoms related to depression in the male perpetrator. One investigation where IPV perpetration classified as severe reported that suicidal ideation may be positively related to violence among male urban emergency department patients (Rhodes et al., 2009), while another conducted in the community noted no significant relationship between male perpetration and suicidal ideation and/or attempts (Afifi et al., 2009). An investigation by Heru, Stuart, Rainey, Eyre, and Recupero (2006) added that as many as 90% of male suicidal inpatients at an acute psychiatric care unit reported some form of IPV perpetration and victimization in an intimate relationship in the past year, with an overwhelming majority of the perpetration classifying as severe. Earlier work has also found that male IPV perpetration may be more likely to occur in situations where depression is characterized by psychotic symptoms and hypomania (Hastings & Hamberger, 1994).

*Clinical stress.* Similar to research on depression in the male perpetrator, stress has been examined from the perspective that increased levels are detrimental to attempts at reducing or ceasing IPV, a perspective that is, again, opposed to Jenkins' (1990) theory

of restraint. More recently stress has been considered in the US literature relative to a specific phenomenon rather than in a more general sense. A good proportion of the extant research has focused on masculine gender role stress, which is the perception held by the perpetrator when he decides that he is unable to deal with the exigence of the male role (Eisler & Skidmore, 1987). A review of the literature generally reveals that men who are high on gender role stress are usually more likely than those who are low to perpetrate IPV where their masculinity is threatened (Baugher & Gazmararian, 2015). Other data has examined the influence of work and economic stress (Jasinski et al., 1997; Straus, 1990), acculturation stress (Caetano, Ramisetty-Mikler, Caetano Vaeth, & Harris, 2007), and relationship stress (Barnett, Fagan, & Booker, 1991; Stith & Farley, 1993) on the potential for violence perpetration. The general trend in this research is that a rise in these particular types of stress can increase the likelihood of IPV perpetration, although reciprocal associations have been demonstrated.

A handful of studies have examined the influence of life stress on male IPV perpetration. While some studies have found no relationship between life stress and violence perpetration (Macewen & Barling, 1994; Mason & Blankenship, 1987), the majority point to a greater likelihood of physical and psychological abuse where life stress is present (Cano & Vivian, 2003; Kesner & McKenry, 1998; Margolin, John, & Foo, 1998; Marshall & Rose, 1990; Seltzer & Kalmuss, 1988). It should be noted that these researchers used different measures and definitions of life stress on IPV perpetration, though most of them considered either the frequency or perceived impact of stress, with the exception of one study that examined both (Cano & Vivian, 2003). Across violent and nonviolent samples, Cano and Vivian (2003) explored domains of

stressors (loss, threat) and the nature of stressors (occupational, interpersonal) relative to both men's and women's moderate and severe violence against their intimate partner. Their findings demonstrated that loss and occupational stressors were related to men's violence; for women, however, no one stressor characteristic operated as a discriminator. Cano and Vivian also showed that these stressors discriminated across violent and nonviolent groups, and that for men marital satisfaction may be a mediator in the stress-violence association.

Also worth noting is the work of Swiss investigators who have focused mostly on stress and marital satisfaction without the threat of violence (see Randall & Bodenmann, 2009, for a review), with the exception of one study (Bodenmann, Meuwly, Bradbury, Gmelch, & Ledermann, 2010) that built on this work by considering stress relative to verbal aggression against an intimate partner (i.e., teasing, ridicule, swearing, and criticism of the partner's appearance or personality). To summarize the results of this study, it was determined that men and women who reported maladaptive ways of coping with stress, including low levels of individual coping (intrapsychic efforts to cope) and dyadic coping (responding to one's own and partner's stress signals), directed more verbal aggression towards their partner where stress levels were low. Where stress levels were high, individuals displayed similar levels of verbal aggression despite variation in their method of coping. The authors concluded based on these findings that "Stress appears to increase the perception of relational problems and decrease the cognitive resources that partners can deploy for adaptive processing of those problems" (Bodenmann et al., 2010, p. 420).

While Canadian authors have conducted research in the area of stress and IPV-perpetration, it appears that they have relied on data collected in the US to carry out their analysis (e.g., MacEwen & Barling, 1988). One exception is the recent work of Skomorovsky, Hujaleh, and Wolejszo (2015) who considered the demands of Canadian military life (e.g., deployments, long periods away from home, frequent relocations) on marital satisfaction, the propensity for work-family conflict, and subsequent emotional and physical violence perpetration. Their results found that both marital satisfaction and work-family conflict were uniquely associated with both emotional and physical violence among members of the Canadian Armed Forces. Marital satisfaction was also established as a mediator in the relationship between work-family conflict and IPV.

**Self-esteem.** Jenkins (1990) points out how abusive males tend to be preoccupied with their own sense of competence and adequacy. While men are expected to be independent and in control of their own lives, the male perpetrator will rely on others to handle their social and emotional responsibilities, which, according to Jenkins, leads to feelings of insecurity. In a sense, these men have turned over responsibility for their own sense of well-being to another, and feel at the mercy of those they rely on. Violence perpetration will occur, then, where the abuser feels he is losing control and his status and power are being threatened. These acts, according to Jenkins, are at least in part related to a preoccupation with fantasies of dominance, idealized admiration and success, and sexual performance or vengeance that run counter to “real life” experiencing.

A positive association between low self-esteem and male IPV perpetration appears to be the general trend in the research literature. Five early case-control studies conducted on clinical samples in the US have dedicated time to the matter, revealing that

the self-esteem of abusive men is lower than happily married and maritally distressed controls, with six of eight comparisons reaching statistical significance (Goldstein & Rosenbaum, 1985; Murphy et al., 1994; Neidig, Friedman, & Collins, 1986; Russell et al., 1989; Telch & Lindquist, 1984). As one might suspect, the effect sizes tended to be larger where male abusers were compared to happily married controls than maritally distressed controls, although in two of the studies (Goldstein & Rosenbaum, 1985; Murphy et al., 1994) significant variation was noted among control groups containing maritally distressed individuals, suggesting, perhaps, that low self-esteem in men may be related to relationship distress in general rather than IPV in particular.

Contrary to the findings of the above case-control studies, earlier correlational research including nonclinical samples have revealed more modest estimates for the relationship between self-esteem and partner violence, with less consistency in statistical significance. The general trend was small negative correlations between self-esteem and men's physical violence in marital and dating relationships ( $r$ 's less than .3) (Deal & Wampler, 1986; Murphy et al., 1994). Nevertheless, the first National Family Violence Survey conducted at the Family Research Laboratory at the University of New Hampshire found no association between self- and partner-esteem and IPV perpetration (David B. Sugarman & Hotaling, 1989), though it is noteworthy that self-esteem measures in this research were brief and were not validated.

More recent investigation into self-esteem has utilized increasingly complex research designs. A cross-gender analysis of bidirectional violence determined that child sexual abuse (CSA) and low self-esteem predicted all IPV perpetration outcomes (threatening, physical, sexual injury) for young male adults, whereas neglect in childhood

was the contributing factor for females' perpetration (Renner & Whitney, 2012a). The data were collected in the US and consisted of as many as 10,187 participants who were Black (23%), White (54%) Asian (6%), Native American (2%) or more than one race (15%). A study conducted in Greece by Papadakaki, Tzamalouka, Chatzifotiou, and Chliaoutakis (2009) found that after taking into account the Greek social norms, values and stereotypes, a connection was revealed between low self-esteem and physical violence perpetration; specifically, their analysis revealed that a one-point decrease on a 10-point scale of self-esteem increased the odds ratio of physical violence perpetration by 2.8%. Notably, these researchers did not find a relationship between low self-esteem and IPV perpetration where it concerns sexual and emotional aggression. Earlier work by Prince and Arias (1994) in the US revealed a rather complex relationship between personal control, desirability of control and self-esteem when predicting men's abusive behavior. Their investigation found two clusters of violent men: One group had high self-esteem and a high desirability of control but indicated little personal control in their lives; the authors concluded that these men may believe in the appropriateness of exerting personal control and wish to be in control but cannot achieve this experience, and may turn to violence in order to do so. The second group had low self-esteem, low desirability of control and low personal control; the authors explain that these men may be prone to feeling dependent, helpless and powerless and violence may be a response to this frustration.

To a lesser degree, available data has considered a rise in self-esteem as a precursor for male perpetration. A heavily cited research review conducted by Baumeister, Smart, and Boden (1996) individually examined self-esteem relative to

murder and assault, rape and domestic violence among intimate partners, parents and children, violent youth gangs and juvenile delinquents, political organizations, and racist and other oppressive groups. Their research revealed that contrary to the view that low self-esteem is an important contributor to violence, violence is most commonly a function of threatened egoism. They state. "...inflated, unstable, or tentative beliefs in the self's superiority may be most prone to encountering threats and hence to causing violence" (Baumeister et al., 1996, p. 5). Some more recent research suggests that with the delivery of two distinct treatments for male abusers, self-esteem and its enhancement was related to violence reduction with little risk for subsequent perpetration (Murphy, Stosny, & Morrel, 2005). In this study self-acceptance and compassion for oneself were targeted directly in order to build *genuine* regard in the perpetrator, which is important to distinguish from self-esteem in the narcissistic sense considered in the work of Baumeister and colleagues (1996).

To the author's knowledge, only one Canadian study carried out a focused analysis on the self-esteem of male IPV perpetrators. Ali and Toner (2001) assessed attitudes toward wife abuse in a sample of (mostly) Muslim immigrant women and men living in Toronto in order to determine whether those attitudes influenced self-esteem. The results found that attitudes towards wife abuse showed direct relation to self-esteem, with higher self-esteem predicting stronger attitudes against wife abuse. Of particular note, within Aboriginal communities in Canada, post-colonial influences have resulted in a power shift across sexes as well as in gender roles, contributing to the low self-esteem experienced by the men in these communities. This direct colonial impact has been

identified as a notable contributor for male perpetration of violence against a female partner (Moffitt, Fikowski, Mauricio, & Mackenzie, 2013).

**Summary and conclusions.** In general, investigation on the psychological experience of the male perpetrator suggests an increase in depression and stress, and a decrease in self-esteem can lead to abusive behavior. Investigators in the area have tended to theorize that a rise in psychological problems reflects “disorder” that can result in violence perpetration, with a few authors serving as notable exceptions (e.g., Baumeister et al., 1996). As mentioned, this perspective is in contrast to Jenkins’ (1990) notion that the experiencing of negative emotion may be a sign of responsibility, and perhaps more broadly in contrast to humanistic perspectives that treat psychological problems as a gateway to better adjustment over time (e.g., May, 1950).

The database has considered mediators and moderators in the relationship between psychological experience and IPV, and while studies for third variables are limited, they have considered major dimensions that range from demographic characteristics (e.g., unemployment) to relational factors (e.g., sense of belongingness) to psychological indicators (e.g., intrapsychic coping efforts). A number of these indirect pathways reach significant levels in the reviewed literature, alerting us to the complex nature of the psychopathology-IPV link; hence more work needs to be done. To add to this complexity, there is some support for the reverse of this association, albeit in limited proportion (Anderson, 2002). Knowledge generation around the reciprocal nature of this relationship is important for future investigation, as research of this nature may produce a more encompassing picture that can better inform investigators and clinicians alike. Further, Canadian studies that examine the psychopathology-IPV link are few, and tend

to focus on specific populations such as members of the Canadian Armed Forces (Skomorovsky, Hujaleh, & Wolejszo, 2015) or Muslim immigrants (Ali & Toner, 2001). While the study of focused populations is germane and needs further consideration, examination of the general population of male abusers similarly demands research attention.

### **Relatedness**

Jenkins (1990) indicates that while some men are able to engage in respectful and sensitive relationships with an intimate partner (and others, such as family members) in the face of a challenging developmental history, other men are more vulnerable to certain restraining patterns of interaction. Jenkins focuses in particular on “dominant-submissive” ways of relating where the man dominates and is “propped up” by a partner who defers and protects him from challenges to his authority. A situation is created where the partner must “put up” with the man’s abusive behavior by excusing or otherwise ignoring it. He will rely on her to monitor his feelings and accept blame, as well as take initiative or orchestrate aspects of family life. When the man’s sense of entitlement is threatened, he will withdraw leaving the partner to feel she must meet the withdrawal with attempts to encourage, coach or cajole him into greater responsibility for family life, setting up “...a vicious cycle of pursuit and withdrawal” (Jenkins, 1990, p. 50). This will eventually escalate into abuse, and responsibility for the abuse will continue to be attributed to the female victim, as the male abuser safeguards challenges to his sense of entitlement. Let us turn to the literature to consider aspects of relatedness that have been emphasized by researchers of partner violence, beginning with the data that considers broad measures of relationship functioning.

**Relationship functioning.** A meta-analysis (Stith, Green, Smith, & Ward, 2007) pointed out that much of the literature that examines relational factors in the context of IPV in the U.S. and Canada focus on the constructs marital discord (Aldarondo, 1996; Feldbau-Kohn et al., 1998) and marital satisfaction (Cano & Vivian, 2003; Williams & Frieze, 2005). Marital satisfaction appears to be inversely related to marital conflict (DeMaris, 2000), although some studies suggest that individuals may report marital satisfaction in spite of high levels of conflict and even violence (Williams & Frieze, 2005). Although contradictions are present, Stith et al. (2007) find that in general there is a link between increased marital discord and physical aggression and decreased marital satisfaction and physical aggression in intimate relationships. Their review revealed no significant differences across the constructs of marital discord or satisfaction; analyses did, however, reveal stronger effect sizes where standardized measures were used than where non-standardized measures were, for male offenders than for female offenders, for female victims than for male victims, and for clinical samples than for community samples.

It may seem intuitive to assume that marital dissatisfaction and discord precede the occurrence of intimate partner violence, however it has been astutely noted that "...because [measures] of marital satisfaction and IPV [are] taken at the same time, it [is] not possible to determine if low levels of marital satisfaction/discord [lead] to the abuse or resulted from the abuse" (Stith et al., 2008, p. 158). Henning and Connor-Smith (2011) examined underlying factors in considering the association between relationship functioning and IPV to further understanding. They found that from the perpetrators perspective, among the men who continue (or plan to continue) their relationship with

their intimate partner (59% of sample), whether married or dating, low relationship satisfaction may be associated with having children, expressing hostile attitudes toward women, being jealous, blaming the victim for the arrest incident, and describing the victim as aggressive. Perhaps with the exception of Henning and Connor-Smith, a good proportion of the literature on relationship functioning has focused on violent partners who are married. It is worthwhile noting that research has demonstrated a consistent tendency for women in common-law relationships to be at heightened risk for partner violence in the US (Anderson, 1997; Lane & Gwartney-Gibbs, 1985) and Canada (Brownridge & Halli, 2000). Unfortunately, violent common-law relationships are hardly considered for research on relationship functioning.

Smaller bodies of research have explored relatedness in violent partnerships by breaking the phenomena down into discernable characteristics. Contributors to this body of work are more interdisciplinary and extend beyond psychology to include social work, medicine, communication, and even speech pathology. A review of this research follows, categorized in terms of the broad areas, communication and affective engagement.

**Communication.** While Jenkins (1990) is concerned with restraining patterns of interaction that breed IPV, he does stress the importance of direct and open communication, and explains that abuse takes place in a context where persons express themselves indirectly through various means (e.g., relying on the others within the family to prevent conflict). He warns, however, that “By locating the cause of the abuse within dysfunctional patterns of relating, responsibility or blame may be shared with or even totally attributed to the victim or other family members” (Jenkins, 1990, p. 28). With this in mind, let us turn to the literature on communication and male violence perpetration.

Feldman and Ridley (2000) used a relatively large sample of male volunteers who reported a range of conflict-based, communication responses that were significantly related to the frequency and/or severity of their violence perpetration. The findings revealed that in comparison to nonviolent men, violent men used more unilateral acts of blaming, accusing, criticizing, threatening, name-calling, ridiculing, swearing and verbally attacking the character, competence or appearance of their partners. The violent men in the sample also reported more unilateral verbal aggression than their non-violent counterparts, as well as more mutual verbal aggression, demand/partner withdraw dynamics and emotional disturbance. Violent couples also demonstrated less constructive communication and mutual problem-solving, and a poorer ability to resolve problems, including more emotional distance following arguments and discussions. More insight into the psychodynamics of these findings are available, although the research is rather dated. It appears that violent couples tend to engage in dominant reciprocal patterns of responding, such as invalidation, defensiveness and stonewalling that can escalate and be difficult to contain, resulting at times in physical attacks and retaliation in order to save face (Stuart, 1980). This is especially true where the receiver experiences the initial attack as both intentional and illegitimate (Felson, 1984), and where the negative physiological and affective arousal of one partner generated in verbally aggressive interactions is mirrored by the other partner creating a contagion effect (Levenson & Gottman, 1983).

Giordano, Copp, Longmore, and Manning (2015) conducted a qualitative analysis and identified common areas of conflict associated with situational couple violence, including economic issues, dissatisfaction regarding time spent with friends and

infidelity. They examined the degree to which certain forms of communication within these areas amplify the risk of violence and found support for each conflict area, although infidelity emerged as particularly salient in the respondents' own narrative accounts of the conflicts they had experienced. The results also showed that 'verbal amplifiers' only contributed to the occurrence of infidelity and risk for partner violence. In the words of one woman: "I call him a freaking bum... you have nothing. You're a nobody" (Giordano et al., 2015, p. 943). Somewhat in line with these findings, Ronan, Dreer, Dollard, and Ronan (2004) revealed that the effectiveness of communication skills in violent couples depended on the topic being discussed. Where topics were identified as high-conflict (an area identified by the couple as always resulting in a conflict), a great deal of ineffective communication was displayed, which is perhaps not surprising as we might anticipate that partners' insecurities are more likely to be aroused where tension is greater. More neutral or low conflict situations (an area identified as hardly ever resulting in an argument), on the other hand, were characterized by more effective forms of communication. The authors conclude that the context-dependent nature of the findings suggest that a typological approach may be favorable.

Teresa Sabourin and her colleagues have made some important contributions to the area of communication and IPV. In one of their studies, they adopted a dialectical perspective wherein they asked abusive and nonabusive couples to describe the routine of their day, from which emerged considerable animosity in the communication of abusive couples (Teresa Chandler Sabourin & Stamp, 1995). Their results revealed dialectal tensions of autonomy/connection and stability/change in everyday life that abusive couples were less balanced in managing than their nonabusive counterparts. They also

identified seven communication-based differences across abusive and nonabusive couples: vague vs. precise language, opposition vs. collaboration, relational vs. content talk, despair vs. optimism, interfering vs. facilitating interdependence, complaints vs. compliments, and ineffective vs. effective change, respectively. An earlier paper by Sabourin, Infante, and Rudd (1993) identified reciprocity as particularly salient in differentiating violent disputes from nonviolent ones, a finding that was supported in another study conducted the same year (Cordova, Jacobson, Gottman, Rushe, & Cox, 1993). Sabourin et al. (1993) found that patterns of discussion for abusive couples appeared to escalate into verbal and/or physical aggression because both partners perceived themselves as victims, limiting their ability to engage in arguments.

Sabourin (1995), in another study, examined patterns of relational control in abusive couples with a specific focus on the dynamic of negative reciprocity, hence continuing her earlier line of investigation. Greater symmetry in interaction was revealed in contrast to the pattern of dominance and submission that has been noted as characteristic of abusive relationships. In fact, Sabourin's findings showed that husbands were more submissive in their attempts at relational control than their wives. Both husbands and wives were found to meet each other's assertions with expressions of disagreement, disapproval or non-acceptance. Even where discussions had a neutral valence, such as talk about daily routine, abusive couples fought one another for relational control, and their patterns of verbal aggression jointly reinforced the couples' tendency toward abuse.

Canadian researchers Scott and Straus (2007) have made an important observation, noting that "Despite recognition of the importance of minimization, denial,

and blaming to the treatment of IPV, there has been very little empirical attention paid to these constructs in studies of the development, maintenance, or change of abusive behavior” (p. 852). In their sample of participants recruited from a large university in southwestern Ontario, they documented that men’s minimization of conflict and partner blame were related to perpetration of intimate partner aggression even after controlling for social desirability and relationship satisfaction. And so, the question remains: How do these defenses influence the course of abusive behavior? The qualitative accounts of a diverse group of young women recruited from the University of Toronto provide important insight into the matter (Coghlan, Hyman, & Mason, 2006a). In the words of one woman:

... I think that I would say that it should never be tolerated...but thinking of my own personal relationships, I think that there are a lot of situations where I have tolerated it and I think the reason why a lot of people do is because it’s hard to, it’s not as clear cut as physical violence, it’s harder to identify when you’re being emotionally or verbally abused and I think it’s also a lot harder for the person doing it to realize when they are emotionally or verbally abusing someone because it’s not a physical act. It’s very easy to realize when you are lifting your hand and hitting someone. (p. 73)

A few investigators have adopted a gendered analysis to male IPV perpetration, pointing to the centrality of power dynamics and male domination as an underlying factor in this relationship (Faramarzi, Esmailzadeh, & Mosavi, 2005; Odimegwu & Okemgbo, 2003). A qualitative investigation approached the matter by analyzing male abusers’ “appraisal distortions” as they relate to marital conflict and IPV, demonstrating clear gender and power differences in the appraisals used (Whiting, Oka, & Fife, 2012). One woman notes how her male abuser tends to use his power to convince her to doubt herself: “[He’d say] ‘I wonder about you, use your brain, God that is so stupid.’ I was like ‘Well, maybe I don’t know what I’m talking about. Maybe I said something wrong.’” (p.

141). Interestingly, a case study by Palhoni (2014) found that women in abusive situations may (consciously or unconsciously) hold social representations of men as powerful and women as fragile, which may contribute to problems with communication and subsequently lead to violent behavior. One female victim said: “Because sometimes, the woman, as she is a female... I think she doesn’t have much value. People both at work and at home, don’t understand her very much because she is a woman” (p. 19).

### **Affective engagement.**

*Emotional avoidance.* Jenkins’ (1991) philosophy on the tendency of abusive men to push difficult emotions out of conscious experience while relying on restraining patterns of thought and interaction has been emphasized in earlier sections. Emotional avoidance among abusive men is an area of interest for researchers who investigate issues of men and masculinity. It perhaps comes as no surprise that aggression is generally viewed as an acceptable way for men to express their angry feelings, while they are expected to hide emotions of sadness and fear, which cross-culturally are deemed feminine and uncharacteristic of men (Fischer, Rodriguez & Mosquera, 2004). A small body of literature has endeavored to explore how stress related to a masculine gender role affects the relationship between emotionality and IPV perpetration in violent men (Franchina, Eisler, & Moore, 2001; Jakupcak, 2003b; Jakupcak, Lisak, & Roemer, 2002; Lisak, Hopper, & Song, 1996). This research suggests that because men are socialized to be unemotional but ready to aggress in situations of conflict, there is the tendency for them to fear their emotions, particularly men who rigidly adhere to gender-role stereotypes (Lisak, Hopper, & Song, 1996), a finding that is reflected in Jenkins’ (1990) seminal work. Specifically, there appears to be an avoidance of emotional vulnerability

and the expression of feelings due to a fear of anxiety and sadness, and even positive feelings such as joy and happiness (Lisak et al., 1996). The evasion of these emotions has been associated with psychopathology and men's aggression and violence towards an intimate partner (Jakupcak, 2003). Male perpetrators have described a threshold they might reach where they become "flooded" and eventually "snap:" "You are flooded with feeling. It's very difficult to be as controlled as I would like to be of my own... behaviors at that time" (Whiting, Parker, & Houghtaling, 2014, p. 281).

An interesting study conducted by Umberson, Anderson, Williams, and Chen (2003) asked men drawn from the Family Violence Diversion Network of Travis County, Texas with a history of domestic violence to complete a short questionnaire of psychosocial processes on a number of consecutive days, and compared it to a group of men with no domestic violence history. The results demonstrated that nonviolent men were more emotionally reactive to stress and relationship dynamics (e.g., changes in perceived sense of control) than were the violent men, suggesting that the violent men seemingly inhabited a more masculine identity that was characterized by the repression of emotion in response to stress and daily relationship dynamics. Withdrawing or "stonewalling" has been noted as a common method used by men in intimate relationships to deal with lower-level, short term conflict for the purposes of avoiding anxiety (Gottman & Driver, 2005). Over time, the continued use of avoidance may increase tension in a relationship and subsequently result in violent behavior, and masculinities scholars have taken the position that IPV perpetration may be one way that men can uphold a masculine identity (Finkel et al., 2009).

A handful of research reviews have suggested that difficulties with anger expression and experience in particular may separate men who are violent towards an intimate partner and men who are not (Eckhardt et al., 1997; Norlander & Eckhardt, 2005; Schumacher, Feldbau-Kohn, Slep, & Heyman, 2001), though there is evidence to suggest that such a distinction is arbitrary and cannot be made based on anger problems alone (Dunford, 2000; Gondolf & Russell, 1986; Healey, Smith, & O'Sullivan, 1999). An earlier but important analysis by Hershorn and Rosenbaum (1991) examined in a sample of men referred for physical marital violence treatment the experience of overcontrolled hostility and undercontrolled hostility (Megargee, Cook, & Mendelsohn, 1967). The authors found that overcontrolled hostile men demonstrated patterns of abuse where violent episodes were more severe, though less frequent and directed solely at their wives. Undercontrolled hostile husbands, on the other hand, were found to be generally more aggressive and use violence more frequently. They were also more likely to have witnessed violence in their family of origin and experience more rejecting mothers than their overcontrolled counterparts. Adding to this, more recent work by Meis, Murphy, and Winters (2010) found in their study that where men have positive perceptions about the outcome of violence against their intimate partner, there may be a tendency to report problems of expressing anger outward and holding anger in, as well as with having poor control over anger. The men in this study who had negative outcome expectancies, on the other hand, were more likely to endorse expressing their anger in a destructive manner, and did not necessarily perceive themselves as angry or having troubles with anger control.

*Empathy.* Empathy is closely tied to the issue of emotional avoidance in the eyes of Jenkins (1990). He explains that abusive men may experience feelings of shame, remorse, and guilt associated with their abuse of a partner for a short time before they are pushed out of consciousness because these feelings are usually too difficult for them to face and out of sync with the way they may wish to see themselves: as self-reliant and in command of self. This avoidance, however, will foster a self-centeredness wherein the abuser is less able to see himself accurately, and will “forget” to consider the feelings of his partner, taking little responsibility for intimacy and attempts at resolving conflict. One study in particular supports this line of thought quite nicely: Goodrum and colleagues (2001) found that among their sample of male abusers, those who tried to protect the self through strategies such as denial and blame used to dissociate from the image of a “violent self” had a harder time understanding the partner’s view of themselves, which was related to problems in understanding their intimate partner’s problems. The comparison group on the other hand would consider their partners’ negative view of themselves, and were able to develop a deeper understanding of their problems based on these views. Nevertheless, the authors noted that some of the most violent men could feel the sadness and fear of their partner with considerable depth and understanding, attributing the discrepancy to the splitting of self into the good and bad elements discussed above.

Covell and colleagues (2007) examined empathy in the male perpetrator by taking a multidimensional approach. In general, they found that patterns of empathic ability vary depending on the type of violence perpetrated. Those who perpetrated physical assault had problems with recognizing and coping with the emotional experience of others, and

tended to respond with violence, feeling misunderstood and maligned by others. Those who responded with psychological aggression, on the other hand, tended to be preoccupied with their own internal experience and perceived others only in relation to the impact they had on them. More recent work by Jaffe, Simonet, Tett, Swopes, and Davis (2015) determined that empathy and the regulation of emotion in oneself are negatively correlated with aggressive tendencies in a sample of male offenders of domestic violence. The authors concluded based on this that "...offenders who are more aware of how their outward tendency for aggression is linked to their own characteristics...and how that aggression affects others...may be better prepared to face the changes needed for improving intimate relationships" (p. 778).

A handful of studies have focused on empathy in the male perpetrator as it pertains to the male abuser's accuracy in inferring the actual content of their female partner's thoughts and feelings. Generally speaking, the data suggest that men tend to make "inappropriate overattributions" where they perceive the women's internal experience as critical or rejecting (Schweinle, Ickes, & Bernstein, 2002). However, abusive men may act in ways that stimulate more critical and rejecting thoughts and feelings in women via intimidating, overbearing and hostile behavior (Jacobson & Gottman, 1998; Murphy & Hoover, 1999; Thompson, Saltzman, & Bibel, 1999), and so their perceptions may become accurate to a degree. It is interesting to note that while the available evidence is not conclusive, it provides some support for the notion that aggressive husbands are vigilant to critical and rejecting thoughts and feelings in their female partners, and this vigilance could result in greater empathy accuracy for these types of experiences (Simpson, Ickes, & Grich, 1999).

Unfortunately, attention to the context surrounding empathy is neglected in the research database in favor of a stable trait or attribute-based perspective, even though it is clear that context is important to our understanding. For instance, a Canadian investigation of sexual offenders determined that empathy deficits were characteristic after these men were “triggered” following a confrontation with or being angered by a woman (Marshall, O’Sullivan, & Fernandez, 1996).

**Psychological distress as an underlying factor.** It was noted in an earlier section that from the perspective of Jenkins (1990), when the male abuser is able to face up to his difficult feelings, it is less likely that he would perpetrate violence against an intimate partner because he is more able to take responsibility for his actions and consider how they impact his intimate partner; in other words, greater experiencing of difficult feelings allows the male abuser to see himself more accurately, and be more sensitive to his partner’s needs and feelings rather than resort to violence. A rise in sad, fearful and angry feelings may then be an indication of the man’s acceptance of emotional responsibility if we are to follow the thinking of Jenkins. Let us turn to the extant research that considers the intersection between psychological problems, relatedness and male IPV perpetration, bearing in mind that psychological outcomes in the literature are considered in greater complexity (e.g., DSM diagnoses, symptom clusters) than Jenkins’ thinking which focuses on negative emotions and the interplay between them.

Heru, Stuart, and Recuperero (2007) examined a sample of male and female inpatients who shared the common symptom of suicidal ideation, with the majority affected by a depressive disorder. Their analysis revealed that IPV occurred for both sexes where general family dysfunction was present, and that diminished general family

functioning was related to the perception of being victimized. The authors speculated that family functioning had deteriorated due to the patients' illness to the degree that violence had occurred in the relationship. An earlier study also by Heru and her colleagues (Heru et al., 2006) revealed similar findings using the same study sample. This study did not reveal a direct relationship between suicidality and IPV but did find that poor family functioning may operate as a mechanism in this relationship. As many as 81% of the men scored in the "unhealthy" range on the affective involvement scale, which considers how family members are involved with one another (underinvolvement, overinvolvement). No studies have considered depression more broadly among abusive men as it pertains to relationship factors and IPV, with the exception of Vivian and Malone (1997) who explored the association in a sizeable sample of couples who attended marital therapy. Their findings revealed that especially among husbands who engaged in severe forms of physical aggression against their wives, there was a decrease in marital and communication satisfaction, and an increase in verbal and spouse-specific aggression, thoughts that disagreements are destructive, and depressive symptomology/dysphoria.

Data on how depression influences the association between relationship functioning and IPV is in greater proportion where intimate partnerships do not involve violence perpetration. Communication problems become apparent in the form of negativity marked by open criticism and defensiveness (Bodenmann & Randall, 2013; Knobloch-Fedders, Knobloch, Durbin, Rosen, & Critchfield, 2013), and anger and irritability that can take the form of verbal aggression against a partner (Segrin & Fitzpatrick, 1992). Increased conflict also becomes apparent in these couples (Mackinnon et al., 2012) where the likelihood of resolving these problems is significantly lower than

couples who do not struggle with depression (Basco, Prager, Pita, Tamir, & Stephens, 1992). Depression will act as both an antecedent and consequence of dissatisfaction in intimate relationships (Kouros, Papp, & Mark, 2008) and tends to have implications for both partners (Whisman & Beach, 2012). For example, there is some research to suggest that a contagion effect may occur in these relationships where feelings of sadness will be exchanged between partners, and the participants note that their own symptoms were induced by their partner (Sharabi, Delaney, & Knobloch, 2016a).

A sizeable amount of research has been conducted on relatedness in violent couples where one or both members of the partnership are affected by PTSD; the emphasis may be due to our long-standing knowledge that trauma in childhood is an important contributor to attachment and intimacy issues in adulthood (Crittenden, 2016). What is particularly important in these men where it concerns communication is the expression and exchange of positive and negative affect, which has been identified as a salient factor in the perpetration of violence. Avoidance and numbing becomes apparent in the relationship between PTSD and violence perpetration among prisoners of war, Vietnam veterans, and survivors of child abuse (Dekel, Enoch, & Solomon, 2008; Kar & O'Leary, 2013; Lisak et al., 1996), and these men reportedly feel distant from their partners and struggle with emotional and sexual intimacy. Unfortunately, the literature on this mediational process remains limited and deserves systematic inquiry. Drawing on the attachment database, however, we find that the attachment representations in abusive men may reflect a fear of emotional closeness (anxious avoidance) due to earlier (and current) experiences with anxiety and separation (Corvo, 2006; Godbout, Dutton, Lussier, & Sabourin, 2009; Lawson, 2008). Research shows that a fearful pattern of attachment

such as this may result in “intimacy-anger” (early childhood difficulties with attachment that foster extreme levels of anger in relationships in the male perpetrator) that arise out of a wish for more social contact coupled with a fear of being rejected (Dutton, 2002).

A study by Lawson and Rivera (2008) studied clusters of violent men (Borderline, Psychotic Features, Antisocial, Non-Pathological, Non-Intimately-Violent) on family relationship functioning, and found that male perpetrators with a borderline organization reported the highest level of family discord. The authors state that this may reflect “...borderline individuals’ tendency toward unstable and intense interpersonal relationships and inappropriate and intense anger” (p. 73). Borderline individuals were more vulnerable to feelings of alienation from individuals who were not family members, and reported greater general distress in their lives. Male perpetrators with an antisocial organization revealed a higher degree of alienation from their families than those in psychotic features, nonpathological and non-intimately-violent groups. The authors note that an important difference between borderline and antisocial groups were the borderline’s tendency to maintain a relationship with their families despite family discord, unlike the antisocial group who tended to present as indifferent and disengaged from their families, all of which is consistent with respective diagnoses. In another analysis, researchers linked borderline symptom severity in male-female marriages with greater levels of marital distress, probability of engaging in minor and severe marital violence, and probability of marital dissolution (Whisman & Schonbrun, 2009). Still, another study determined that borderline personality disorder and antisocial personality disorder functioned as mechanisms through which anxious adult attachment related to both physical and psychological forms of violence (Mauricio et al., 2007). After

controlling for personality disorders, however, the authors found that anxious attachment continued to have a direct influence on psychological violence but not physical violence.

**Cultural ideology.** Jenkins (1990) demonstrates sensitivity to culture as it relates to relatedness and the perpetration of violence. He acknowledges that violent and abusive behavior can be informed by dominant cultural ideologies about entitlement, privilege and power, and expectations of deference and submission from those who occupy a lesser status in society. He also makes clear that theories that propose men are systematically socialized into violence tend to absolve abusive men from taking responsibility for their violence by locating the causes within the culture. Hence, the reader must be wary of the data presented below; the cultural ideologies considered should not be taken as causal explanations for abusive behavior.

Earlier work by Haj-Yahia (1997, 1998) has focused on IPV as it pertains to Arab men in Israel. The results of his work provide some indication that rigid masculine sex-role stereotypes, traditional attitudes toward women, witnessing violence in the family of origin, and non-egalitarian experiences of marriages may foster beliefs in men that condone wife beating, foster the notion that women are benefitting from the beating, and stand against efforts to empathize with women who have been beaten. Patriarchal norms and values are also present among East Indian cultural ideologies, with prevalence rates (20% to 75%) clearly reflecting this position (Martin et al., 2002). Mukherjee (2015) recently stated the following:

In India cultural and social factors play an important role in developing and promoting violence against women. With the socialization process at different phases of life, men tend to take up the stereotyped gender roles of domination and control, whereas women grow up to follow the path of submission, dependence and respect for the authority throughout her life” (p. 1)

Mukherjee's (2015) work on 28,904 Indian couples across the nation found that, via gender-role socialization, exposure to parental violence during childhood could have very important implications for future intimate relationships, particularly as it concerns vulnerability to victimization in women, but also perpetration among men. Martin et al. (2002) make specific reference to husbands' belief in their right to control their wives and to be physically and sexually abusive, and non-violence in an earlier generation to be key differences across martially violent and non-violent samples.

Of note, earlier work has found "machismo" and male domination to be prevalent from generation to generation in the Latino culture (Perilla, Bakeman, & Norris, 1994), potentially fostering a perception of Latina women's acceptance of these attitudes as the expectation; the result may be that the struggle of these women is pushed further and further into private life (Renzetti, Edleson, & Bergen, 2001). More recent qualitative work by Adames and Campbell (2005) echo this by explicating the continued impact of these gendered perceptions in the Latin community and the family's struggle to combat them in their children:

First of all, you come with very . . . closed or antiquated customs. . . . The men since childhood [are] educated that he's the one who gives orders, he's the one who will do and undo. And we as women have to be submissive, obey everything he says. Withstand until God says so. . . . Like me, I was raised to not forget that it's your cross, and the man, well, he gives orders. No . . . I don't see it his way anymore. Not me anymore. . . . I struggle a lot so that [my son] isn't violent tomorrow. . . . What I want him to see is the damage done to women. I want him to respect women. Not because all of that has happened to me, no. It's because women here (in the United States) are worth a lot, she is not to be mistreated or hit. (p. 1358)

Some investigators have warned that while machismo may help us understand the phenomena of IPV in Latin communities, it is, in the end, only partial and that "it is vital to be willing to listen to the participants' viewpoint on these matters" (Welland & Ribner,

2010, p. 806). Interestingly, research on Latino male perpetrators has found that they do not hold more rigid gender role ideologies than non-violent men (Saunders, 1996) in spite of the fact that Latina women tend to reason in their reports that machismo is the root of their violent partner's aggressions (Coffin-Romig, 1997).

It should be noted that more recent scholarship reveals that perceptions of women's roles are far more complex than the sex-roles that have been set forth in the feminist literature. For example, it has been demonstrated that because the derogation of women and female victimization is becoming increasingly stigmatized among Israelis, those who continue to have negative attitudes towards women may experience pressure to adopt a more egalitarian stance (Herzog, 2007). As well, while men may wish to exclude women from certain activities and roles, it appears that their underlying attitude toward women may be ambivalent as they continue to rely on women for intimacy and sexuality.

**Summary and conclusions.** Literature on relationship functioning and male violence perpetration in the US is vast and encompasses multiple perspectives that span a range of disciplines. Studies conducted in Canada, on the other hand, are lacking greatly and would benefit from more work. Available research generally suggests that the male perpetrator's capacity for relatedness has important implications for abusive behavior; broader notions of marital dissatisfaction, and more specific relational factors such as poor communication (e.g., blaming), emotional avoidance (e.g., stonewalling), problems with empathy (e.g., inappropriate overattribution), and certain cultural ways of relating (e.g., patriarchal dominance) appear to stimulate the propensity for violence perpetration. A challenge in the literature pointed out by Stith and colleagues (2008) is that it is extremely difficult to determine whether negative forms of relatedness contribute to

abusive behavior, or the other way around. This is an important area for future study, an area that demands longitudinal analysis where relatedness and violence perpetration can be studied from at least two different time-points.

Psychological factors appear to greatly influence the association between relatedness and IPV, however available research on the matter is limited with the majority of studies focused on male perpetrators with PTSD and other diagnostic conditions (e.g., borderline personality disorder). Continued analysis of diagnostic conditions may enrich our understanding of the relatedness-IPV link. As well, an understanding of how certain base emotions such as anger, sadness and fear play into this relationship is needed for future research and especially for practitioners who are regularly presented with these emotions when treating the male perpetrator (Jenkins, 1990). Unfortunately, examination at the level of emotionality is a relatively untouched area of study.

### **Socioeconomic Status**

Jenkins (1990) explains that the acquisition of status and power in the world of work has been traditionally tied to the male role in Western society. He is expected to be tough and competitive rather than vulnerable and emotional, which Jenkins (1990) indicates is a “recipe for social and emotional incompetence and total reliance on a female partner for the social and emotional requirements of relationships” (p. 39). The male abuser who is usually emotionally avoidant will tend to rely on his female partner to “walk on egg shells” around him to shelter him from the pressures of life, particularly socioeconomic hardships, as Jenkins points out that abusive men frequently regard themselves as failing in masculine pursuits and achievement. According to Jenkins, then,

the male perpetrator, rather than take responsibility for his negative feelings around socioeconomic pressures, will end up dehumanizing and abusing his female partner as a method of abolishing himself of difficult feelings and responsibility.

It should be noted that a key difference between Jenkins' (1990) theorizing about culture and SES relative to the male perpetrator is the emphasis on broadly learned values and beliefs in the case of culture (discussed in the literature above as patriarchal ideology with its many faces), and the more specific masculine socialization around work-related competition and achievement in the case of SES. A common thread, however, is that both of these issues center on the male perpetrators sense of entitlement, privilege and power given the feminist nature of Jenkins' work. With this in mind, the extant database has examined various elements of socioeconomic status and their influence on male IPV perpetration. Let us turn to these data presented below.

Research on the association between SES and IPV remains relatively mixed and equivocal. The World Health Organization (WHO) found that, among other factors, where the perpetrator and victim have low education and use alcohol, and where the perpetrator exhibits antisocial characteristics, IPV may be more common than not. There are a few meta-analyses based on American data that have demonstrated only small (Stith et al., 2004) to moderate effect sizes (Schumacher et al., 2001) between income and IPV perpetration. American (Cunradi, Caetano, & Schafer, 2002) and Finnish data (Aaltonen, Kivivuori, Martikainen, & Sirén, 2012) show the lower the income, the more severe male-to-female violence will manifest. Using population-based household surveys across ten countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Republic of Tanzania, Samoa, Serbia, Montenegro), it was revealed that protective factors against IPV were

postsecondary education and high SES (Abramsky et al., 2011). Canadian data in the area exists but remains limited. One study that used a representative sample of residents from Toronto considered individual- and neighborhood-level characteristics on outcomes related to IPV (Kirst, Lazgare, Zhang, & O'Campo, 2015). The authors concluded that "...higher levels of perceived neighborhood problems can reflect disadvantaged environments that are more challenged in promoting health and regulating disorder, and can create stressors in which IPV is more likely to occur" (p. 314). An earlier study based in Canada set out to examine the influence of occupation, income and education on the perpetration of violence against an intimate partner; among these variables, income appeared to be the only variable significantly associated with (severe) physical violence, whereas psychological violence showed no association to SES (Lupri, Grandin, & Brinkerhoff, 1994). A more recent analysis in the US found that annual household income appears to have a greater influence on the probability of IPV than education or employment in a sample of White, Black and Hispanic persons (Caetano & Cunradi, 2003). Studies that have found no association between SES and IPV perpetration are less common, although an analysis by Mooney (2000) used vignette-based 'cues' and concluded from a community sample of male perpetrators that IPV presents itself at a comparable rate across the class structure.

Unemployment concomitant with men's loss of the breadwinner role has been identified as an experience that contributes considerably to the occurrence of violence in the American family, made evident through the early work of Gelles (1980, 1985). It has been theorized that this may be especially true for lower SES families, where economic distress is more likely to be prevalent and increase the likelihood of IPV occurrence

(Fagan & Browne, 1994). More recent work by Benson and his associates (Benson et al., 2003) has in some way mirrored earlier findings by showing that increased employment instability and greater subjective financial strain may increase the likelihood of IPV; however, what is interesting about these findings is employment instability, not household income, predicted increased IPV, a finding that the authors attribute to lowered self-worth and a threatened subjective sense of masculinity in the male perpetrator: “Being repeatedly fired or released from employment may provoke feelings of stigmatization and anger in males, who then may take out their frustrations on their partners” (p. 230).

Other research has shown that couples where the male is a problem drinker and is currently unemployed may be at risk for male-to-female partner violence (Cunradi, Todd, Duke, & Ames, 2009). One study demonstrated no difference between unemployed and employed participants for risk of family violence, after controlling for alcohol misuse, income, education, age and other factors. This research did, however, find that where employed persons are receiving welfare benefits they may be four times more likely to report violence (Rodriguez, Lasch, Chandra, & Lee, 2001).

A qualitative study conducted by Yonas and colleagues (2011) used in-depth interviews to garner insight around IPV relative to neighborhood characteristics from 16 community leaders living in a low-income urban neighborhood in Baltimore, Maryland. A number of the community leaders did not believe IPV was an issue in their communities, which the authors attribute to a lack of awareness on the part of leaders given statistics from Maryland that report 20,000 IPV crimes (most of which reported by low-income urban women) during the same period brought to the attention of law

enforcement agencies (Yonas, O'Campo, Burke, & Gielen, 2007). Particularly noteworthy was Yonas et al. (2011) revealed a tendency on the part of community leaders to accept male IPV perpetration as an unfortunate response to frustration and a lack of power these men might ordinarily command in the workplace. In the words of a former male neighborhood resident and program provider:

There's a frustration you know...of how does a person maintain the legitimacy... ahh...as the leader of the household with a lack of money... but the reality of it is...is that without a job and his own home...the guy is being out-competed by that check and the other things that come with it. Now...that's another great thing that enhances anger...guys actually beat women more when THEY have less...if they have a lot they give em more...but the girls have always come to almost understand that if a guy has less and lacks a job...she's gonna be the victim... (p. 219).

This finding is consistent with former research that has noted the amount of perceived stress experienced by the male perpetrator may operate as a mechanism between economic factors and male perpetration (Burke et al., 2006; Li et al., 2010). As well, this finding reflects the feminist perspective that men who do not feel their status in society is consistent with pre-established norms and expectations, may resort to violence in order to reinstall a sense of power in their external world that is otherwise lacking (Yick, 2001). This is supported further by research that suggests where women earn a good portion of the couple income (Atkinson et al., 2005) or where there is a status incompatibility favoring women (Kaukinen, 2004), men may use violence in an effort to reassert their dominance.

The Aboriginal people of Canada experience substantial socioeconomic disadvantage. As indicated by the 2006 Canadian Census, 21.7% of Aboriginal people had incomes well below the low-income cutoff compared to the 11% of non-Aboriginal people (Statistics Canada, 2006). Although research remains preliminary, Daoud and

colleagues (2013) find that Aboriginal peoples' lower socioeconomic position may be a notable contributor to the high level of IPV in their homes when compared to non-Aboriginal homes. Daoud et al. are to be applauded for conducting the first study that used a nationally representative sample of First Nations, Inuit and Metis mothers from different provinces living off reserve to conduct their analysis.

**Summary and conclusions.** Research on SES and male violence perpetration is mixed and equivocal. Nevertheless, it is fair to conclude that income may be the most important predictor of IPV perpetration (Raul Caetano & Cunradi, 2003; Lupri et al., 1994), and the way income is experienced in the psyche of the perpetrator is of critical importance (e.g., threat to sense of masculinity), having grave implications for violence propensity. Studies that demonstrate no association between SES and male violence perpetration are rare but do exist (e.g., Mooney, 2000), and while education and employment status have been established as protective factors against male perpetration (Abramsky et al., 2011; Gelles, 1980, 1985), their associations are generally weak when compared to income (Lupri et al., 1994).

The importance of psychological influences on the male perpetrator cannot be overstated when considering issues of SES (e.g., Benson et al., 2003; Benson, Wooldredge, Thistlethwaite, & Fox, 2004), something that Jenkins (1990) recognized in his seminal text with his emphasis on the male perpetrator's sense of self relative to masculine pursuits and achievement in the world of work. More research in the area is needed, especially research that extends beyond issues of self-worth and economic forms of stress to include other forms of psychological distress such as anger or jealousy. The literature is also in great need of studies conducted on Canadian populations, particularly

the Aboriginal people who are among the most socioeconomically disadvantaged across the nation.

### **Treating the Male Perpetrator**

Let us turn our attention to the major focus of the proposed research, the narrative-feminist treatment approach of Alan Jenkins set forth in his seminal work, *Invitations to Responsibility: The Therapeutic Engagement of Men who Are Violent and Abusive*. The foundation for Jenkins' thinking has been laid throughout the proposed research, and key elements of Jenkins' theoretical position will be reiterated and expanded upon in this section. The author will also present in this section more recent additions to Jenkins' thinking published in Australian journals for family therapy. This is followed by a review of the prominent psychotherapeutic approaches to treating the male abuser (Duluth model, cognitive-behavioral and social learning-based approaches, and psychodynamic approaches), and outcomes research for psychotherapeutic intervention.

#### **Alan Jenkins' Narrative-Feminist Approach**

From the perspective of Alan Jenkins, violence occurs when there is an imbalance between the male perpetrators sense of entitlement and responsibility, which exists by virtue of the greater privilege that is often attributed in society to men in general and the male abuser in particular (Jenkins, 1991). The female victim will usually respond with feelings of intimidation, being trapped, and humiliated. The male perpetrator may not perceive himself as occupying more power than the female victim and in fact may see himself as the victim of earlier experiences related to the violence. (Jenkins, 1990) notes that the goals of working with abusive men can only be achieved where the perpetrator

accepts full responsibility for his abusive actions. Abusive men, however, usually expect the victim of the abuse to accept responsibility for the cause and hence prevention/cessation of the abuse. They are often able to invite individuals outside of the relationship, especially family members, to accept responsibility for their abusive behavior and step in to do their social-emotional work for them. The treatment model developed by Jenkins invites the male abuser to “acknowledge fully the existence and significance of the abuse and understand the potential impact of his abusive actions upon the victim and other. He must...bear the full onus of ceasing his abuse and changing his behavior” (Jenkins, 1990, p. 12). Jenkins (1991) makes note that he does not regard violence as being the consequence of differences in power; he very astutely points out that attempts to empower those in lower status positions are hardly ever matched by efforts to facilitate a felt sense of responsibility in those who occupy higher status positions.

Jenkins’ (1990) psychotherapeutic work begins with the assumption that men’s abusive behavior can be curtailed if they begin to accept responsibility for not only the abusive behavior, but for his own feelings, and contributing to the relationship in a way that conveys sensitivity and respect for the other. From a societal perspective the same is true; abusive behavior is most likely to be reduced when those in higher status positions develop a felt sense of responsibility for the welfare of others that is commensurate with their level of privilege. Jenkins feels it is unfortunate that society is constantly directing responsibility to those on the receiving end. Domestic violence campaigns, for instance, tend to encourage women and their children to disclose and seek out therapeutic services while the perpetrator runs from his own social-emotional responsibilities. Boys continue

to be excused from social and emotional responsibilities within the family and at school with their peers which sets the stage for men to begin to evade responsibility for their behavior with others.

Jenkins (1990) indicates that we have inadvertently perpetuated abusive behavior through two commonly used causal explanations: The perpetrator is either “bad” or “mad” and it is the nature of his “badness” and “madness” that guides where the responsibility for his behavior will be allocated, and what is subsequently done as a result of this allocation (p. 188-192). From the position of the perpetrator as “bad”, the response is usually to isolate and punish the abuser in an effort to protect the victim and her children and make the perpetrator see the problems with his behavior. If this does not work, the next response will be to separate the victim from the perpetrator so that she puts the perpetrator “out of mind”. Jenkins indicates that this approach will lead the male abuser to deny the existence, extent and significance of his abuse, and with no accompanying assistance to deal with the loss of hope and panic about his future, he will become increasingly likely to deny and avoid responsibility. Not only that, Jenkins (1991) highlights that contexts such as prisons do not promote responsible behavior, but rather a sense of resentment, feelings of injustice and a tendency towards self-righteousness where responsibility may be directed outwards towards the criminal justice system. Because what underlies these punitive actions is a sense of the perpetrator as “bad”, Jenkins (1991) urges us to “recognize the escalation as a ‘two-way street’ or reciprocal process, rather than act from positions of moral superiority and make judgments about the man’s intent without having significant contact with him or understanding of his experience” (p. 191). If we do not, we will project abusive patterns

of thinking that will involve an attitude of suspiciousness about the perpetrators' malicious intent, manipulateness and so forth.

On the other end, there is the perception of the perpetrator as mad and hence the victim of psychological difficulty that must be uprooted in order to create lasting change. Therapeutic intervention, then, will take the shape of searching for the cause of the difficulty, and should the perpetrator become uncooperative, treatment might become confrontational such that cooperation can be re-established so that the search for a cause can continue. Jenkins (1991) argues that this perspective is fueled by a medical preoccupation with discovering the cause of illness, which becomes more about the "pursuit of truth rather than the pursuit of justice" (p. 192). He notes that causal theories, no matter the school of thought, tend to lead individuals in violent relationships towards competition in their own quests in the pursuit of truth, rather than promote a felt sense of responsibility for the abuse. The obsession with causal explanations is shared by the perpetrator who is similarly preoccupied with the question of "Why?" and the pursuit of truth. The question of "why" leads the perpetrator to expend his energy in a way that pacifies his quest and feel he is doing something about his abusive behavior without accepting responsibility for it. In the end, the abuser will feel comfortable in his sea of justifications and reasons for his harmful actions, and even deserving of forgiveness for his efforts to change.

With respect to intervention, then, Jenkins (1991) argues the need for a justice system that is designed to hold male perpetrators accountable for their behavior while also safeguarding the rights of the female victim and her children. He believes the criminal justice system is ill-equipped for such an undertaking, and suggests

incorporating the systemic ideas about abusive behavior with the initiatives of criminal justice in a way that facilitates responsible behavior. This includes providing incentives for responsible behavior (e.g., guilty pleas) instead of the disincentives that are in place. He recommends that the American criminal justice system consider the positions adopted by systems in other parts of the world that involve police taking responsibility for charging the abusive man rather than leaving it to the female victim to press charges, and requiring evidence for taking responsibility for violence before restraining orders are lifted. On the therapeutic end, Jenkins believes that if therapists learn to ask the right questions, they will be in a better position to facilitate responsibility with male perpetrators. He suggests, for instance, that instead of asking “Why do you abuse?” it is better to ask the question “What is stopping you from relating more respectfully with your partner?” He believes this will open up potential for the following:

...to address abusive behavior in the context in which it occurs, without misattributing responsibility. We can examine restraints to responsibility as opposed to causes of abuse. In this way we can intervene with restraining patterns of interaction and restraining patterns of imbalance of status and responsibility, in families and the wider society, without attributing responsibility for abuse to victims or external events. We can challenge patterns of male ownership and female obligation, patterns of imbalance in responsibility between men and women and patterns of reliance of men upon women to take care of their social and emotional needs – without assuming any of these patterns of interaction to be causes of abusive behavior (p. 194-195).

Jenkins (Jenkins, 2006, 2011) has more recently developed a two-part series where he brings to life the concept of resilience as a kind of ethical agency in psychotherapeutic work with men who abuse women. In his words:

...creative transformations, productive renewals and new possibilities (all of which are deeply infused with resilience) are not accessed or produced through an affirmation of identity or the reification of personal historical narratives. Instead they take place when we let go of the familiar; when we experience freedom from judgment and look to the outside of what is familiar and predictable. These

developments involve an unsettling rather than an affirmation of identity with the discovery of enabling ethical agency which we might call resilience.

He goes on to note that in his work with violent men, a move away from our preoccupation with the “geographical context of a problem” (personal history and the self) towards the impersonal and what lies outside the self – in other words, the individuals strivings that concern connection and otherness – can be considered the antithesis of violence. Jenkins invokes the Deluzian (Deleuze & Guattari, 1987) concept of desire as a “propensity to become other”, not as something internal to the individual that can be possessed, but rather as an aspect of life that *passes through* the individual. Deluze considers desire as resilience so much as it flows through us and can be experienced in those moments of connection with life that defy logic and prevalent cultural motives, and further unravel identities that the individual may grasp; what Jenkins refers to as an “unsettling of identity”. In this sense, resilience cannot be orchestrated or considered a personal quality; it is more a part of the creative aspect of life that moves on a plane of creative development; hence, belonging to everybody (Jenkins, 2011). From this vantage, Jenkins invites therapists who work with male abusers to shift from questions such as “What kind of person am I?” and “How should I live?” to an ethical position of wonder: “What else might there be?” and “What might I be capable of?” Jenkins (2011) further invites therapists to:

...maintain a sense of wonder in the face of resilience: We cannot know of what a body is capable. We might shift focus from preoccupation with locating resilience within personal histories or relational processes and networks and become more engaged with what resilience can do, as opposed to what it is [for the male abuser]. It is in the context of relationship that connection with otherness is often experienced (p. 281)

Jenkins (1990) has criticized contemporary approaches for treating the male abuser, some of which are presented below. In his words:

Most of these [contemporary] approaches acknowledge problems with motivation in abusive men. These include denial that there is a problem with violence or abuse, unwillingness to attend therapy, attending therapy in order to persuade a spouse to reunite or to avoid legal charges once this goal is achieved, and avoidance of responsibility for violence. Not surprisingly, abusive men have often been regarded as “resistant” and unsuitable for therapy. (Jenkins, 1990, p. 15-16)

He criticizes feminist approaches more specifically for putting the responsibility of intervention on ensuring the safety of women and children when it comes at the expense of holding the male perpetrator accountable for his actions; he indicates that the effect of this is the onus of violence perpetration is shifted from the male perpetrator to the female victim (Jenkins, 1990). To situate Jenkins’ approach, then, it appears that his theory aligns most with the psychodynamic school of thought, and with distinct elements of the feminist perspective. Psychodynamic psychotherapy with the male perpetrator encourages the male to become aware of his discontent so that he can be in a position to take responsibility (Wexler, 1999a), just as Jenkins (1990) will “...engage the man in a way that facilitates his taking responsibility for his participation in therapy and encourage an active interest and motivation in changing his own behavior” (p.16).

### **The Feminist Model**

Originally referred to as the Domestic Abuse Intervention Project, the Duluth model is a feminist-based, cognitive behavioral approach to counseling for educating men who are arrested for domestic violence or mandated by the courts for domestic violence treatment (Pence & Paymar, 1993). The program was intended to ensure the safety of the female victim by holding the male perpetrator accountable for his actions and placing the responsibility of the intervention on the community for ensuring the safety of women.

The model is embedded within a framework called Coordinating Community Response, the aim of which is an integration of the underlying ideology of the Duluth model into law enforcement, criminal justice, human services and other sectors of the community. The model was originally designed for paraprofessionals and court-mandated groups, although it is now frequently used for men who are convicted and have mandatory conditions placed on their probation in both the U.S. and Canada (Dutton & Corvo, 2006).

The Duluth model uses logic in an attempt to counter violence as a socialized option for men based on power and control, patriarchal attitudes and sexual objectification, believed to underlie these men's abusive behavior. The problem of domestic violence, then, is almost entirely a male issue; men are the ones who are conditioned to dominate and to subordinate women. Part of the model's focus is to teach and develop skills that will be useful in overcoming future abuse and violence and facilitate a "cognitive restructuring" of attitudes and beliefs that support a non-violent orientation. Modifying men's attitudes and behavior generally happens through the Power and Control Wheel. The wheel illustrates that violence may work in a pattern of abusive behavior that involves: the use of intimidation, emotional abuse, isolation, male privilege, economic abuse, children and minimization, denial and blame. The intention of the wheel is to help men change the behaviors noted above to behaviors that are more egalitarian. Hence, the Equality Wheel is also offered to abusive men with its aim of fostering egalitarian and interdependent relationships with women characterized by negotiation and fairness, non-threatening behavior, respect, trust and support, honesty and accountability, responsible parenting, shared responsibility and economic partnership.

Other strategies include tension reduction exercises, communication and problem solving skills training, appropriate use of “time out” and building empathy for female victims.

The Duluth model is sometimes treated as a therapeutic approach, although the model was not designed for this purpose. It was intended to function as exercises that lead abusive men to contemplate their patriarchal and stereotypical attitudes toward women, and wrestle with the controlling behaviors that often accompany these attitudes.

A number of critiques of the Duluth Model were made following its inception. According to Dutton (2003) the model is counterintuitive with effective treatment in that inherent within it is the strong possibility of shaming the male perpetrator by taking an oppositional stance to him as being in need of re-conditioning. The bond between the therapist and patient is the foundation upon which the therapeutic relationship is set, and as Dutton & Corvo (2006) have noted, “...it becomes extremely difficult to form a relationship when the therapist is required to assume that strategic intentional domination is the sole motive for all clients and to presumptively disbelieve any claims of mutuality raised by clients” (p. 463). The therapeutic bond and the process of building trust are especially fragile in situations of domestic violence where so many perpetrators have experienced abuse at the hands of authority figures and experience themselves as victims; hence, the application of the Duluth model becomes a delicate matter. Dutton and Corvo also point out using empirical data that the Duluth model and its assumptions do not stand up to the criteria required of “sound social theory” that have been previously identified (e.g., Dubin, 1969; Monette, Sullivan, & DeJong, 1986). In particular, they suggest that the idea that patriarchal power is the cause of female victimization is too narrow; it is not that patriarchal views of domestic violence do not exist for Dutton and

Corvo (2006), but rather that these views represent a small segment of the range of beliefs/attitudes that contribute to male perpetration. Dutton and Corvo further highlight the possibility of belief perseverance in the literature, whereby the assumptions of the Duluth model have so often been repeated and widely assumed that they appear to be accepted as true, warding off disconfirming data to support its political position. As a final note, Dutton and Corvo mention that the assumption of IPV being entirely a political act and its accompanying response of holding the perpetrator accountable may have unleashed mandatory arrest as an appropriate response to combating power, to overcome the male perpetrators perceived patriarchal inclinations. In the words of these authors:

Arrest in some cases escalates violence. Mandatory arrest policies are a product of the ideologically driven view that since domestic violence is always strategic, always intentional, always unidirectional and always with the objective of female domination by men that it must be contravened by the power of the state. Once one removes this ideological presumption, the rationale for mandatory arrest disappears. (Dutton & Corvo, 2006, p. 469)

In response to this, (Gondolf, 2007) has emphasized that the principles of the Duluth model are grounded in the principles of cognitive-behavioral therapy (CBT) and not the political and ideological positions indicated by Dutton and Corvo (2006). Gondolf (2007) further notes that while men do view themselves as victims in situations of domestic violence, as Dutton and Corvo (2006) make known, their response to such victimization appears to be reacting against women to regain a sense of power, status and respect. From the standpoint of CBT, Gondolf (2007) indicates that confrontations from the therapist are central to reshaping the patterns of denial and resistance within the male perpetrator; if the confrontation is presented as antagonistic or hostile, it will surely be

detrimental, although, as Gondolf points out, an experienced clinician will be more subtle and encouraging in her approach.

Regarding the issue of shame, Gondolf (2007) suggests that many partner violent men do not feel guilt or personal responsibility for their abusive behavior, and they are likely to project blame onto the outer world. In the words of Gondolf, “As long as one asserts that his behavior is somebody else’s doing, he has little or at least, much less influence over it...confronting men’s behavior in a systemic way does have some justification” (p. 648). Finally, regarding the issue of accountability represented in the Duluth model (i.e., mandatory arrest procedures) as an extension of patriarchal ideology, Gondolf notes that accountability is not about arrest itself but rather what is done during the course of arrest and after arrest. Judicial oversight, probation case-management, victim safety-planning and police surveillance are necessary, otherwise violence may escalate.

Paymar and Barnes (2007), partial contributors to the development of the Duluth model, have responded to the criticisms of Dutton and Corvo (2006) by pointing out their unwillingness to acknowledge the contribution of male privilege and men’s power and control to the perpetration of IPV. Paymar and Barnes (2007) make known that their approach was founded on a historical analysis that takes into consideration, from the church to the state, the acceptance of not only male supremacy, but the expectation that men would maintain order in the family by controlling their female partner, and that rebellions against this so-called order on the part of women deserved punishment at the hands of the man of the household. Paymar and Barnes also respond to Dutton and Corvo’s (2006) criticism of accountability and mandatory arrest procedures by stating

“...critics of pro-arrest policies would never argue that we should stop arresting rapists or thieves who assault their victims if arrests don’t measurably reduce recidivism for the violent offenders” (p. 5). By failing to take action in the form of arrest, Paymar and Barnes would say we are decriminalizing domestic violence and essentially forcing the female victim to live with the violence or press charges against their perpetrator. Finally, Paymar and Barnes mirror the argument provided by Gondolf (2007) in responding to the critique of the Duluth model as shame-based: “...the Duluth curriculum does challenge men who batter to think more critically and reflectively about their beliefs, but this is done in a very respectful manner...to be genuinely inquisitive about how and why a group member [male abuser] thinks the way he does”(p. 6).

### **Cognitive-Behavioral and Social Learning-Based Models.**

**Domestic Conflict Containment Program (DCCP).** The DCCP is a program of instruction wherein violence-affected couples will meet and engage in a training approach that involves instruction, behavioral rehearsal, and feedback on tasks assigned for homework. It is a skill-building approach that is grounded on social learning and cognitive restructuring principles. The primary principle of the program is to eliminate the occurrence of violence. The importance of this goal, as Neidig and Friedman (1984) note, is underlined by the understanding that violence breeds violence whether it be in the form of escalation of already existing IPV in terms of severity and frequency, or children who are exposed to the violence and begin to engage in it themselves. Neidig and Friedman further suggest that while anger and conflict are normal and important aspects of life in the family, there is never a justification for violence. Violence is assumed to be a desperate but ultimately maladaptive attempt to create change in the relationship, and

while the experience of engaging in violence may be satisfying in its immediate release of stress, the long-term consequences are almost always detrimental. Among those whose behavior does become violent, it is assumed that the behavior is learned and that violence can be viewed as "...behaviors that can be understood and controlled by the client" (Neidig and Friedman, 1984, p. 39). While abusiveness is considered to occur within the context of an interrelational process, it is ultimately viewed as the responsibility of the male to control any urge to aggress against his female partner; this is partially to acknowledge the fact that the male usually possesses more physical strength than his female partner, requiring him to take more of the responsibility over the violence.

Based on these principles, the program is designed to enable clients to: accept personal responsibility for violent behavior; contract for a commitment to change; develop and utilize time-out and other security mechanisms; understand the unique factors involved in the violence sequence; master anger control skills; and develop the ability to contain interpersonal conflict through problem-solving strategies. Also important to the treatment of spouse abuse from the DCCP model are anger control techniques: assertion training, stress-inoculation training, empathy, dealing with criticism, and focusing on the positive; stress-management training; fostering communication skills; and dealing with issues such as jealousy, sex-role stereotyping, marital dependency, isolation and social support. These interventions are usually delivered in a way where clients can practice certain skills on their own (anger control, stress management) before learning skills that function within the context of the relationship (communication, conflict containment). This is grounded on the notion that

developing a sense of competency and control may be needed before other relationship issues such as jealousy and sex-role stereotyping can be addressed given the emotionally charged nature of these experiences.

An initial resistance to the treatment is usually expected in these programs; the way the resistance is handled has important implications for how group members will work together and progress through the program. Resistance in the forms outlined by Neidig and Friedman (resentment, skepticism, pride, embarrassment, hopelessness or defeat, anger) are considered a natural response to treatment, to be accepted and engaged rather than opposed. Moreover, there are certain defense mechanisms (denial, repression, projection, undoing, displacement) that are understood to play a central role in enabling these men to avoid responsibility for their behavior; Neidig and Friedman very simply suggest that: "...the influence of defensive operations must be reduced and the assumption of personal responsibility enhanced if the cycle of violence is to be positively changed" (p. 45).

**Gondolf's integrated treatment model.** A few assumptions underlie Gondolf's (Gondolf, 1985) treatment of men who abuse their partner. One is that men's services should be closely coordinated with and maybe even directed by women because the knowledge and skills that the staff of women's shelters have accumulated over the years could be an important resource for male perpetrators. Furthermore, like the DCCP approach, this integrated model characterizes husband's violence as inextricably a male problem, as it is men's violence that is most excessive and severe, and so men are ultimately responsible for violence in an intimate partnership. Finally, the abuse of women is assumed to be a social problem in that there are deeply rooted social, cultural,

economic and political factors that continue to sanction and subject women to violence, and so men who batter should be assisted in a way that offsets the imposing conditions that predispose them to engage in abuse against a female partner.

Gondolf (1985) in his integrated approach advocates for the use of self-help groups because violent men tend to perceive participation in traditional one-on-one counseling as weakness. These groups generally unite individuals with a common problem to provide one another with support, encouragement and constructive criticism. The group affords these men the opportunity to “combat” their feelings of isolation and experience confidence and self-control. Violent men also learn to take responsibility for their own behavior seeing as how there is no expert (therapist) to rely upon. Gondolf cautions, however, that several organizational considerations should be in place for these groups to be more effective than traditionally run self-help groups where the leadership emerges from the group itself. Traditional self-help groups are short-lived and disorganized, according to Gondolf.

Gondolf’s program has attempted to address some of the shortcomings of prior group formats by drawing on a national survey of the existing services for men that illuminates prevalent, effective features. They include: a hotline or crises counseling phone service, one salaried counselor, a group counseling component and a considerable degree of volunteer support. The specific counseling approach advocated by Gondolf involves eight specific objectives: taking responsibility, breaking isolation, avoiding violent behavior, reducing stress, communicating feelings, resolving conflict, undoing sex-role stereotypes and organizing social action. These eight objectives are usually delivered sequentially, with the hope of leading the male perpetrator from an acceptance

of his dilemma, to stopping his abuse and then on to dealing with the social factors that support his violence.

Because abuse of one's partner is ultimately considered a social problem from the perspective of Gondolf, it is essential to "treat society" in addition to treating the male abuser. He articulates three possibilities upon which a movement for societal change on the issue of wife battering can be addressed: One possibility is that the volunteers and staff who are part of men's and women's programs spend some time training social service members to effectively respond to IPV. Another involves the school curriculum; Gondolf advocates for an expansion and revision of the approach such that it emphasizes sex-role stereotypes and their influence on the individual and larger society. Finally, Gondolf encourages building a coalition that more genuinely includes the grassroots; the objective here is that this can allow for the dialogue as well as the energy to move forward in new directions. This might involve the inclusion of women into program efforts, minority participation and the development of men's centers or residential facilities that more decisively challenge isolation and comprehensively monitor behavior.

A cognitive-behavioral approach that addresses violent men's socialized beliefs and attitudes has been criticized for advocating positive thinking or raw will power over exploring emotions and the "messiness" that can often accompany this sort of exploration (e.g., paradoxical considerations, abstraction in understanding) (Bowker, 1983). This approach is also criticized for being overly focused on present-moment experiencing to the neglect of possible early experiences and unconscious processes that may underlie male abusers' tendency to aggress. The method's preoccupation with achieving behavioral change has been considered a downfall in the sense that it takes away from

“the more fundamental need to heal psychic wounds” (Gondolf, 2012). Scalia (1994) has gone as far as to say that modalities that are not informed psychoanalytically, making particular reference to the cognitive behavioral approach, may reflect treatment pseudosuccess and even an exacerbation of violence with their focus on rapid symptom change. In response to the overreliance on cognitive-behavioral interventions for its ability to afford empirical evidence, Lachs (2004) has stated the following: “Can we realistically expect to prove that a choreographed “standard” intervention can thwart a heterogeneous problem [IPV] that encompasses all of the complexities of human relationships, one that may predate the use of language?” (p. 399).

### **Psychodynamic Models**

**Wexler’s self-psychology.** David Wexler has been an important contributor to psychodynamic psychotherapy as it pertains to the treatment of the male batterer. He asserts that the confrontational approach of many treatment programs emphasize male entitlement and patriarchal attitudes but do a poor job of understanding the developmental history that is endured by men who are abusive towards their partners (Wexler, 1999a). Wexler’s clinical treatment response starts from the position of self-psychology wherein the male abuser can be understood as someone who has been deprived during childhood of some of the essential “mirroring functions” – the child’s essential need to look at his mother and see reflected back to him validation and acknowledgement – that are essential in his efforts to develop an internal sense of ease and comfort. As adults, these men tend to look for a source of approval or recognition from the outer world (a mirror), an effort that will almost always fall short, as even under

the most optimal conditions a relational encounter will almost always be received as somehow unsatisfactory or incomplete.

Unconsciously, then, the male abuser will turn to his female partner to assist him in developing these functions. The male abuser enters a love relationship with resistances against intimacy, fear of the possibility of hurt, and being involved in yet another relationship where he “misses attunement” (Wexler, 1999). These defenses will eventually arise as he connects emotionally to his female partner and as Wexler (1999) notes, “He [the male abuser] hopes, he prays, that the good feelings he has about himself as he intertwines his life with his partner and family will buoy him for the rest of his life against the emptiness and deprivation that he has already experienced” (p. 130). It has been noted that because men in our culture tend to rely on women for a state of self-cohesion, they may experience women as having the power to express emotions and depend on them to help them express their own, whether they are aware of it or not (Pleck, 1980). They will also turn to women to validate their masculinity and power, and if this is withheld or men’s unrealistic expectations are not met, many men will come to feel lost. As Wexler (1999) indicates, while the female mirror serves as a powerful reflection, it is only a matter of time before the male abuser will experience fragmentation in response to his partner or his child(ren) not showing him the respect he had in mind. The fragmentation in these men may appear as an inability to maintain a sense of personal worth and esteem, reflected in an array of behaviors (e.g., substance use) and “narcissistic rage”. Wexler (1999) very astutely states:

Some disappointment like this is inevitable in the course of human relationships and the recognition of limits. The problem with the man who becomes abusive with his partner or children is that he has mistaken the flood of good feelings that comes from a close relationship with a promise that the good mirror will always shine. So, in his

eyes, the mirror breaks, his sense of self shatters, and he blames the mirror. Because she promised. (p. 131)

Wexler (2009) also talks extensively about the issue of shame in the lives of men who are abusive to their partners noting that shame may very well be the least understood aspect of men's experience. He indicates that boys who have experienced shame in their lives will try hard to evade the possibility of its reoccurrence as they grow older. In the words of Wexler (2009), "A shamed boy becomes a hypersensitive man, his radar always finely tuned to the possibility of humiliation" (p. 21). The tragedy of all this is that violent men who are perhaps most in need of affection and approval are the very individuals who are unable to ask for it, reacting instead through projecting blame and rejection onto others and perceiving others from the orientation of threat. The feelings associated with shame, pushed into the subconscious may be triggered in partnerships where the perceived experience of withdrawal and affection may be experienced as the partner's attempts to slight them. However, with men's relentless fear of appearing weak or having feminine qualities, it is not unlikely that they will do what is necessary to uphold an image of masculinity, avoiding rather than approaching the experience of shame, what Wexler refers to as "shame-o-phobia". Wexler acknowledges the role of socialization in this process; he points out that men are somehow less able to regulate arousal through intimate connection than their female counterparts, fueled perhaps by the "guy world" culture that emphasizes success and performance over reliance on others as a means of transcendence.

From the perspective of Wexler (1999), psychology has not understood the root of abusive men's suffering as vulnerability to broken mirrors and an underlying fear of shame. Wexler advises that it is the experience of the cracking of the mirror (or the self)

discussed above that needs to be “identified and owned.” Violent men need to become aware of their unrest and resentment so that they are eventually in a position to take responsibility. Wexler indicates that the experience of identification can have an “organizing effect” drawing the individual to respond more directly to the problem at hand. Eventually the male abuser is able to move from his need for mirroring and affirmation from his partner to a shared partnership wherein both he and his partner are experienced as fundamentally flawed, not he more than his partner.

Wexler goes on to explain that the narcissistic injury that tends to come before an act of violence can be observed in the clinical relationship, as there will eventually be an empathic failure no matter what the experience of treatment. The objective for Wexler is to deliver an “experience near” intervention that is able to tap into the experience of the male abuser as powerless, no matter what the prevailing political ideology may be. Wexler (1999) notes that “to confront men in treatment...on male domination...causes us to lose more of our audience...they become defensive or, even worse, disengaged” (p. 138). As a final note, it is central that the clinician offer the male abuser a stable, mirroring self-object from which he can, in the therapeutic encounter, deal with the very difficult emotions that characterize his past relationships from a place of vulnerability and openness. In this way, the therapist can offer the male abuser a new experience from which he can recognize that we all are vulnerable to difficult moments in human relationships.

**Attachment-based psychotherapy.** Daniel Sonkin’s heavily cited work on male batterers originally advocated for a cognitive-based intervention with male abusers (Sonkin & Durphy, 1997). His more recent work, however, focuses on the attachment

relationship between the therapist and the perpetrator, as he explains "...the most robust predictor of change in psychotherapy is not the techniques or even the brilliant interpretations that therapists devise, but the relationship between the client and therapist" (Sonkin, 2006, p. 2). He emphasizes that male perpetrators enter into therapy under great distress and difficult situations (separation, divorce), and so it is critical that the therapist attend to nonverbal signals in a sensitive and caring fashion, and less so using the confrontation of minimization and denial that is commonly encouraged in the research literature (Sonkin & Dutton, 2003). The therapeutic alliance in male batterer work is particularly difficult; Sonkin (2006) points out that merely walking in the therapy room may trigger attachment distress for the male batterer, which is complicated by the fact that these men are usually forced to be involved in therapy, anxious about losing their partner and children.

Merely attuning oneself to verbal and nonverbal signals is not always sufficient in understanding the perpetrators emotional world as a great deal of affective experience can occur outside of consciousness, on a subconscious level. As Sonkin (2006) notes, however, "...we can feel what others feel simply by observing their signals and this process occurs whether we are conscious of it or not (p. 4)". This means, by attending to our own emotions, we can illuminate the emotional world of the client. If the therapist is able to tap into subconscious, affective experience within the intersubjective field, the client will tend to experience a deep sense of being understood, which may strengthen the therapeutic bond. Sonkin (2006) sums this up from an attachment theoretical perspective by stating:

...securely attached therapists automatically "do" things with their client that result in increased feelings of security in their clients...the more integrated and aware the

therapist is of her/his own patterns of regulating attachment emotions, the greater he/she will be able to help his/her patients achieve integration and awareness of his/her own. (p. 3)

Sonkin and Dutton (2003) indicates that when helping male perpetrators, it is important to become aware of the range of emotions (beyond anger) they might experience and how they relate to one another. It is also important to assist them in trying to identify the stimuli, whether internal (e.g., early childhood memory) or external (e.g., criticism from a spouse), that triggered the emotion in the first place, and further help them understand that the strategies they used in childhood to deal with their emotions may no longer serve them. The process of facilitating greater emotional awareness in the perpetrator affords him the opportunity to make decisions in the future about how to respond to his emotional experiences in a way that does not leave him at their mercy. In this process, Sonkin (2006) points out that it is crucial for the therapist to use the subconscious, affective realm as a barometer because most of the perpetrators' emotions will appear at this level. Although confrontation has been heavily encouraged by other models of treatment and is certainly useful, Sonkin (2006) suggests that it may be of little help where the male abuser is not aware of his emotional state. In his words:

Because of their history of deactivating or hyper-activating attachment emotions and needs (or a combination of the two in the case of disorganized attachment), the clients [male abusers] will need consistent and sensitive attunement by the therapist to learn to recognize and tolerate all of their emotional states and develop new strategies for regulating them (p. 5)

Critics of psychodynamic approaches to male abusers point out that while psychodynamic approaches tend to have slightly better outcomes, certain practical considerations give other approaches, such as cognitive and gender-based treatments an upper hand. For example, Gondolf (2012) believes that CBT has a "...clear and decisive

message of personal responsibility and change” (p. 214), which he asserts can be helpful in breaking through the projections, excuses and justifications of violent men that make them resistant in the first place. Gondolf indicates that CBT may also “...reduce the tangents and avoidance that too easily emerge” in approaches that are less technique-focused, such as in psychodynamic treatment. Moreover, psychodynamic treatment is usually considered a less appropriate form of therapy from the perspective of court officials and probation officers who are concerned primarily with the assaultive behavior and seek assurance that the crime itself is being explicitly treated (Bancroft, 2003); in other words, unless there is a diagnosis and a direct association to its treatment, in the traditional medical sense, therapy is more or less rendered ineffective. It has also been suggested that CBT is an easier treatment to use, requiring less intensive training and clinical supervision than psychodynamic treatment; many of its tenets and uses have been converted into workbooks and manuals, making it a more practical option (Gondolf, 2012).

Moreover, it has been suggested that psychodynamic approaches require deeper insight and self-disclosure, and are therefore less congruent with the experience of male batterers who are “famously resistant” to these treatments due to a masculine self-image and its accompanying socialization of interrelating (Gondolf, 2012). Because of CBT’s tendency to be less “touchy-feely”, proponents of the approach have suggested it is the better fit; what these men require is a means to “rehearse ways of handling a situation”, according to Yeung (2012, p.30). The most important advantage of CBT over psychodynamic treatment, however, has been noted to be its appeal to battered women’s advocates. Since these approaches focus on the problematic behavior, CBT programs

afford these women a perceived sense of certainty that treatment is directly addressing men's violence, rather than giving men the opportunity to contemplate their personal issues.

### **Outcomes Research for Treatment of the Male Perpetrator**

Treatment programs for men who are abusive to their partners emerged in the late 1970s with the attitude that very few of these men could actually be changed given their earlier conditioning for tolerance of dominance over their female counterparts (Taubman, 1986). It was assumed that attempts to treat these men may falsely instill a sense of hope in their female partners and potentially worsen the situation; hence, protecting women from their male partners became the focus of intervention (Dobash, 1992). Around the 1970s, there were a group of male counselors who partnered with the advocates of abused women to develop antisexist, "consciousness-raising" groups with abusive men who genuinely wished to change (Caesar & Hamberger, 1989). This effort eventually led to the development of psychotherapeutic treatments, the majority of which approach domestic violence through a feminist, cognitive-behavioral lens, one of the most relied upon treatment strategies in the present time (Stover, Meadows, & Kaufman, 2009)

A cognitive-behavioral approach attempts to challenge the male abuser in recognizing his responsibility in the abuse, implement cognitive strategies to reshape rationalizations for abuse, and replace earlier abusive behavior with alternative behaviors (Caesar & Hamberger, 1989). The belief is that violence is a learned behavior, and hence there is potential for learning nonviolence. Within this very general description, there are a range of therapeutic styles, some of which are more instructive in nature while others are more process-oriented. The most "mainstream" of these approaches is the EMERGE

model of treatment with male batterers, which essentially considers negative versus positive “self-talk” in abusive men (Adams, 1988). Dunford (2000) compared a CBT group for men who had physically assaulted their wives to a conjoint couple therapy group; their results found that for both treatment groups reported recidivism rates from police were extremely low (3% to 6%), while victim reports indicated a high rate of repeat offending (27% to 35%). A more recent meta-analysis of four randomized controlled trials comparing cognitive-behavioral approaches to therapy with a no-intervention control found a very small effect size (0.86 favoring the CBT group) for the relative risk of violence, suggesting no clear evidence for an effect (Smedslund et al., 2011).

Another widely used intervention with male perpetrators is a feminist psychoeducational approach to therapy, the Duluth model discussed above (Pence & Paymar, 1993). To reiterate, the approach considers the primary cause of IPV to be patriarchal ideology and societal conditioning that tolerates men’s use of power and control over women. Accordingly, a good proportion of therapeutic work involves “consciousness-raising” exercises that work to challenge men’s conditioned tendency to dominate their female partner. The Power and Control Wheel is a fundamental aspect to treatment; the wheel illustrates that violence may work in a pattern of abusive behavior that involves the use of intimidation, emotional abuse, isolation, male privilege, economic abuse, children and minimization, denial and blame. The intention of the wheel is to help men change the behaviors noted above to behaviors that are more egalitarian: shared responsibility, trust and support, honesty and accountability, and so forth.

The Duluth Model has been evaluated by a handful of investigators Feder and Dugan, (2002) found that men who completed the treatment were usually less likely to be rearrested (13%) than those who did not complete the treatment (30%). Another study found that recidivism rates for men who were assigned to treatment based on the Duluth model versus a community service control were 16% and 26%, respectively, as determined by police report; rates determined through victim report were 22% and 21%, respectively. Babcock et al. (2004) conducted a meta-analysis of 22 investigations on the treatment outcome of the Duluth model, reporting a small effect size of  $d = .19$ ; comparisons between CBT and the Duluth model reported no significant differences across treatment approaches. More recent investigations have reported equivocal findings (Corvo, Dutton, & Chen, 2008b; Murphy & Ting, 2010; Smedslund et al., 2011).

While research is limited, psychodynamic therapies have been considered in the treatment of men who perpetrate IPV, and, interestingly, while an experimental comparison of the approach to the cognitive-behavioral model has revealed no differences in recidivism rates (Saunders, 1996), a psychodynamic approach appeared to have two distinct advantages: One was that it retained a greater percentage of men in treatment; another was that it appeared to elicit better treatment involvement and retention, particularly when compassion was stimulated in these men toward their own childhood traumas (Saunders, 1996; Stosny, 1994). Some research suggests that men with more of a dependent personality may demonstrate better treatment outcomes with the psychodynamic approach, while men with more antisocial traits tend to benefit more from a cognitive-behavioral approach (Saunders, 1996). A few efficacy studies have attempted to test the integration of psychodynamic psychotherapy with other treatment

modalities. (Lawson, 2010), for instance, compared cognitive behavioral therapy/psychodynamic therapy to a CBT only group, demonstrating more favorable outcomes (reduction in violence and improvements in attachment and interpersonal problems) with the integration of therapies. For a brief description of psychodynamic psychotherapy, let us turn to three present-day authorities of the tradition, Drs. Robert Stolorow, George Atwood and Donna Orange, who provide a very eloquent summary:

Psychoanalysis [psychodynamic psychotherapy]...is a dialogic exploration of a patient's experiential world, conducted with the awareness of the unavertable contribution of the analyst's experiential world to the ongoing exploration. Such empathic-introspective inquiry seeks understanding of what the patient's world feels like, of what emotional and relational experiences it includes, often relentlessly, and what is assiduously excludes and precludes. It seeks comprehension of the network of convictions, the rules or principles that prereflectively organize the patient's world and keep the patient's experiencing confined to its frozen horizons and limiting perspectives. By illuminating such principles in a dialogic process and by grasping their life-historical origins, psychoanalysis aims to expand the patient's experiential horizons, thereby opening up the possibility of an enriched, more complex, and more flexible emotional life (Stolorow, Atwood, & Orange, 2002, p. 46)

It is important to consider treatment that is mandated for men convicted of domestic violence given the unique conditions that characterize these interventions such as involuntary commitment to receiving care, greater frequency and severity of physical abuse in relationships, and so forth (Feder & Dugan, 2004). Court-mandated treatment was initially implemented in California in the late 1980s (Johnson & Kanzler, 1993) in response to an increase in pro-arrest laws across the nation and, hence, the pressure of having to address the personal concerns of abusive men who were in prison (Feder, 1997). An initial wave of research evaluating court-mandated programs demonstrated notable reductions in the frequency and severity of violence against subsequent violence episodes (Gondolf, 1987), although an array of methodological problems have been

noted in these investigations such as small sample sizes, lack of a comparison group and unreliable measures and sources of data (Hamberger & Hastings, 1993).

A systematic review evaluated experimental and quasi-experimental studies on violent men who were court-mandated for treatment; interventions involved psychoeducational, feminist and/or cognitive behavioral approaches (Feder & Wilson, 2005). Among the experimental studies, a modest benefit was demonstrated via official records of repeat violence, while quasi-experimental studies found no reduction in repeat violence. The men in the quasi-experimental studies who were rejected from treatment or who rejected treatment themselves were found to have significantly less repeat violent episodes. The authors caution, however, that there are serious concerns with these findings including the poor validity of quasi-experimental studies, the bias of relying on official records as a measure of repeat offending, and the question of generalizability of these findings to the general population of convicted abusers.

### **Summary and Conclusions**

A wide variety of treatment modalities have been researched and are available to clinicians for treating the male abuser ranging from more traditional approaches such as CBT (Gondolf, 1985) to the self-psychology of Wexler (1999). With each psychological intervention comes an array of strengths as well as weaknesses that should be carefully considered in the treatment of the male abuser: the possibility of shaming the male perpetrator with the use of feminist therapies, the possibility of overlooking the “messiness” of the male abusers internal experience (e.g., unconscious processes) with cognitive-behavioral approaches, and the possibility of missing certain practical considerations with psychodynamic models. The narrative-feminist approach of Jenkins

(1990) is perhaps guilty of the latter given its emphasis on questions related to self and personal responsibility.

Regarding the effectiveness of available treatment for male perpetrators, it appears that the literature remains relatively underdeveloped where it concerns more traditional approaches, but especially where it concerns psychodynamic psychotherapy. It is perhaps that fewer investigators have taken on the challenge of evaluating psychodynamic psychotherapy because of the challenges presented in quantifying phenomena that are more elusive in nature (e.g., unconscious experience). Nevertheless, there is a need for researchers to step up to this challenge, as the limited work on psychodynamic psychotherapy has suggested that the approach may have distinct advantages over other approaches where it concerns certain populations (Saunders, 1996), and that the integration of psychodynamic psychotherapy with more traditional approaches (e.g., CBT) may be favorable to traditional approaches alone (Lawson, 2010). Overall, the findings of the outcomes research demonstrate small effect sizes among available treatment approaches, with little variation in effectiveness across modalities (Babcock et al., 2004; Corvo et al., 2008). More work needs to be done.

### **Modeling Treatment Approaches for Abusive Men**

The purpose of the proposed research is, in large part, to determine the efficacy of Alan Jenkins' narrative-feminist psychotherapeutic approach to the male abuser by modeling via SEM key principles of the approach. A review of the literature reveals four studies to the author's knowledge that have taken on this task with various treatment modalities, none of which include the treatment approach of Alan Jenkins. Marisol Lila

and her colleagues out of Spain have made two contributions (Lila, Oliver, Catalá-Miñana, & Conchell, 2014; Lila, Oliver, Galiana, & Gracia, 2013). Her sample included men who had been sentenced to less than two years of prison for IPV and court-mandated to their “Contexto Programme”. The Contexto Programme is focused on reducing risk factors and increasing protective factors for violent behavior through an ecological lens that considers four levels of analysis: individual, interpersonal, situational and macro-social. The intervention phase of the program is a long-term group intervention (over 38 weekly group sessions) that is subdivided into a number of modules; the priority is to build a climate of trust within the group and introduce activities designed to address justifications for the violent behavior (denial, minimization, victim blaming) and increase responsibility. The program then attempts to bolster protective factors by providing resources to men and reducing potential risk at the individual, interpersonal, situational and sociocultural level. Sessions then move on to deal with recidivism prevention and strengthening the strategies the men learned in group.

Lila’s earlier work (Lila et al., 2013) aimed at three “intervention gains”: decreasing the severity of violence, increasing the “responsibility assumption” (i.e., men’s tendency to acknowledge their role in violent behavior rather than attribute the violence to the female partner), and reducing the risk of recidivism. SEM revealed that the perpetrators with the lowest recidivism risk were those who presented at the beginning of the program with the lowest levels of alcohol consumption, the shortest length of sentence, the lowest impulsivity and the highest level of life satisfaction. These findings essentially mirror Lila et al.’s (2014) later SEM model which found that the risk of recidivism reduced among participants with the lowest pre-treatment levels of alcohol

consumption and impulsivity. A few differences in findings are noteworthy: men who identified lower seriousness of offense pre-treatment had less recidivism risk, men who had less control when expressing their anger had higher recidivism risk, and men with lower intimate support demonstrated a higher recidivism risk.

Quite notably, Lila et al.'s (2013) earlier work found that through intervention, recidivism risk decreased for men with high levels of anxiety and less control when expressing their anger, which lends support to Jenkins' (1990) notion of experiencing one's emotions as an integral step to reducing violence. Lila et al. (2013) also found that the men who tended to view their violence as more severe after than at the beginning of treatment were younger, had shorter length of sentences, and had lower levels of alcohol consumption. They also had greater levels of life satisfaction, participation in their community, and self-esteem. Another important finding in this study was that the men who made the most gains in the "responsibility assumption" were those who were oldest and had the highest level of intimate support, anxiety, depression, impulsivity and self-esteem, and the lowest level of anger control.

Edward Gondolf, who has been an active contributor to research on batterer intervention programs, used instrumental variable analysis, an alternative to the more complex "structural model" often employed by economists, to model treatment effects. One of his earlier studies (Gondolf & Jones, 2001) used instrumental variable analysis to test the program effect in a multi-site evaluation consisting of three batterer programs that used a gender-based, cognitive-behavioral approach. Their sample were men who had been recruited from four research sites across the US (Pittsburgh, Dallas, Houston, and Denver) who appeared for program intake; some entered voluntarily while others were

court-mandated for treatment. Instrumental variable analysis found that that completion of a 3-month program was just as effective as completion of a 9-month program in terms of re-assault. However, the longer programs had a higher dropout rate than the shorter programs, and the men who were anticipated to benefit the most from longer-term treatment were precisely the ones to drop out. The findings are important in that they alert us to the problems associated with program participation.

Jones & Gondolf (2002) examined a sample of batterers and their partners at the time of the assault that lead to program participation; again, some of them entered voluntarily while others were mandated to treatment. The treatment used in the study involved four different batterer programs that varied along a number of lines, including the type of program (didactic, process), program length (3 – 9 months), type of court (domestic violence court, felony court) and so forth. Unfortunately, the specific treatment methods are not discussed by the study authors, although it was stated that they set out to examine program efficacy determined through the variables “program completion” and “re-assault” where program completion was treated as an outcome variable, as well as a causal factor in re-assault. The results found that estimates of the program effect were biased as a result of batterer characteristics that were not measured. Nevertheless, the authors did demonstrate that among a very select group of batterers, program completion reduced the probability of re-assault. Other studies that have modeled interventions for batterers are available (Chermack, Fuller, & Blow, 2000; O’Farrell, Murphy, Stephan, Fals-Stewart, & Murphy, 2004), although their interventions target alcohol use in the male batterer as a primary mode, and hence are not germane to the present research. However, researchers interested in the area are encouraged to examine these works.

The above studies have modeled varied approaches for treating the male perpetrator and have generally found positive changes in these men over time. Of particular importance are the findings of Lila and her colleagues (2013) who examined the issue of responsibility, an essential component of the proposed research. To reiterate, abusive men who took the most responsibility for their violence following treatment were those who had experienced greater levels of anxiety, depression, and self-esteem. This logic closely reflects Jenkins' (1990) notion of owning negative emotions as a guiding force to accepting responsibility and will be built upon in the proposed research using an alternative method.

## CHAPTER THREE

### METHOD

#### **Procedures**

##### **Data Collection**

A secondary analysis of data will be conducted on the Family Violence groups database, which consists of data collected since 1993 on four different family violence treatment groups, Responsible Choices for Men (for men who abuse an intimate partner), Responsible Choices for Women (for women who abuse an intimate partner), You're Not Alone (for women who experience abuse), and Turn for the Better (for men who experience abuse). The proposed research focuses specifically on partner violent men involved in the Responsible Choices for Men (RCM) group, a process group for men who use physical and psychological violence and control tactics in intimate relationships. These data were collected from March 2007 to June 2014 at the Calgary Counselling Center (CCC) in Calgary, Alberta, Canada, a non-profit community counseling agency that offers domestic violence treatment. A group format was utilized at the CCC because groups have been identified by as many as 90% of abusive men as a preferred treatment modality (Gondolf, 2002).

Data were routinely collected by clinicians at the CCC as part of practice. The original research protocol was approved by the University of Calgary Conjoint Ethics Review Committee. Ethical approval was sought and received for secondary analysis of data through Marquette University's Institutional Review Board (IRB). Data were collected at first contact with the agency, and again at the start and end of the RCM

group. Information on partner violent men included demographic data, and data from several standardized measures. A total of 12 measures were administered, although seven of these measures detailed in a later section are the focus of the proposed research. All seven measures were administered pre- and post-intervention. Collected data were entered into an SQL (Structured Query Language; Date & Darwen, 2001) database and subsequently into SPSS (Statistical Program for the Social Sciences; Levesque, 2007).

### **The Responsible Choices for Men (RCM) Group**

Men in the RCM group were required to attend a minimum of one individual counseling session with a therapist at CCC prior to their enrolment in group. On average, however, men attended six individual sessions. Individual counseling addressed the man's ability to take responsibility for the violence; men could not begin the therapy group until they were able to demonstrate even a small some degree of understanding for the abuse of their partner. In some cases individual counseling lasted for up to a year until the man was deemed ready for group based on the transtheoretical model of change; that is, the man had reached the contemplation stage (or higher) of the transtheoretical model (Prochaska, 1995), or at least was able to acknowledge the abuse.

The RCM group spanned a 14-week period. Group sessions consisted of 30 hours total; each session was two hours in length with the exception of the first and last group which were three hours to accommodate the completion of measures pre- and post-intervention. The pre-intervention condition refers to measures administered during the first group session, which followed individual counseling treatment. Post-intervention measures were only administered during the last group session. If participants did not attend, post treatment data were not available for these participants. Each group was

comprised of 8 to 12 men and a male and female therapeutic team. The mixed-gender team was designed to model conflict resolution between men and women in a non-abusive fashion, and prevent a “male only” mind-set that encourages confrontation of stereotypes around gender roles. The RCM groups were semi-structured and process-oriented and were guided predominantly by the narrative-feminist philosophy of Jenkins (1990). However, other perspectives were integrated such as cognitive, behavioral, social-learning approaches. Therapists were educated on Alan Jenkins’ approach and a manual was adapted for treatment, although the manual was developed for the use of less seasoned therapists such as masters-level trainees.

To reduce the potential of being shamed for their behavior, men were not required to share their stories in the group. This allowed the men to experience greater ease and comfort in the group, creating space for them to share parts of their stories as they saw fit. In the end, this contributed to their ability to take responsibility for the abuse. The objective of the group was mainly to reduce physical and nonphysical forms of abuse, increase acceptance and responsibility for personal behavior, increase self-esteem and assertiveness, improve family relationships, decrease stress and increase empathy for those who have been affected by the violence (McGregor, Tutty, Babins-Wagner, & Gill, 2002). Available research has found the RCM group to demonstrate a good degree of success in the treatment of abusive men (McGregor et al., 2002; Tutty & Babins-Wagner, 2016; Zalmanowitz, Babins-Wagner, Rodger, Corbett, & Leschied, 2012).

### **Participants**

The full sample consisted of 821 partner violent men who were either self-referred ( $n = 227$ ) or court-referred ( $n = 594$ ) to the CCC and involved in the RCM group. Participants who did not attend 10 or more sessions out of 14 were excluded from the dataset ( $n = 200$ ), as were participants who were involved in same-sex relationships ( $n = 19$ ). Of note, a large number of participants did not report the sex of their partner and were therefore excluded ( $n = 131$ ). Same-sex relationships were not included in the data because of the feminist orientation that underlies Jenkins' (1990) theory of restraint, a theory that approaches violence from the perspective of male entitlement and female subordination. Approximately one quarter (24.6%) of men in the proposed research did not complete 10 or more sessions. The literature suggests that it is not unusual for abusive men involved in batterer programs to have trouble fully engaging in treatment (Babcock et al., 2004). Attrition rates may range from as low as 19% to as high as 84% according to Babcock and colleagues.

The reduced sample consisted of 510 male abusers. Ages ranged from 18 to 76. Race was represented as White, African/Caribbean, Asian, Hispanic, Aboriginal and Other (65.4%, 3.0%, 14.3%, 1.5%, 3.7%, 12.1%). The majority of men reported being single (32.7%) or married (27.8%); others were living common-law (19.0%), separated (17.0%) or divorced (3.3%). A good percentage of the sample indicated less than a high school education (46.7%) or possessing a post-secondary degree or diploma (47.7%). A few had a high school diploma (2.9%), some post-secondary education (2.1%) or a post-graduate degree (0.5%) including a masters or doctoral degree. Men were mostly employed full-time (65.1%), although some fell into part-time (4.9%) casual (1.8%), unemployed (10.2%) and other (18.0%) (e.g., retired, self-employed, student) categories.

A good majority of men reported having experienced no abuse in their family of origin (72.5%), while approximately one-quarter reported being abused (27.5%). Men represented the following income categories: \$0 – \$5,000 (10.3%), \$5,001 – \$15,000 (7.4%), \$15,001 – \$25,000 (9.6%), \$25,001 – \$35,000 (20.4%), \$35,001 – \$45,000 (17.7%), \$45,001 – \$55,000 (9.1%), \$55,001 – \$65,000 (9.1%), \$65,001 and higher (16.3%).

## Measures

### Analysis Model Variables

**Partner Abuse Scales (PAS; Hudson, 1992).** The PAS assesses the severity of abuse against an intimate partner; 2 of 4 scales will be used in the proposed research: Physical Abuse of Partner Scale (PAPS) and Nonphysical Abuse of Partner Scale (NPAPS). Each scale consists of 25 items rated on a 7-point Likert scale that ranges in severity from “None of the time” (1) to “All of the time” (7). The PAPS includes items such as “I throw dangerous objects at my partner”, “I physically force my partner to have sex”, and “I make my partner afraid of his or her life”. The NPAPS includes items such as “I tell my partner that he or she is dumb or stupid”, “I demand sex whether my partner wants it or not”, and “I expect my partner to obey”. Scores can range from 0 to 100 with higher scores representing more severe levels of abuse. Both the PAPS and the NPAPS demonstrate excellent internal consistency, and good content, construct and factorial validity (Attala, Hudson, & McSweeney, 1994; Hudson, 1992). Factor analysis in a Hawaiian sample favored the retention of two dimensions of partner abuse, physical and psychological (Hudson & McIntosh, 1981).

**Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965).** The RSE includes 10 items that measure levels of global self-esteem. This measure includes 10 items on a 4-point Likert scale that determines the extent to which participants agree to items (1 = Strongly Agree, 4 = Strongly Disagree). Scores range from 10 to 40 with lower scores representing more disturbance. Items include statements such as “I feel that I am a person of worth at least on an equal plane with others” and “On the whole, I’m satisfied with myself”. Previous studies have reported good alpha reliabilities for the RSE ranging from .72 to .88 (Gray-Little, Williams, & Hancock, 1997). The RSE has shown good internal consistency and temporal stability, as well as convergent validity (Hatcher & Hall, 2009; Robins, Hendin, & Trzesniewski, 2001). Factor analyses of the 10 RSE items suggests a one-dimension structure (Gray-Little et al., 1997).

**General Contentment Scale (GCS; Hudson, 1992).** The GCS is a unidimensional measure of nonpsychotic depression (Nugent, Sieppert, & Hudson, 2001). The GCS contains 25 items; each item has 7-point response alternatives ranging from “None of the time” (1) to “All of the time” (7). Scores range from 0 to 100. Higher scores on the GCS are suggestive of more depression, or less generalized contentment. The GCS includes statements such as “I feel blue” and “I feel that my situation is hopeless”. Hudson (1992) reported adequate concurrent and construct validity and excellent test-retest reliability. The GCS was partially validated using a markedly heterogeneous sample across education, occupation and income.

**Index of Clinical Stress (ICS; Hudson, 1992).** The ICS is a unidimensional measure of subjective stress (Abell, 1991). The measure has 25 items that require a response on a 7-point scale, ranging from 1 (None of the time) to 7 (All of the time). The

ICS includes general descriptors around stress (e.g., “I am extremely tense”, “I feel so anxious I want to cry”, and “I feel very much on edge”). Scores on the ICS range from 0 to 100 with higher scores reflective of greater stress. Hudson (1992) reported excellent internal consistency, and good factorial and construct validity.

**Family Assessment Measure-III (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1995).** The FAM-III is a measure of family functioning. The measure is based on the Process Model of Family Functioning developed by a group of Canadian investigators (Steinhauer, Santa-Barbara, & Skinner, 1984). This model differs from other available models with its emphasis on dynamic interaction between the major dimensions of family functioning, as well as its consideration of the interface between intrapsychic and interpersonal elements of the family system. The FAM-III has three scales: General Scale, Dyadic Relationship Scale and Self-Rating Scale. The proposed research will utilize the Dyadic Relationship Scale, considering all available subscales: Task Accomplishment (meeting basic needs consistently), Role Performance (roles are well integrated and understood) Communication (characterized by direct and clear information), Affective Expression (expression of appropriate and full range of affect), Involvement (empathic concern and involvement), Control (acceptable and consistent patterns of influence), and Values and Norms (consonance between various components of the family’s system of values). The 42-item Dyadic Relationship Scale examines how a family member views her/his relationship with another member. Each item is rated on a 4-point Likert scale ranging from Strongly Agree (1) to Strongly Disagree (4). Scores range from 0 to 168 with higher scores representing a greater likelihood of disturbance. The FAM-III demonstrates excellent internal consistency and convergent validity (Gan &

Schuller, 2002; Loretta et al., 2006), and available research supports a seven-factor structure over a unidimensional structure (Laghezza et al., 2014).

### **Auxiliary Variables**

**Marlowe Crowne Social Desirability Scale (MCSDS; Reynolds, 1982).** The MCSDS is a measure used to examine social desirability response tendencies. The scale is designed to reflect the habitual response style of the test-taker as well as the goals and expectations that are stimulated by the testing situation. A short-form of the MCSDS was used in the proposed research consisting of 13 items. Higher scores on the measure correspond to a tendency toward socially desirable responses. Items require a True or Not True response and include phrases such as “I have never been irked when people expressed opinions different from my own” and “There have been times when I was quite jealous of the good fortune of others”. The measure demonstrates an acceptable level of reliability and validity and was designed to reflect a single construct, the need for approval (Crowne & Marlowe, 1960). Earlier evidence for a unidimensional structure is available (Reynolds, 1982), however more recent factor analyses suggests that the MCSDS may “generously be described as having adequate (but not good) fit for a single construct” (Barger, 2002, p. 293).

**Personality Assessment Screener (PAS; Morey, 1997).** The PAS is 22-item broad based screening measure of psychopathological characteristics. This measure is derived from the Personality Assessment Inventory (PAI; Morey, 1991) and the PAS’s subscales reflect the 10 content areas of the PAI: Negative Affect, Acting Out, Health Problems, Psychotic Features, Social Withdrawal, Hostile Control, Suicidal Thinking, Alienation, Alcohol Problem and Anger Control. The 10 content areas were derived from

factor analyses of the 344 items that belong to the PAI. A four-point scale is provided that requires a response ranging from False to Very True. Items include phrases such as “It takes a lot to make me angry” and “I spend money too easily”. Total scores range from 0 to 66 with higher scores reflecting more characteristics of psychopathology. Where the total score is at or above 19, individual subscales scores can be interpreted. The PAS demonstrates adequate reliability and validity as demonstrated in the manual (Morey, 1997).

## **Analytic Plan**

### **Measurement Model**

For the measurement model (see Figure 1) the author identified six latent variables: (a) SES, (b) Psychological Health, (c) Self-esteem (d) Relationship Functioning, (e) Physical Abuse, and (f) Psychological Abuse. Regarding SES, Jenkins (1990) focuses on the male abuser’s status and power in society as determined by traditional recipes for masculinity such as individual achievement. SES will be defined in the proposed research in these terms. Because Jenkins’ model is not formulaic in nature, he does not identify socioeconomic factors that influence the male perpetrator, although he does emphasize “[competing] in the outside world of work” (p. 39). An overview of the literature reveals that income is a critical predictor of male violence perpetration (Caetano & Cunradi, 2003; Lupri et al., 1994), as are employment status (Gelles, 1980, 1985) and education (Abramsky et al., 2011). These three variables were identified as indicators of SES in the proposed research.

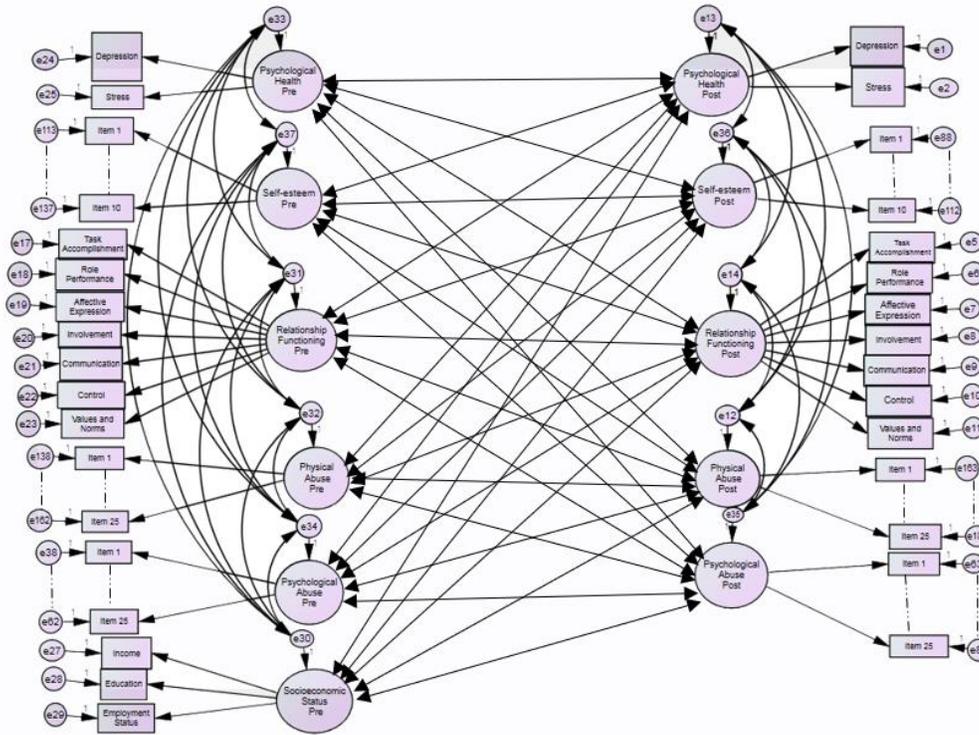


Figure 1. Longitudinal confirmatory factor analysis model.

The second latent variable, Psychological Health, will be defined relative to Jenkins' (1990) theory of restraint which emphasizes the male abuser's avoidance and experiencing of negative feelings (primarily anger, sadness, and fear). The proposed research is limited by the measures available in the secondary dataset, which do not reflect Jenkins' theory exactly, though they near approximation. Indicators of Psychological Health include depression and clinical stress as determined by the GCS and the ICS. To reiterate, the GCS primarily assesses feelings of sadness and feelings related to sadness such as emptiness and hopelessness, and the ICS assesses subjective stress. Unfortunately, a valid and reliable measure of anger and aggression was not available in the dataset. The third latent variable, Self-esteem captured via the RSE will

be conceptualized according to Jenkins' (1990) notion of the male abuser's preoccupation with his own sense of competency and adequacy. Self-esteem will be treated as a single indicator construct in the present research. Of note, because item-level information were not available in these data, the author is not able to use parcels of items as indicators for the analysis.

The fourth latent variable in the proposed research is Relationship Functioning, which is defined by Jenkins (1990) and considered here in terms of the ability to engage in a respectful and sensitive relationship with an intimate partner, free of the restraining patterns of interaction described earlier. Again, Jenkins' understanding of relationship functioning is not formulaic, though he has embedded in his theory general principles for healthy relating that the author will attempt to capture in the proposed research through the seven subscales (Task Accomplishment, Role Performance, Communication, Affective Expression, Involvement, Control, and Values and Norms) of the FAM-III, Dyadic Relationship Scale. Jenkins holds that emotional vulnerability and the expression of feelings are essential. He repeatedly notes in his seminal work (Jenkins, 1990) that emotional avoidance characterizes abusive relationships and leads to psychological problems and a tendency to aggress (first principle). Empathy is very important for Jenkins to healthy relating and is closely tied to emotional avoidance. He notes that avoidance in abusive relationships fosters a self-centeredness where at least one partner is unable to see themselves accurately, leading them to "forget" the feelings of the other (second principle). Moreover, Jenkins emphasizes direct and open communication in healthy relating, explaining that abuse takes place in a context where persons express themselves indirectly through various means; projection, for instance (third principle).

Jenkins (1990) indicates that abusive relationships, for reasons explicated above, are characterized by reliance on a female partner to handle most, if not all of the social and emotional responsibilities of the relationship. Jenkins implies, then, that in addition to “facing up” to one’s emotions, the accomplishment of certain tasks (fourth principle) and the performance of certain roles (fifth principle) are important to healthy relating (Jenkins, 1990, p. 58). How tasks are defined and how roles are performed will be guided by a surrounding culture; Jenkins acknowledges this by suggesting that abusive behavior is informed by dominant cultural ideologies that foster beliefs about (male) entitlement and expectations of (female) submission from certain individuals in society that influence relatedness (sixth principle). Finally, of particular interest to Jenkins is the issue of control (seventh principle). He suggests that men who abuse women usually influence their female partner in a way that is destructive but maintains ongoing functions and shifting task demands. He talks about the male abuser who holds rigid views around gender roles and parenting and maintains unrealistic expectations, leaving little room for negotiation and change in relationships.

Fifth and sixth latent variables in the proposed research are Physical Abuse and Psychological Abuse. Abuse perpetration is conceptualized by Jenkins (1990) as a context in which the male turns over responsibility for his negative emotions and behavior in various ways to an intimate partner, manifestations of which include physical and psychological forms of aggression. The constructs Physical and Psychological Abuse will be captured using the PAPS and the NPAPS. The author will conceptualize these two types of abuse individually, a decision based on research that suggests abuse perpetration, when examined in its physical and psychological forms may provide a more accurate

reflection of the abuser's experience of perpetration (Covell et al., 2007). In this way, Physical and Psychological Abuse will be treated as single indicator constructs in the present research.

### **Longitudinal Structural Model**

A cross-lagged panel model was identified based primarily on Jenkins' (1990) theory of restraint, but also the literature reviewed in Chapter Two (see Figure 2). A number of structural paths among the six latent variables will be considered. First, the author will examine autoregressive paths for psychological health, self-esteem, relationship functioning, and physical and psychological abuse. An autoregressive path in the proposed research is a regression path where a latent variable predicts itself from pre- to post-intervention (Little, 2013). Second, cross-lagged paths will be considered between psychological health and physical and psychological abuse; self-esteem and physical and psychological abuse; psychological health and self-esteem; and psychological health and self-esteem, and relationship functioning. A cross-lagged path in the proposed research is a regression path where a latent variable predicts a different latent variable from pre- to post-intervention. Third, eight mediated relationships will be considered through a half-longitudinal mediation design with panel data. The author will consider whether psychological health mediates the relationship between SES and physical and psychological abuse (see Figures 3 and 4), and whether self-esteem mediates the relationship between SES and physical and psychological abuse (see Figures 5 and 6). The author will also consider whether relationship functioning mediates the relationship between psychological health and physical and psychological abuse (see Figures 7 and

8), and whether relationship functioning mediates the association between self-esteem and physical and psychological abuse (see Figures 9 and 10).

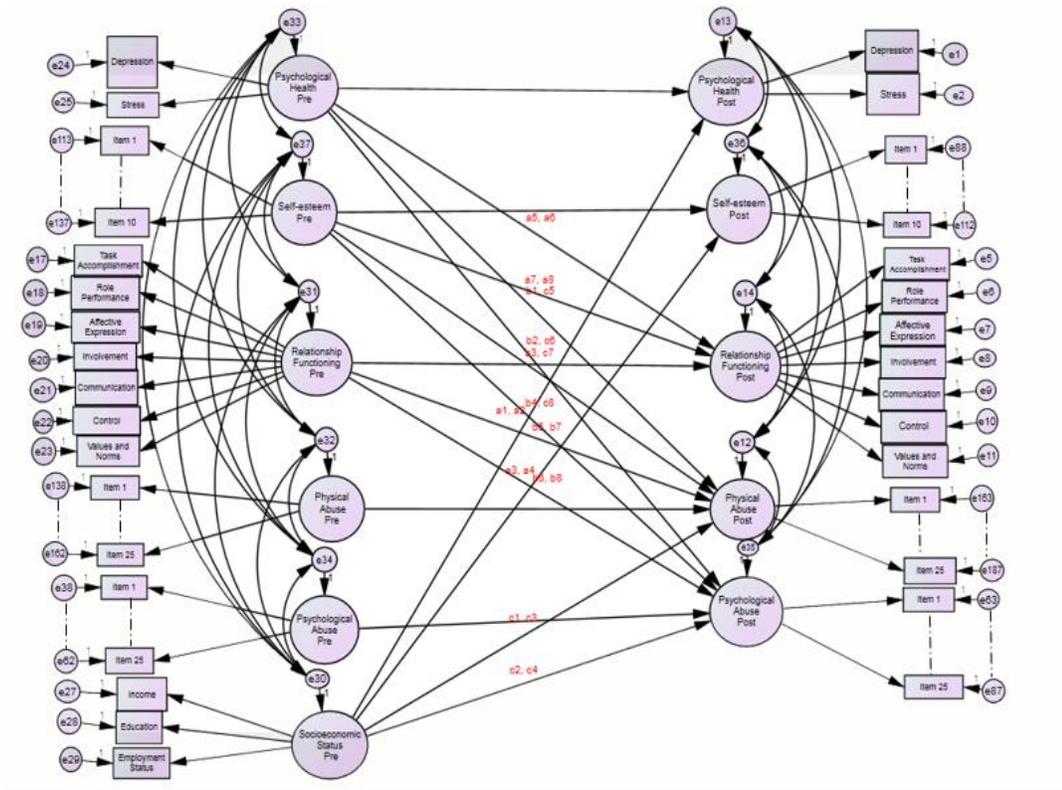
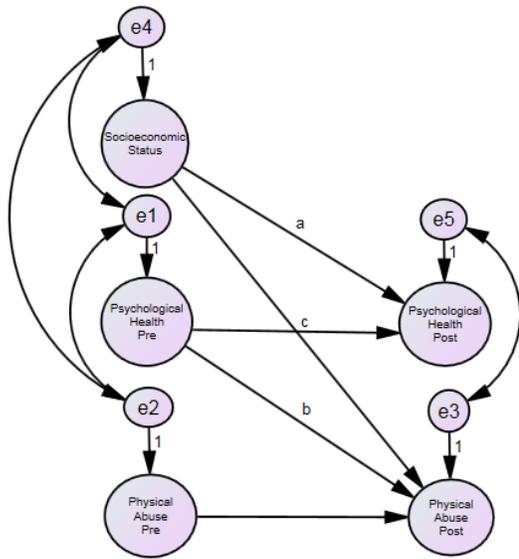
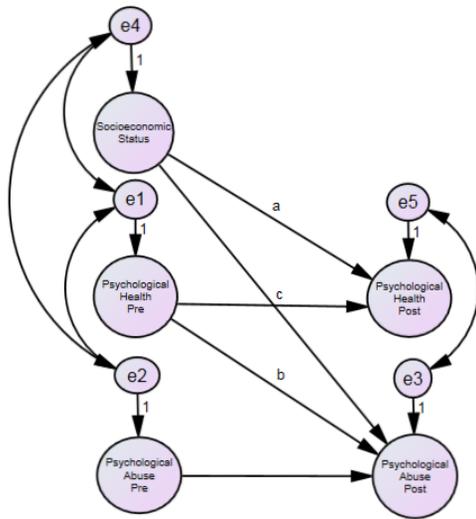


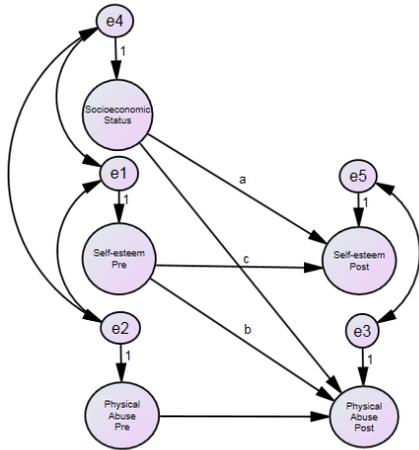
Figure 2. Cross-lagged panel model.



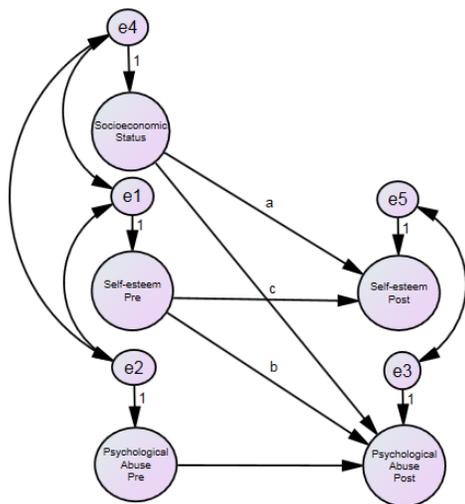
*Figure 3.* Half-longitudinal design for Psychological Health as a mediator of Socioeconomic Status on Physical Abuse.



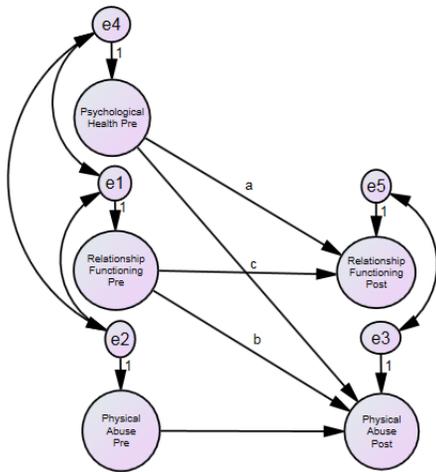
*Figure 4.* Half-longitudinal design for Psychological Health as a mediator of Socioeconomic Status on Psychological Abuse.



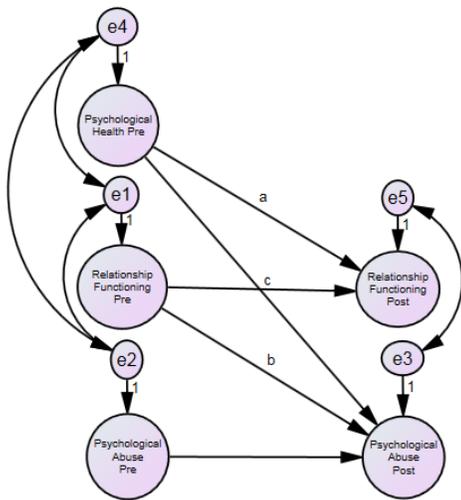
*Figure 5.* Half-longitudinal design for Self-esteem as a mediator of Socioeconomic Status on Physical Abuse.



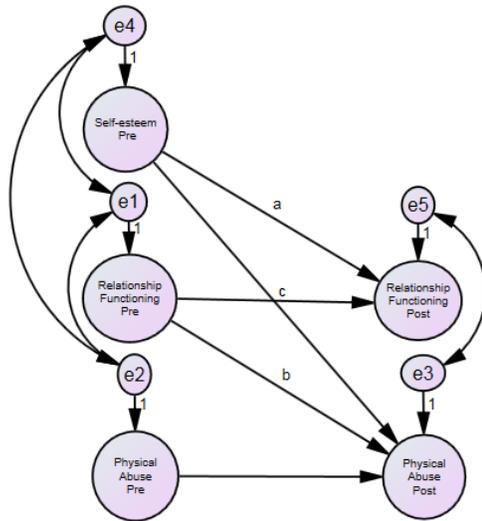
*Figure 6.* Half-longitudinal design for Self-esteem as a mediator of Socioeconomic Status on Psychological Abuse.



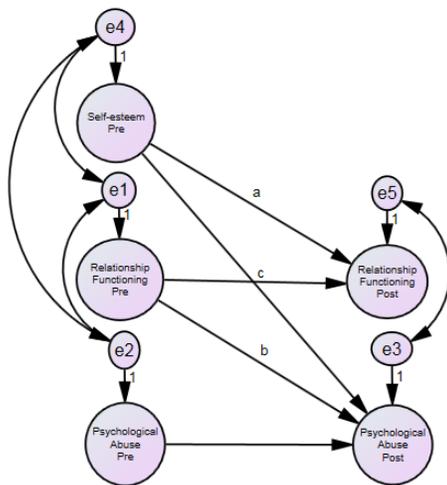
*Figure 7.* Half-longitudinal design for Relationship Functioning as a mediator of Psychological Health on Physical Abuse.



*Figure 8.* Half-longitudinal design for Relationship Functioning as a mediator of Psychological Health on Psychological Abuse.



*Figure 9.* Half-longitudinal design for Relationship Functioning as a mediator of Self-esteem on Physical Abuse.



*Figure 10.* Half-longitudinal design for Relationship Functioning as a mediator of Self-esteem on Psychological Abuse.

### Analytic Procedure

Data will be analyzed using SPSS (Levesque, 2007) and the statistical software *R* (Rosseel, 2012). Prior to the main analysis, steps will be taken to handle missing data. Because MCAR (missing completely at random) requires “missingness” to be unrelated to the variables in the proposed research, it is argued that this is a very strict assumption that is unlikely to be satisfied in practice (Raghunathan, 2004), and hence will not be assumed in the proposed research. The Full Information Maximum Likelihood (FIML) estimation method will be used to handle missing data, a model-based approach where the parameters of the statistical model will be estimated in the presence of missing data, and all information will be used to inform the parameters’ values and standard errors. Because FIML assumes the data are MAR (missing at random), it has been noted that “...adding auxiliary variables to an analysis can help fine-tune the missing data handling procedure by reducing bias [better approximating the MAR assumption] or by increasing power [recapturing some of the missing information]” (Baraldi & Enders, 2010, p. 27). The analysis in the proposed research is secondary which means the author does not have the freedom to collect variables that are potential correlates of “missingness”, although auxiliary variables in the extant data will be identified based on literature that might predict missing values. There is no harm in using auxiliary variables with low (or zero) correlations (Collins, Schafer, & Kam, 2001), however auxiliary variables are most useful when their correlations to variables in the analysis are greater than  $r = \pm .40$  (Enders, 2010); hence the author will pay particularly close attention to this when determining a set of auxiliary variables. It is generally more practical to limit the number of auxiliary variables in the analysis, although it is difficult to establish a rule of thumb for how many to include (Enders, 2010). Enders suggests maximizing the squared

multiple correlation between the auxiliary variables and the analysis model variables using as few auxiliary variables as possible, a guideline that will be followed in the proposed research.

A saturated correlates model will be followed to include auxiliary variables in the analysis, an approach that incorporates auxiliary variables through a series of correlations between the auxiliary variables and the analysis model variables (or their residual terms). Where latent variables are present, it is recommended that auxiliary variables be included in the model by correlating all possible auxiliary variables with other auxiliary variables, as well as all possible auxiliary variables to the residual terms of the indicator variables (Graham, 2003). Of note, auxiliary variables do not alter the interpretation of the latent variable model parameters; they can change the estimated value of the coefficient but the substantive interpretation of the path remains the same as it would in a complete-data analysis with no auxiliary variables (Enders, 2010). Also noteworthy is that because all possible associations are determined in the saturated correlates model, the auxiliary variables do not affect the degrees of freedom or the fit of the analysis model. If the auxiliary variables themselves have missing data, the author will examine the proportion of cases that have missing data on the auxiliary variable and the analysis model variables. With a high level of missing data, the amount of information that the auxiliary variable can contribute to the estimation process becomes limited. It has been suggested that an auxiliary variable is of little benefit when more than 10% of its observations are concurrently missing with one of the analysis model variables. This criterion will be loosely adopted in the proposed research for identification of auxiliary variables.

Confirmatory factor analysis (CFA) will be used to determine the adequacy of relations in the measurement model. A longitudinal null model will be constructed that specifies the worst possible fitting longitudinal model used in place of the default null model to calculate accurate fit indices (Little, 2013). The null model will include expectations of no change in the variances or the means of the constructs across pre- and post-intervention conditions. The means and variances of the indicators pre-intervention will be constrained to be equal to their counterparts at post-intervention. The proposed research will test for factorial invariance to ensure that the constructs do not change across measurement occasions due to measurement artifacts. Configural factorial invariance as well as weak and strong invariance will be tested. The forms of invariance are hierarchical, with weak invariance tested against configural invariance and strong invariance against weak invariance. If the configurally invariant model has an acceptable model fit (the constructs are appropriately represented by the indicators), then the weak invariant model can be evaluated and so on. The configural model will be constructed using the fixed factor method where the variances of constructs at the two time-points will be fixed at 1.0. The configural model is essentially a baseline model that allows all possible correlations among the latent constructs, allows all loadings and intercepts to be freely estimated and makes no restrictions on the expected pattern of residual relationships.

Weak factorial invariance involves making corresponding loadings equal over time, with parameters (particularly the latent construct variances) being freely estimated at each time point. A fixed factor method will be used. Equality constraints on latent variable loadings will be entered into the model; however, a scaling constraint will not be

needed at the second time point because the estimates of the loadings and the variance of the construct at the second time point is determined by the scaling constraint that is in place at the first. That is, the variance of the constructs will not be set to 1.0 at the second time-point; instead, it will become a freely estimated parameter.

Strong factorial invariance works similar to weak factorial invariance except the corresponding intercepts are specified as equal over time in addition to the corresponding loadings being equated. Note, then, that weak factorial invariance affords weak evidence as to whether the latent variables are comparable across time because it is a relatively easy test to pass compared to the test for strong invariance which demands that loadings and intercepts show consistent relative relationships. With the fixed factor method, in addition to the constraints already in place on the loadings, the means of the latent variables will be fixed to 0 to provide the scale for the mean-level information (intercepts and latent means) at the two time-points. Once the constraint on the indicators' intercepts are set, the means of the latent constructs at the second time-point can be estimated freely. Because the latent mean at time-point one will be fixed at 0 to set the scale, the mean difference estimated at time-point two will be the difference from 0, set on the mean of the construct at time-point one.

To evaluate whether the assumption of invariance is tenable, the author will consult gamma hat and McDonald (1989) noncentral index (NCI) but rely primarily on change in the comparative fit index (CFI) as recommended in the literature (Cheung & Rensvold, 2002). Where change in CFI is less than .01, the assumption of factorial invariance is considered reasonable; this criterion will be applied in the step from configural to weak and then from weak to strong. Partial invariance occurs when one or

more of the loadings and/or intercepts cannot be constrained to equality across time. When the comparative fit index (CFI) is greater than .01, at least one of the constrained parameters is not invariant over time. The author will identify nonvariant loadings or intercept parameters using the fixed factor method because the fixed factor method has been noted to provide reasonable control for Type I error and afford adequate power for detecting nonvariant intercept parameters (Lee, Little, & Preacher, 2011). Offending indicators will not be removed; rather, the constraints of invariance will be relaxed and the indicator will remain in the model after careful consideration is taken to determine underlying reasons for the invariant indicator(s) (Little, 2013).

Latent construct parameters will be tested following the logic and order recommended by Little (2013). The author will start with an omnibus test to determine whether the variance and covariance information among the constructs is the same within measurement occasions. The logic here is that if the variances and covariances do not differ across time, then performing multiple tests of the various elements would not be warranted, logic that parallels the analysis of variance (ANOVA). If the overall omnibus test suggests there is enough meaningful difference, follow-up comparisons will be made to determine where the differences rest. The variance-covariance matrix will be consulted for correlations (cross-time nondirectional associations) and estimated variances and covariances among the latent variables to determine predictive relations over time. As well, means of latent variables will be tested for equivalence over time where a significant difference suggests that one or more of the mean levels are different (have changed). Because of the high power that is anticipated in the proposed research due to a large sample, a stringent  $p$ -value will be used for comparisons ( $p < .001$ ; Little, 2013).

For the longitudinal structural model or the cross-lagged panel model, cross-time nondirectional associations of the CFA model will be converted into direction regression relationships because of the temporal precedence of causal directions; hence, the linkages among the constructs will be removed (fixed to 0). When the cross-time associations are specified as regression paths, the longitudinal associations will be estimated as unique effects controlling for all other specified regression pathways. Cross-lagged and autoregressive paths are both predictive effects in which the effects of any other estimates leading to the same construct are controlled. A saturated model with all possible autoregressive and cross-lagged paths will not be considered in the proposed research as it is generally not very informative and does not reflect a parsimonious representation of how the predictive associations unfold over time (Little, 2013). Instead, a reduced set of structural paths that represent a more parsimonious, theoretically meaningful model that closely reflects Jenkins' (1990) theory of restraint will be considered. Model-building will begin with the theorized paths. Hypothesized structural paths will be pruned and/or nonhypothesized (omitted) structural paths will be added one at a time to see whether the pathway(s) attain a level of significance that would warrant keeping them in the model (Little, 2013). Several indices will be consulted to determine how well the hypothesized model fits the data, and compares to the null model and the baseline model. Indices include the CFI, the Tucker-Lewis Index or the non-normed fit index (TLI/NNFI), the RMSEA, and the standardized root mean square residual (SRMR). Because the chi-square ( $\chi^2$ ) fit test has been criticized for being highly sensitive to sample size and for other undesirable qualities (Bentler, 1990), the author will rely on the above alternative indices. Fit indices will be assessed based on guidelines available in the literature: .90

and above for the CFI and TLI/NNFI, and lower than .08 for SRMR and RMSEA (Hu & Bentler, 1999; Little, 2013).

Eight mediational pathways will be tested, imbedded in the longitudinal structural model depicted in Figure 2; individual representations are provided in Figures 3 through 10. Because the data consist of measurements from two rather than three time points, full longitudinal models of mediation are not possible, and hence a half-longitudinal mediation design with panel data will be adopted. Half-longitudinal mediation essentially determines the strength of the association between a predictor variable and a mediating variable, controlling for prior levels of the mediating variable (Cole & Maxwell, 2003), a design that has been described as "...a significant improvement in inferential power over a cross-sectional test of mediation" (Little, 2013, p. 295). Two assumptions need to be considered in the context of half-longitudinal mediation due to the nature of the design, stationarity and equilibrium. Stationarity occurs when predictive paths from occasion to occasion are at the same magnitude between each of the measurement occasions, and equilibrium occurs when the variances and covariances among the constructs are unchanging over time. Because the present research employs a half-longitudinal design, the assumption of stationarity is assumed; that is, the causal effects observed between the two measurement occasions is presumed to emerge again if a third wave of data were collected. Equilibrium will be tested by inspecting the variance-covariance matrix among the measured constructs to see whether they are unchanging over time. Little (2013) views the assumption of equilibrium as a weak one that is seldom supported in longitudinal data, though he recommends testing for equilibrium nonetheless. Little (2013) indicates that mediation can be discussed if equilibrium does not hold, although

the system is deemed less stable and vulnerable to unmeasured variables that may attenuate or confound mediation effects.

The Monte Carlo simulation approach will be used to test the  $ab$  pathway, the pathway between the predictor to the mediator variable ( $a$ ) and from the mediator to the outcome variable ( $b$ ) (MacKinnon, Lockwood, & Williams, 2004; Preacher & Selig, 2012). The  $a$  parameter and its distribution (as indicated by standard error) and the  $b$  parameter and its distribution (as indicated by standard error) will be used to make samples of  $a$  and  $b$  from the possible parameter space defined by the two distributions. Total effects (pathway  $c$ ) will also be tested in the proposed research. A confidence interval of the parameters will then be calculated from the Monte Carlo distribution to determine significance of the  $ab$  product. If the value of the null hypothesis is not within the confidence interval, then the null hypothesis would be rejected. Significance will be determined via a 95% confidence interval, or a  $p < .05$  alpha level.

## CHAPTER FOUR

### RESULTS

A cross-lagged panel analysis was conducted to test the effectiveness of the RCM (Responsible Choices for Men) group, a process group for abusive men based largely on Alan Jenkins' (1990) narrative-feminist philosophy. This chapter will begin with a discussion of how these data were prepared for analyses, how missing data were handled, and a presentation of the preliminary analyses (frequencies, correlations, means). This chapter will then present the results of the measurement model as well as the cross-lagged panel model, examining closely the hypothesized autoregressive and cross-lagged paths. The chapter concludes with a discussion of the mediation analyses.

#### **Data Preparation**

Different methods were used for dealing with categorical indicators for SES. Income was converted from a categorical variable to a numeric variable because its categories consisted of \$9,999 increments, with the exception of the first (0 – 5,000\$) and last category (65,000\$+). Employment Status, originally composed of five categories was collapsed into two categories, Full-time (1) and Not Full-time (2) based on the stability of the initial employment condition. Education, also initially comprised of five categories, was collapsed into two categories: Less than High School (1) and High School+ (2). This was done because too few participants were represented within select categories for meaningful analyses. For the main analysis, Employment Status and Education were dummy coded, and all continuous indicators were standardized to a common scale, a mean of zero and a standard deviation of one.

### **Missing Data**

A model-based approach of Full Information Maximum Likelihood (FIML) was applied. Following a saturated correlates model, auxiliary variables were incorporated through a series of correlations between the auxiliary variables and all possible associations between the auxiliary variables and the analysis model indicators (Enders, 2008; Graham, 2003). Social Desirability and Personality Factors were chosen as auxiliary variables in the analysis based on correlational data and other research that suggests reporting on physical and psychological abuse is commonly influenced by these factors (Dutton & Hemphill, 1992; Heckert & Gondolf, 2000; Sugarman & Hotaling, 1997). Pre- and post-treatment measures of Social Desirability and Personality Factors correlated with one another as well as several analysis model indicators, both within- and across-time at the  $p < .001$  level. A number of correlations exceeded  $r = \pm .40$ , a good indicator of association with missingness (Enders, 2008, 2010). Missingness within Social Desirability and Personality Factors was reasonably low (no more than 8%) to ensure that the variables' contribution to the estimation process was reliable. Other variables were considered as auxiliary variables such as pre- and post-treatment measures of the female partner's physical and psychological abuse towards the male abuser. While these variables were significantly correlated to a number of analysis model indicators, they were ultimately excluded because the high proportion of missingness within them (range: 37.1% - 42.5%) limited what they could contribute to the estimation process (Enders, 2008).

Averages were created for pre- and post-treatment measures of Social Desirability and Personality Factors resulting in two auxiliary variables. Averages were created to limit the number of auxiliary variables and hence reduce the potential for redundancy and biased parameter estimates (Enders, 2008). Auxiliary variables were standardized to a common scale.

### **Preliminary Analyses**

Frequency data for all the categorical variables in the study are found in Table 1. It is noteworthy that the majority of participants in the present research fell within Income intervals 25,001 – 35,000\$ (20.4%) and 35,001 - 45,000\$ (17.7%). Also of note is while Education was fairly evenly distributed between Less than High School (46.7%) and High School+ conditions (39.2%), Employment Status heavily favored men who were employed Full-time (77.6%) than men who were Not Full-time (22.4%)

Table 1. *Frequencies for Categorical Data*

Categorical Variable	Frequency	Percent (%)
<b>Income</b>		
0-5000	42	10.3
5001-15000	30	7.4
15001-25,000	39	9.6
25,001-35,000	83	20.4
35,001-45,000	72	17.7
45,001-55,000	37	9.1
55,001-65,000	37	9.1
65,000+	66	16.3
<b>Education</b>		
Less than High School	175	46.7
High School+	200	39.2
<b>Work Status</b>		
Full-time	349	77.6
Not Full-time	101	22.4

A correlation matrix for the study indicators across time is presented in Table 2.

Correlations among several indicators were significant at the  $p < .001$  level. Physical Abuse at Time 1, however, revealed no significant associations to analysis model indicators at Time 2. Within-time correlations were inspected and very few associations reached the desired significance level. Indicators for SES at Time 1 (Income, Education, Employment Status) similarly revealed no significant associations to indicators at Time 2; within-time correlations also demonstrated no significant associations. Despite these findings, the author chose to consider these variables in the main analysis based on a rather convincing literature base (Baumeister et al., 1996; Benson et al., 2003; Raul Caetano & Cunradi, 2003a; Raul Caetano et al., 2007; Coghlan, Hyman, & Mason, 2006b; Lipsky et al., 2005a; Lupri et al., 1994a; Stith et al., 2008; Umberson et al., 2003a) and the purpose of the present research, to test the theoretical assumptions of Alan Jenkins (Jenkins, 1990).

Table 2. *Pearson Correlation Matrix for Indicator Variables across Time*

	Indicators at Time 1	Indicators at Time 2											
		1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.
1.	Depression	.757*	.517*	-.513*	.386*	.365*	.401*	.382*	.394*	.384*	.360*	.091	-.208*
2.	Clinical Stress	.627*	.566*	-.405*	.367*	.359*	.357*	.393*	.350*	.357*	.323*	.159	.422*
3.	Self-esteem	-.533*	-.372*	.616*	-.238*	-.218*	-.267*	-.268*	-.232*	-.260*	-.254*	-.051	.381*
4.	Task Accomplishment	.384*	.202*	.221*	.677*	.642*	.646*	.619*	.535*	.623*	.611*	.032	.292*
5.	Role Performance	.339*	.195	-.263*	.602*	.694*	.621*	.626*	.541*	.600*	.634*	.063	.349*
6.	Communication	.432*	.241*	-.266*	.605*	.630*	.666*	.624*	.568*	.598*	.601*	.107	.390*
7.	Affective Expression	.174	.115	-.154	.229*	.187	.209	.223*	.115	.213*	.229*	.022	.139
8.	Involvement	.382*	.198	-.236*	.557*	.571*	.571*	.537*	.617*	.542*	.528	.064	.286*
9.	Control	.368*	.239*	-.230*	.597*	.610*	.581*	.587*	.501*	.626*	.533*	.094	.327*

10. Values and Norms	.388*	.209*	-.272*	.515*	.596*	.562*	.588*	.487*	.516*	.670*	.016	.280*
11. Physical Abuse	.140	.130	-.155	.048	.021	.048	.097	.013	.078	.090	.181	.202
12. Psychological Abuse	.337*	.253*	-.304*	.278*	.276*	.238*	.287*	.249*	.252*	.280*	.192	.637*
13. Income	.007	.010	.032	-.158	-.108	-.073	-.077	-.071	-.147	-.165	-.004	.133
14. Education	-.055	-.094	.039	-.081	-.121	-.115	-.113	-.098	-.108	-.179	.082	-.001
15. Employment Status	-.019	-.040	.032	-.122	-.095	-.086	-.078	-.072	-.127	-.161	-.51	.010

Note. \*  $p < .001$ . Income, education, and employment status were assessed at Time 1 only.

Means, standard deviations and  $t$ -test comparisons were conducted for continuous indicators (see Table 3). While means for Psychological Abuse decreased significantly over time ( $t = 7.15, p < .001$ ) and suggest lower Psychological Abuse severity following treatment, significant mean differences were not detected for pre- and post-treatment measures of Physical Abuse ( $t = 2.92, p = .004$ ). Means for Depression ( $t = 6.06, p < .001$ ) and Clinical Stress ( $t = 4.75, p < .001$ ) showed significant decline from Time 1 to Time 2 suggesting less depression and stress following treatment. Means for Self-esteem increased significantly over time and hence results suggest less disturbance in men's sense of self following treatment ( $t = -5.95, p < .001$ ). With regard to Relationship Functioning, means for Role Performance ( $t = 4.20, p < .001$ ) and Communication ( $t = 4.19, p < .001$ ) decreased significantly over time, indicating less disturbance in these areas following treatment. The majority of items for Relationship Functioning, however, did not reveal significant mean differences: Control ( $t = 2.80, p = .005$ ), Task Accomplishment ( $t = 2.32, p = .021$ ), Affective Expression ( $t = 2.31, p = .022$ ), Involvement ( $t = 2.16, p = .031$ ) and Values and Norms ( $t = 3.32, p = .001$ ).

Table 3. Means, Standard Deviations and  $t$ -tests for Continuous Indicator Variables

	Time 1		Time 2		<i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Depression	21.50	15.62	18.55	14.76	6.06*
Clinical Stress	21.08	16.08	17.68	17.16	4.75*
Self-esteem	32.08	6.52	33.57	5.78	-5.95*
Task Accomplishment	54.47	14.63	52.77	15.06	2.32
Role Performance	51.74	12.67	49.21	12.52	4.20*
Communication	54.29	14.05	51.24	15.05	4.19*
Affective Expression	56.28	36.32	51.19	14.17	2.31
Involvement	55.52	14.07	53.77	15.88	2.16
Control	57.84	13.73	55.79	13.87	2.80
Values and Norms	50.79	14.43	48.42	14.23	3.32
Physical Abuse	1.24	2.76	.61	2.66	2.92
Psychological Abuse	8.27	9.37	5.06	6.92	7.15*

Note. \* $p < .001$

### Longitudinal Factorial Invariance

The longitudinal null model was specified with expectations of no change in variances or means of indicators over time. Factorial invariance was tested using the fixed factor method. A configural invariance model was estimated where a pattern of free factor loadings was estimated (see Figure 11). Residual variances were correlated over time for all indicators of latent constructs, the exception being single-item constructs (Physical Abuse, Psychological Abuse, Self-esteem) which do not produce residual variance (Little, 2013). It is generally assumed that single-item constructs are measured without error; hence residual variance of single-item constructs were fixed to zero. As shown in Table 4, model fit was good (CFI = 0.979, RMSEA = .022, TLI/NNFI = .972,

SRMR = .033). A Heywood case was identified for Income as Income yielded a negative error variance estimate ( $b = -.283$ ). Because confidence intervals based on an estimated standard error for Income covers zero ( $SE \pm .74$ ), it is very likely that sampling error was the cause of negative error variance rather than model misspecification (Kolenikov & Bollen, 2012). The author therefore moved forward with the main analysis.

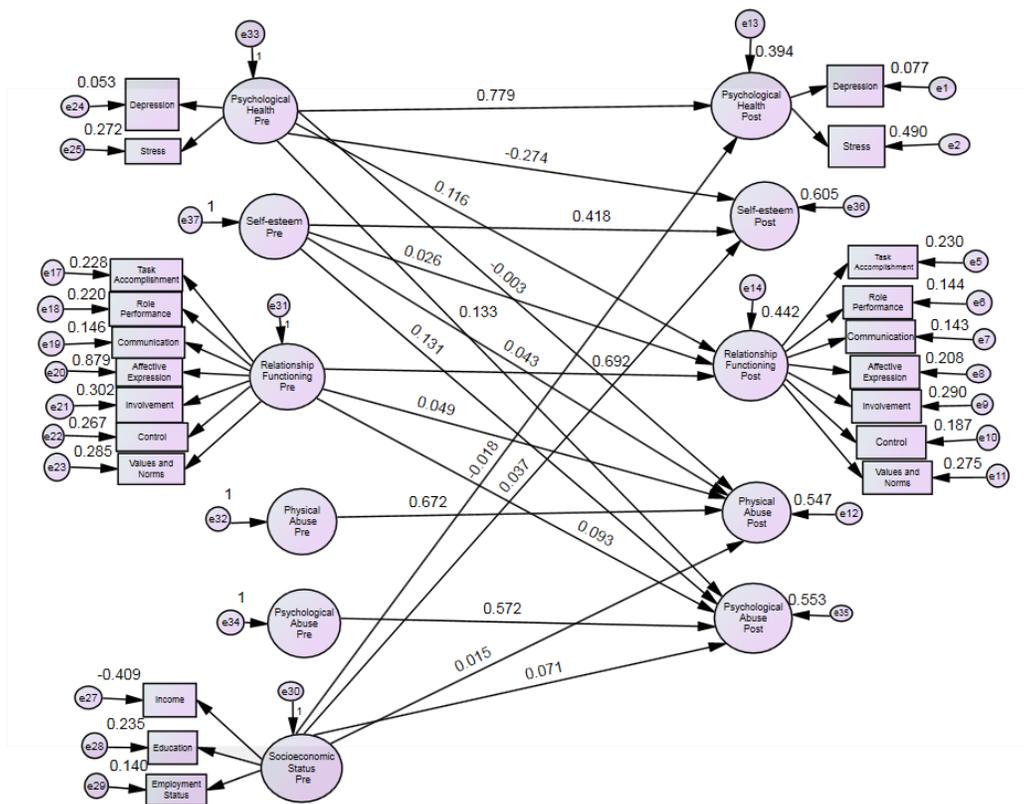


Figure 11. Standardized regression parameter estimates for cross-lagged panel model.

Table 4. Fit Indices for Longitudinal Invariance of Measurement and Cross-lagged Panel Model

Model	$\chi^2$ (df)	$\Delta\chi^2$	$p$	CFI	$\Delta$ CFI	RMSEA (CI)	SRMR	TLI/NNFI	Model Evaluation
Measurement Model Estimates									
Null	7352.540 (297)	—	.000	—	—	—	—	—	—
Configural Invariance	332.559 (266)	—	.003	.979	—	.022 (.013- .029)	.033	.972	Pass
Weak Invariance	417.757 (351)	—	.000	.954	.025	.032 (.026- .038)	.073	.941	Fail
Partial Weak Invariance	349.018 (272)	—	.001	.976	.003	.024 (.015- .031)	.037	.968	Pass
Strong Invariance	417.919 (279)	—	.000	.955	.021	.032 (.025- .038)	.073	.943	Fail
Partial Strong Invariance	349.173 (278)	—	.002	.977	.001	.022 (.014- .029)	.037	.971	Pass
Latent Model Estimates									
Latent Co/var	350.247 (280)	1.074	.585	.978	.001	.022 (.014- .029)	.038	.972	Pass
Latent Means	349.173 (278)	-.108	1	.976	.001	.023 (.015- .030)	.037	.970	Pass
Longitudinal Panel Model									
Initial Panel Model	374.164 (284)	—	.000	.971	.006	.025 (.017- .032)	.040	.965	Pass

Note.  $N = 510$

Weak factorial invariance was tested by constraining corresponding factor loadings to equality while allowing intercepts to be freely estimated. Because the fixed factor method was employed, the fixed variance at Time 2 is no longer needed to set the scale for the loadings (Little, 2013), and so these parameters were freely estimated. The full weak invariance model demonstrated good fit (CFI = .954, RMSEA = .032, TLI/NNFI = .941, SRMR = .073); however,  $\Delta$ CFI from the configural model was .025 which exceeds the threshold of .01 recommended by Cheung and Rensvold (2002). Following the recommendations of Rensvold & Cheung (2001), offending indicators were identified manually by removing constraints on indicator pairs until an appropriate  $\Delta$ CFI was observed. After relaxing constraints on indicator pairs for Affective Expression,  $\Delta$ CFI from the configural invariance model to the weak invariance model was .003 which is within the recommended threshold; hence partial weak invariance was established. Fit indices for partial weak invariance revealed good model fit (CFI = .976, RMSEA = .024, TLI/NNFI = .968, SRMR = .037). Little (2013) suggests rather than remove offending indicators, it is preferable to consider underlying reasons for measures changing meaning over time, as change could have important implications for research outcomes. Underlying reasons for Affective Expression changing meaning over time will be considered in the discussion section (Chapter Five), though the reader should note here that because less than the majority of factor loadings (one out of seven) were found to change meaning, Relationship Functioning remained a cohesive construct (Little, 2013) and hence the author continued with tests of invariance using the partially invariant factor (Vandenberg & Lance, 2000).

A strong invariance model was tested after partial weak invariance was established where the author constrained factor loadings and intercepts to equality across time, while allowing latent means to vary at Time 2. The strong invariance model failed ( $\Delta\text{CFI} = .021$ ). The author relaxed constraints on indicator pairs for Affective Expression to test for partial strong invariance. From the partial weak invariance model to the partial strong invariance model  $\Delta\text{CFI} = .001$ , which falls below the recommended threshold (Cheung & Rensvold, 2002). Fit indices demonstrated good model fit ( $\text{CFI} = .977$ ,  $\text{RMSEA} = .022$ ,  $\text{TLI/NNFI} = .971$ ,  $\text{SRMR} = .037$ ). All factor loadings were statistically significant at the  $p < .001$  level on their respective constructs (see Table 5). Aside from Affective Expression whose factor loadings were relaxed, Clinical Stress showed the greatest variation in factor loadings over time (Time 1  $\lambda = .821$ ; Time 2  $\lambda = .797$ ). Standardized parameter estimates are displayed for the strong invariance model in Figure 12; unstandardized estimates are presented in Table 6.

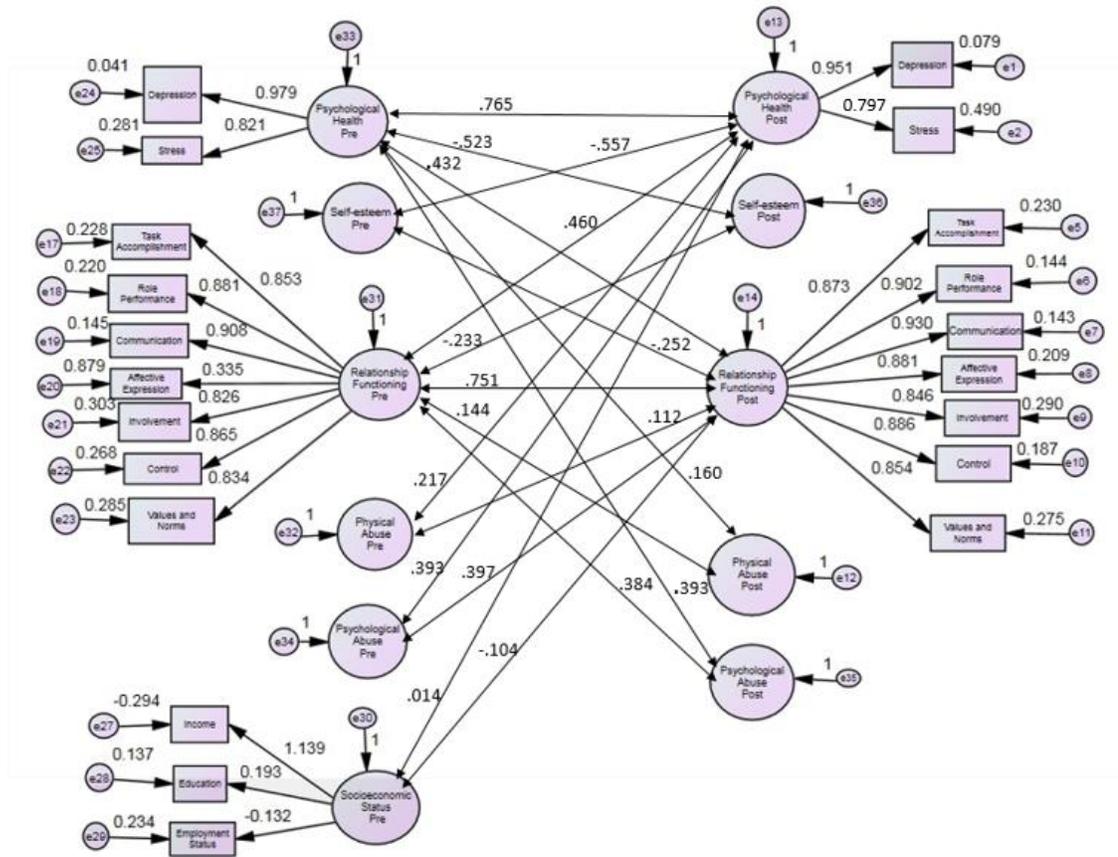


Figure 12. Standardized covariance parameter estimates and factor loadings for strong invariance model.

Table 5. Standardized (and Unstandardized) Factor Loadings for the Strong Invariance Model

Construct Indicator	Time 1 $\lambda$	Time 2 $\lambda$
Factor 1: Psychological Health		
Depression	.979 (.979)	.951 (.979)
Clinical Stress	.821 (.821)	.797 (.821)
Factor 2: Relationship Functioning		
Task Accomplishment	.853 (.853)	.873 (.853)
Role Performance	.881 (.881)	.902 (.881)
Communication	.908 (.908)	.930 (.908)

	Affective Expression	.335 (.335)	.881 (.860)
	Involvement	.826 (.826)	.846 (.826)
	Control	.865 (.865)	.886 (.865)
	Values and Norms	.834 (.834)	.854 (.834)
Factor 3: Self-esteem		1.000 (1.000)	1.000 (1.000)
Factor 4: Physical Abuse		1.000 (1.000)	1.000 (1.000)
Factor 5: Psychological Abuse		1.000 (1.000)	1.000 (1.000)
Factor 6: Socioeconomic Status			
	Income	1.139 (1.139)	—
	Education	.193 (.193)	—
	Employment Status	-.132 (-.132)	—

Note: All standardized factor loadings significant at  $p < .001$ ;  $N = 510$ .

Table 6. Standardized (and Unstandardized) Correlation Coefficients for the Strong Invariance Model

Latent Construct Time 1	Latent Construct Time 2				
	1.	2.	3.	4.	5.
1. Psychological Health	.765 (.743)*	.432 (.442)*	-.523 (-.523)*	.160 (.160)	.393 (.393)*
2. Relationship Functioning	.460 (.447)*	.751 (.770)*	-.233 (-.233)*	.144 (.144)	.384 (.384)*
3. Self-esteem	-.557 (-.541)*	-.252 (-.258)*	—	—	—
4. Physical Abuse	.217(.211)	.112 (.114)	—	—	—
5. Psychological Abuse	.393 (.393)*	.397 (.407)*	—	—	—
6. Socioeconomic Status	.014	-.104 (-.106)	—	—	—

Note. \* $p < .001$ ;  $N = 510$

Table 4 shows that the set of equality constraints testing homogeneity of the variances and covariances was not significant ( $\Delta\chi^2_{(2)} = 1.074, p = .585$ ), suggesting that no external factors have influenced the relationships among the constructs or affected the rate of change in the constructs. In other words, time of measurement did not have a moderating influence on the associations among the constructs between the two measurement occasions. The omnibus test of latent means similarly was not significant ( $\Delta\chi^2_{(0)} = 0.108, p = 1$ ). This indicates that means across measurement occasions were relatively stable or did not change over time.

### **Cross-lagged Panel Model**

The fit of the initial panel model was good (CFI = 0.971, RMSEA = .025, TLI/NNFI = .965, SRMR = .040). Nonhypothesized paths that made good theoretical sense were nevertheless added one by one to the model. The author tested the cross-lagged path between Self-esteem at Time 1 and Psychological Health at Time 2 based on the work of Roy Baumeister and his colleagues (Baumeister et al., 1996) and Alan Jenkins (Jenkins, 1990). These works explain that lower self-esteem will tend to bring on feelings of anxiety, depression and anger in response to perceived slights or criticism, particularly in the case of male perpetrators who have a more unstable sense of self and will be more likely to react to “ego threats”. Other cross-lagged paths considered by the author were between Physical and Psychological Abuse at Time 1 and Self-esteem at Time 2. These relationships were considered based on research that suggests the act of behaving aggressively, whether physically or psychologically, may lead to further disruption in the male perpetrators sense of self, disruption that spawns from the use of defenses (e.g., denial, blame) to guard against the malice and violence (Covell et al.,

2007; Goodrum et al., 2001). Nonhypothesized paths did not reach an appropriate level of significance, nor did they make a large enough contribution to model fit to warrant keeping in the panel model.

Hypothesized paths that did not reach statistical significance were not pruned because they were based on strong theory; hence the final model for these data happened to be the initial longitudinal SEM. Table 7 presents of a list of the study hypotheses, all of which were disconfirmed. Standardized parameter estimates for the final model are represented in Figure 12; unstandardized estimates are shown in Table 8. All autoregressive paths were statistically significant at the  $p < .001$  level and revealed strong, positive autoregressive coefficients: Psychological Health ( $\beta = .779$ ), Physical Abuse ( $\beta = .672$ ) Psychological Abuse ( $\beta = .572$ ), Self-esteem ( $\beta = .418$ ) and Relationship Functioning ( $\beta = .692$ ). The autoregressive coefficients suggest that latent constructs were stable over time; however, as mentioned earlier, the omnibus test of latent-means found no evidence of systematic (mean-level) change. Hence, these results disconfirm Hypotheses 1 through 5, which predict favorable change in autoregressive processes from pre- to post-treatment.

Table 7. *Study Hypotheses*

Hypothesis	
1.	Does physical abuse change across pre- and post-intervention conditions?
2.	Does psychological abuse change across pre- and post-intervention conditions?
3.	Does psychological health (depression, stress) change across pre- and post-intervention conditions?
4.	Does self-esteem change across pre- and post-intervention conditions?
5.	Does relationship functioning (communication, affective expression, role performance, task accomplishment, involvement, control, values and norms) change across pre- and post-intervention conditions?
6.	What is the relationship between the perpetrators ability to experience psychological distress and physical abuse pre- to post-intervention?

7. What is the relationship between the perpetrators ability to experience psychological distress and psychological abuse pre- to post-intervention?
8. What is the relationship between the perpetrator's self-esteem and physical abuse pre- to-post intervention?
9. What is the relationship between the perpetrator's self-esteem and psychological abuse pre-to-post intervention?
10. What is the relationship between the perpetrator's ability to experience psychological distress and self-esteem from pre- to post-intervention?
11. What is the relationship between the perpetrator's ability to experience psychological distress and relationship functioning pre- to post-intervention?
12. What is the relationship between the perpetrator's self-esteem and relationship functioning pre- to post-intervention?
13. Does the male abuser's psychological health mediate the relationship between SES (income, education, employment status) and physical abuse pre- to post-intervention?
14. Does the male abuser's psychological health mediate the relationship between SES and psychological abuse pre- to post-intervention?
15. Does the male abuser's self-esteem mediate the relationship between SES and physical abuse pre- to post-intervention?
16. Does the male abuser's self-esteem mediate the relationship between SES and psychological abuse pre-to post-intervention?
17. Does relationship functioning mediate the association between psychological health and physical abuse pre- to post-intervention?
18. Does relationship functioning mediate the association between psychological health and psychological abuse pre- to post-intervention?
19. Does relationship functioning mediate the association between self-esteem and physical abuse pre- to post-intervention?
20. Does relationship functioning mediate the association between self-esteem and psychological abuse pre- to post-intervention?

---

*Note.* All study hypotheses were disconfirmed.

**Table 8. Standardized (and Unstandardized) Regression Coefficients for the Cross-lagged Panel Model**

	Latent Construct Time 2				
	1.	2.	3.	4.	5.
Latent Construct Time 1					
1. Psychological Health	.779 (.759)*	.116 (.118)	-.274 (-.352)*	-.003 (-.003)	.133 (.179)
2. Relationship Functioning	—	.692 (.705)*	—	.049(.066)	.093 (.125)
3. Self-esteem	—	.026 (.027)	.418 (.537)*	.043(.058)	.131 (.176)
4. Physical Abuse	—	—	—	.672 (.908)*	—

5. Psychological Abuse	—	—	—	—	.572 (.768)*
6. Socioeconomic Status	-.018 (-.017)	—	.037 (.048)	.015 (.021)	.071 (.096)

Note. \* $p < .001$ ;  $N = 510$ .

Regarding cross-lagged paths, Psychological Health at Time 1 was found to negatively predict Self-esteem at Time 2 ( $\beta = -.274, p < .001$ ); that is, following treatment, a decrease in the male perpetrators sense of self was found when the perpetrator experienced greater psychological distress at the beginning of treatment. This finding contradicts Hypothesis 10 wherein the author predicted an increase in psychological distress at Time 1 to result in an improvement in the male abuser's sense of self at Time 2. All other cross-lagged paths did not reach significance. Physical Abuse at Time 2 did not predict Psychological Health ( $\beta = -.003, p = .973$ ) or Self-esteem ( $\beta = .043, p = .538$ ) at Time 1 disconfirming Hypotheses 6 and 8. Psychological Abuse at Time 2 similarly did not predict Psychological Health ( $\beta = .133, p = .084$ ) or Self-esteem ( $\beta = .131, p = .059$ ) at Time 1 disconfirming Hypotheses 7 and 9. Last, Relationship Functioning at Time 2 revealed nonsignificant paths when regressed on Time 1 constructs Psychological Health ( $\beta = .116, p = .083$ ) and Self-esteem ( $\beta = .026, p = .677$ ); these findings disconfirm Hypotheses 11 and 12.

### Mediation Analyses

Stationarity was assumed given the nature of the design, and equilibrium was met as tests for homogeneity of variances and covariances found that the measured constructs were unchanging over time. That the assumption for equilibrium was met indicates a stable system that is relatively free of unmeasured variables affecting the system (Little,

2013). All indirect pathways were nonsignificant when a 95% confidence interval was applied. Monte Carlo simulation showed that Psychological Health did not indirectly influence the relationship between SES and Physical and Psychological Abuse. The point estimate for Physical Abuse fell within the confidence limits, [ $ab = .000$ ;  $CI = (-.007, .008)$ ], as did the point estimate for Psychological Abuse [ $ab = -.003$ ;  $CI = (-.018, .008)$ ]. These findings disconfirm Hypotheses 13 and 14. Self-esteem similarly did not indirectly influence the relationship between SES and Physical and Psychological Abuse. Point estimates for Physical Abuse ( $ab = .003$ ) and Psychological Abuse ( $ab = .008$ ) were within CI's [.009, .019] and [-.008, .033], respectively. Contrary to Hypotheses 16 and 17, Relationship Functioning did not indirectly influence the path between Psychological Health and Physical and Psychological Abuse. Point estimates for Physical Abuse and Psychological Abuse were .008 and .015, which fell within confidence limits  $CI[-.013, .035]$  and  $CI[-.006, .045]$ , respectively. Last, Relationship Functioning did not indirectly influence the relationship between Self-esteem and Physical and Psychological Abuse. Confidence intervals for Physical Abuse  $CI[-.012, .019]$  and Psychological Abuse  $CI[-.016, .025]$  were inclusive of respective point estimates,  $ab = .002$  and  $ab = .003$ .

All total effects were similarly nonsignificant when a 95% confidence interval was applied. Although the cross-lagged panel model presented in Figure 2 contains standardized parameter estimates for the above half-longitudinal mediation models, estimates for each model are provided in Figures 13 through 20.

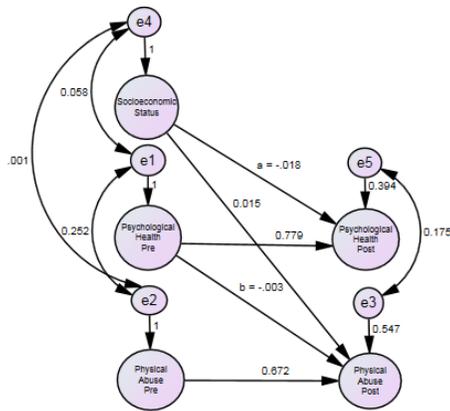


Figure 13. Psychological Health as a mediator of Socioeconomic Status on Physical Abuse.

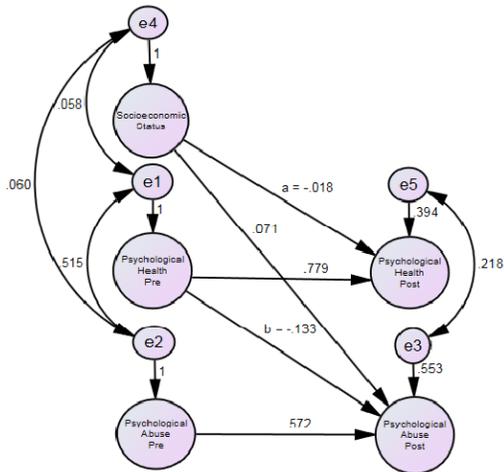


Figure 14. Psychological Health as a mediator of Socioeconomic Status on Psychological Abuse.

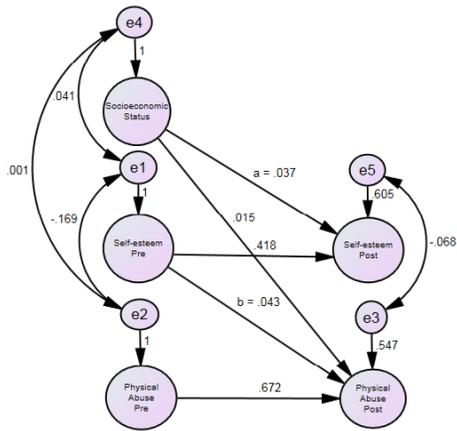


Figure 15. Self-esteem as a mediator of Socioeconomic Status on Physical Abuse.

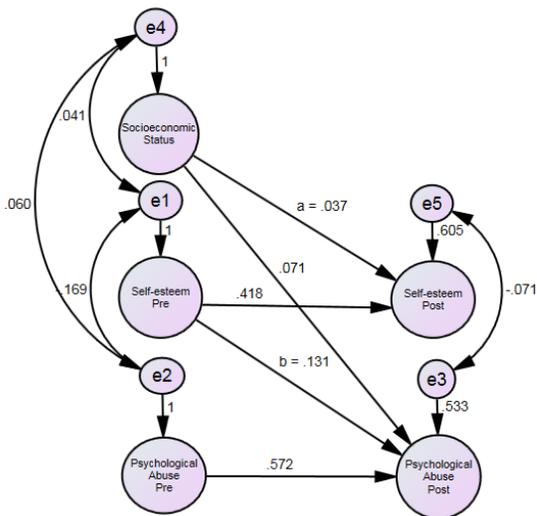


Figure 16. Self-esteem as a mediator of Socioeconomic Status on Psychological Abuse.

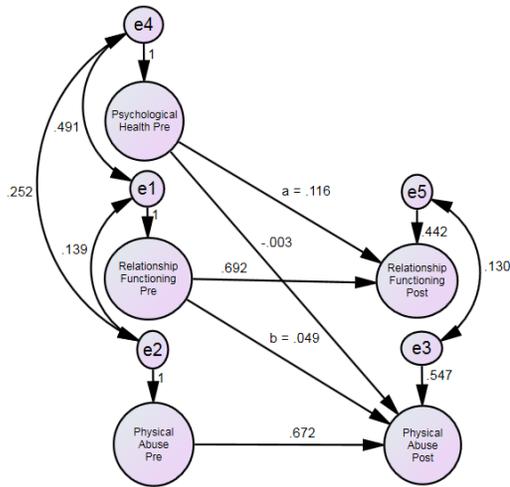


Figure 17. Relationship Functioning as a mediator of Psychological Health on Physical Abuse.

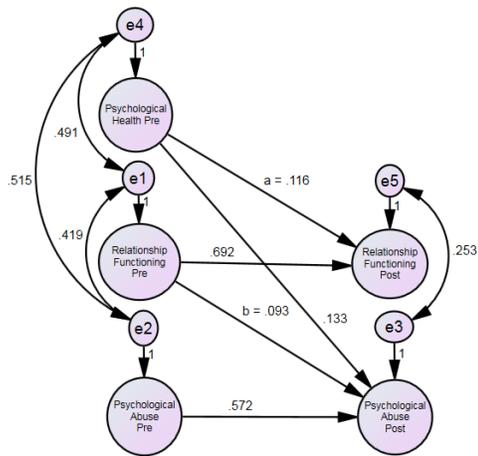


Figure 18. Relationship Functioning as a mediator of Psychological Health on Psychological Abuse.

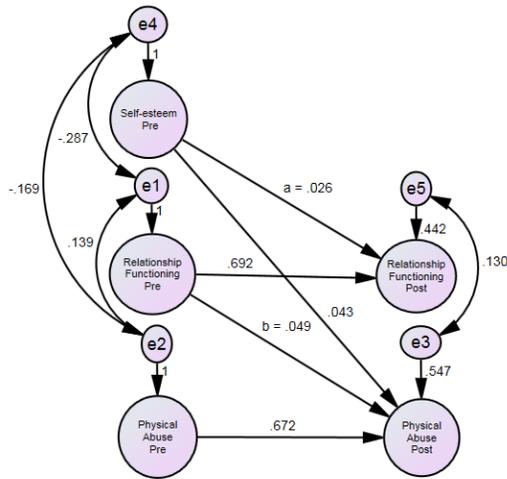


Figure 19. Relationship Functioning as a mediator of Self-esteem on Physical Abuse.

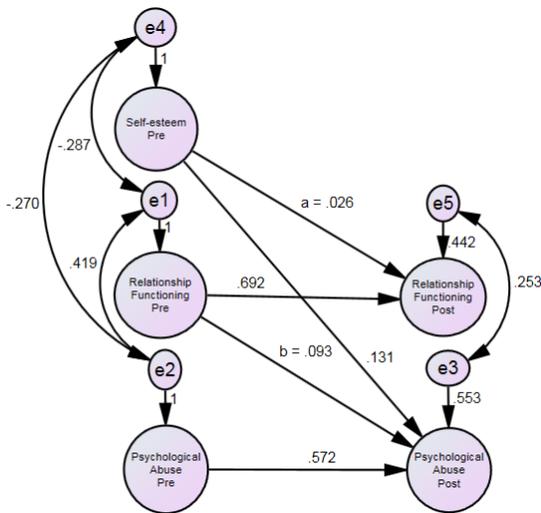


Figure 20. Relationship Functioning as a mediator of Self-esteem on Psychological Abuse.

## CHAPTER FIVE

### DISCUSSION

The main purpose of this study was to test the effectiveness of the RCM (Responsible Choices for Men) group, a process group for abusive men guided largely by Alan Jenkins' narrative-feminist philosophy (Jenkins, 1990). This chapter will focus on three main findings generated from the analyses, two of which directly address the question of treatment effectiveness. First, autoregressive paths for Psychological Health, Relationship Functioning, Self-esteem, Physical Abuse and Psychological Abuse showed no evidence of change from pre- to post-treatment, which contradicts the author's hypotheses of favorable change in these constructs over time. Second, almost all of the cross-lagged paths tested in this study were nonsignificant; the one exception was the cross-lagged effect of Self-esteem on Psychological Health showed that following treatment, men's sense of self decreased when they experienced greater psychological distress at the beginning of treatment. This contradicts the study hypothesis that an increase in psychological distress would lead to improved self-esteem from pre- to post-treatment. Third, an unexpected finding not related to the study hypotheses was that the indicator Affective Expression was noninvariant over time, suggesting that its meaning for men may have changed from Time 1 to Time 2. The implications of these findings as well as the nonsignificant results on all indirect paths will be considered in this chapter.

#### **Study Findings in Relation to Other Literature**

**Finding 1.** None of the autoregressive paths in the present research revealed systematic change over time, which contradicts the author's hypotheses that abusive men

would engage in less physical and psychological abuse, demonstrate improved relationship functioning, and experience more depression, stress and (genuine) self-esteem from pre- to post-intervention. While men did not show evidence of change over time in these areas, the author cautions against making conclusions about treatment effectiveness based on this, particularly because earlier research has found the RCM group to demonstrate a good degree of success in the treatment of abusive men.

(McGregor et al., 2002; Tutty & Babins-Wagner, 2016; Zalmanowitz, Babins-Wagner, Rodger, Corbett, & Leschied, 2012). Similar to the t-tests run in the preliminary analysis here, these studies demonstrate statistically significant improvements on a number of measured areas following treatment including physical and non-physical abuse, self-esteem, family relationships, depression, anxiety, perceived stress and sex-role beliefs (McGregor et al., 2002; Zalmanowitz et al., 2012).

It should be noted that the analyses of previous studies relied especially on ANOVA (analysis of variance), which varies in important ways from the longitudinal SEM procedure used in this research. ANOVA assumes invariance of measurement unlike longitudinal SEM which attempts to establish invariance. If the assumption is not accurate in the case of ANOVA, any conclusions about changes in the construct of interest can be considered unreliable and even invalid (Little, 2013). Further, ANOVA employs listwise deletion to handle missing data, which is a convenient approach in that it produces a common set of cases for all analyses. However, the disadvantages of listwise deletion are many, including distorted parameter estimates in situations where MCAR (missing completely at random) does not hold, and potentially “wasting” data where discarded cases have data on a large number of variables (Enders, 2008). Based on

these differences in analyses, we can perhaps conclude that the longitudinal SEM procedure used in this paper is more reliable than those used in earlier papers generated from the same dataset. One might assume, then, that this would give us more confidence that the present research adds to available research that finds minimal or no effects for male batterer treatment (Babcock, Green, & Robie, 2004b; C. S. Stover, Meadows, & Kaufman, 2009). It is the author's opinion that more research on the RCM group is needed before any firm conclusions can be drawn.

It is important to be aware of the time-limited nature of the RCM group; this was a group that spanned no longer than a three-month period. Had the RCM group been designed for longer-term treatment, it is possible that change in some of the theorized autoregressive (and cross-lagged) paths might have occurred in the third or fourth lag. Longer-term treatments have not necessarily demonstrated greater efficacy over short-term treatments for male abusers and sexual offenders (Edward W. Gondolf, 2000; W. Marshall & Serran, 2000). As well, the high degree of recidivism and general concerns around long-term treatment with male abusers need to be acknowledged (e.g., alcohol and drug problems, antisocial and narcissistic tendencies; Gondolf, 1997) as they often force practitioners to reconsider how they deliver their interventions. Nevertheless, Browne, Saunders, and Staecker (1997) who studied a process-oriented psychodynamic group for abusive men noted that "Group leaders and supervisors generally believed that longer treatment would have been more effective" (p. 268). In line with this, earlier seminal works have examined attachment disruption and childhood trauma in the lives of men and women in violent relationships (Bowlby, 1984; Donald G Dutton, 1998), aspects of experience that have been consistently linked to personality disorders in partner violent

men (Else, Wonderlich, Beatty, Christie, & Staton, 1993; Holtzworth-Munroe & Stuart, 1994). Treating long-standing characterological patterns that have their origins in childhood requires a great deal of time and patience (Gabbard, 2000). Fortunately we can learn from available treatment programs that have demonstrated success with treatment retention and involvement with male abusers, programs of a psychodynamic nature that have tended to encourage compassion for these men towards their childhood traumas (Saunders, 1996; Stosny, 1994).

Of further note, we must consider that before men entered the RCM group, a proportion of them underwent a degree of change during individual therapy where they were required to acknowledge responsibility for the abuse to become eligible for the group. The shift from the denial of responsibility to some acknowledgement underlies much of Jenkins' (1990) narrative-feminist treatment, suggesting perhaps that for some men, the most important aspects of their change occurred before they entered the group. This change was not captured in the present research.

**Finding 2.** The author predicted that in situations where male perpetrators experience more psychological distress and self-esteem, relationship functioning would improve and the man's propensity for physical and psychological abuse would lessen from pre- to post-treatment. This logic was reflected in many of the cross-lagged paths and indirect effects tested in this study, logic that was ultimately disconfirmed. The author drew these hypotheses from Alan Jenkins who proposed that where the male abuser can accept greater responsibility for his own emotions - i.e., experience more negative emotions, especially in response to challenges in the world of work - and elevate his self-esteem in a genuine way, he is more likely to relate respectfully to his partner and

rely less on physical or psychological forms of abuse (Jenkins, 1990). Although this position has been supported in the literature (Baumeister et al., 1996; Finkel et al., 2009; Umberson et al., 2003a), it generally runs counter to the dominant trend which finds that a reduction in negative emotions such as depression and stress leads to improved relationship functioning (Kouros et al., 2008) and less perpetration of partner abuse (Caetano et al., 2007; Lipsky et al., 2005).

Only one cross-lagged path reached a significant level; this path showed that following treatment, the male perpetrators sense of self worsened when he experienced greater psychological distress at the beginning of treatment. No study to the author's knowledge has considered the relationship between psychological distress and the self-esteem of the male abuser within the context of treatment. However, correlations between self-esteem and psychological challenges such as depression (Sharabi, Delaney, & Knobloch, 2016b), substance abuse (Peralta, Tuttle, & Steele, 2010) and gender-role stress (Baugher & Gazmararian, 2015) have been established in studies that do not consider the influence of treatment. This finding contradicts the author's hypothesis which proposed based on Jenkins (1990) that an increase in psychological distress may lead to improved self-esteem, in that the man's willingness to experience his own distress or take responsibility for his emotions would result in a greater sense of control over his life, and foster a more secure sense of self.

Rethinking Jenkins' (1990) theoretical position, it is possible that male abusers in this study learned to take care of their emotions and experience less depression and stress over time, a position that still holds true to Jenkins' emphasis on men taking responsibility for their own emotions. If this is in fact what happened, Jenkins might say

these men as a result would experience a more unwavering sense of self, in part because they became less reliant on their female partner to do their emotional work for them. Wexler's (1999) self-psychology reflects this position quite closely and is worth considering here. According to Wexler, abusive men may experience women as having the power to express emotions, and they may depend on them to help them express their own, whether they are aware of it or not. While the female mirror serves as a powerful reflection, Wexler suggests that the male abuser will experience fragmentation in response to his partner or his child(ren) not showing him the respect he had in mind, fragmentation that may appear as an inability to maintain a sense of personal worth and esteem. Almost parallel to Alan Jenkins' approach, Wexler recommends building awareness in the male of the unrest and resentment within him, so that he can be in a position to take responsibility for his emotions and experience a more stable sense of self.

The success of the RCM group was based on men taking responsibility for their abusive behavior, something that was clearly thought about and tested indirectly in the present research given that no direct measure for responsibility was available to the author. Drawing on available research, Marisol Lila and her colleagues (Lila, Oliver, Catalá-Miñana, & Conchell, 2014; Lila, Oliver, Galiana, & Gracia, 2013) modeled The Contexto Programme in Spain and included in their study a measure for the "responsibility assumption", men's tendency to acknowledge their role in violent behavior rather than attribute the violence to the female partner. They found through testing their treatment program that recidivism risk decreased for men with high levels of anxiety and less control when expressing their anger, which lends support to Jenkins' (1990) notion of experiencing one's emotions as an integral step to reducing violence, but

again contradicts the findings of this study. Lila and her colleagues also found that the men who made the most gains in the “responsibility assumption” were those who were oldest and had the highest level of intimate support, anxiety, depression, impulsivity and self-esteem, and the lowest level of anger control. These factors are important to consider as we think about the RCM group and what might aid abusive men in their striving toward responsibility taking.

**Finding 3.** A final and unexpected finding in this study was that the indicator Affective Expression was noninvariant over time, suggesting that its meaning for male participants changed from pre- to post-treatment. Central to Jenkins’ (1990) theoretical position is the desire to help abusive men face up to negative feelings and abusive behavior, and let go of the notion that he needs to stop negative feelings in order to stop violence, a message that may be tied to earlier learning about what it means to be a man (Jenkins, 1990). It perhaps comes as no surprise that aggression is generally viewed as an acceptable way for men to express their feelings, while they are expected to hide emotions of sadness and fear, which cross-culturally are deemed feminine and uncharacteristic of men (Fischer, Rodriguez & Mosquera, 2004). Available research suggests that because men are socialized to be unemotional but ready to aggress in situations of conflict, there is the tendency for them to fear their emotions, particularly men who rigidly adhere to gender-role stereotypes (Lisak, Hopper, & Song, 1996), a finding that is reflected in Jenkins’ (1990) seminal work. What results is an avoidance of emotional vulnerability and the expression of feelings due to a fear of anxiety and sadness, and even positive feelings such as joy and happiness (Lisak et al., 1996). The RCM group was designed in part to help men face up to their difficult feelings by

becoming aware of the restraining patterns of thought and interaction that were passed down to them in their socialization as men (Jenkins, 1990). It is possible based on this that the meaning of affective expression changed for the men in this study following treatment, from something to be feared to something to be accepted and experienced, altering the way they perceived related questions on the FAM-III (Family Assessment Measure-III).

Moreover, the present study did not include measures for childhood trauma and the development of trauma symptoms, and so the author was unable to gauge the influence of trauma on the emotional experience of men. Available research has shown that avoidance and the numbing of emotions is common to abusive men's experience of PTSD and their perpetration of violence, associations that have been demonstrated among men who were prisoners of war, Vietnam veterans, and survivors of childhood abuse (Dekel, Enoch, & Solomon, 2008; Kar & O'Leary, 2013; Lisak et al., 1996). It may be that some of the men in this study were able to acknowledge their experiences of trauma within the RCM group, a group that was in part designed to create a space for men to share their stories. This may have allowed them to experience themselves and their emotions in ways that no longer involved avoidance or numbing, perhaps changing how they perceived acts of emotional expression. More work needs to be done to truly establish this, though it is worth noting that Sonkin and Dutton's (2003) research on attachment-based psychotherapy has encouraged practitioners to help abusive men become aware of the range of emotions and understand how the strategies they used in childhood to deal with their emotions may no longer serve them. According to the authors, the process of facilitating greater emotional awareness and dealing with

childhood trauma may give rise to a new outlook in the male perpetrator, one that is not so rejecting of his own (and others') emotions.

### **Study Limitations**

A number of limitations become apparent regarding the study sample. Data were collected exclusively from male perpetrators involved in the RCM group, which limits generalizability of the sample to the challenges and sensitivity associated with research in applied settings. The data do not allow for cross-cultural comparison given the uneven proportions of individual ethnic groups, and hence the findings may not generalize across cultures. The findings do not generalize to gay men due to their exclusion for reasons that concern the nature of Jenkins' (1990) theory as guided by notions of male entitlement and female submissiveness. A control group was not included, which also limits generalizability of the research and means that changes identified in the study sample cannot be attributed to the group program.

Limitations regarding measures are as follows: All measures used in the proposed research are self-report instruments, which may be vulnerable to social desirability influences. There was no external validation of the actual levels and types of IPV perpetrated, so the potential for classification error warrants caution. The measures chosen for this study were brief so as to reduce the amount of time men spent in the first and last session completing the battery. It is possible that briefer measures limited the thoroughness of testing and hence the accuracy of the results and conclusions. Moreover, this study may have benefited from measuring the effects of treatment beginning with individual psychotherapy, extending into the last session of the group. In a few cases, individual psychotherapy lasted for as long as a year, within which some of the men

made notable strides in responsibility-taking, change that went undocumented in this research. This study may have also benefited from more frequent and prolonged measurement of treatment, in that change may have occurred at a time-point that was not captured by the design of the present research.

While men reported whether a history of abuse was present in their family of origin, the data do not include a measure for child abuse and neglect, an often critical consideration for men's use of violence against women (Renner & Whitney, 2012a). Along these lines, pre- and post-measures of traumatic stress may have been useful for understanding men's psychological experience, however only a pre-treatment measure of trauma was available in these data. Further, a measure for anger was not administered to men in this study, whereas the literature is reasonably clear on the importance of treating anger in male batterer intervention (Lila, Oliver, Catalá-Miñana, & Conchell, 2014; Lila, Oliver, Galiana, & Gracia, 2013). Last, a measure that taps into the notion of responsibility may have been advantageous in that greater confidence could be placed in the study hypotheses, many of which examined men's responsibility-taking in an indirect fashion. The analysis was limited by the large proportion of missing data, an inevitable consequence of naturalistic research. While the half-longitudinal mediation design in the proposed research is a significant improvement in inferential power over earlier methods (e.g., cross-sectional mediation), it introduces bias as the data do not include information collected at three time-points. The data therefore only allowed the author to determine whether a mediating variable was a partial mediator, not a full mediator. Last, partial rather than full strong measurement invariance was established in the present research,

which is limiting according to Byrne, Shavelson, and Muthén, (1989) who noted that noninvariant scales can reduce the accuracy of predictions.

### **Future Research Directions**

More studies that use structural equation modeling with Alan Jenkins' approach in particular and treatment approaches for abusive men in general are needed. A review of the literature revealed only four studies that used modeling to test treatment modalities with male abusers, none of which test the treatment approach of Alan Jenkins. Further, in addition to the use of longer, more thorough measures, future researchers ought to consider assessing the experience of anger in the male perpetrator. A measure that taps into the avoidance of anger in particular may be germane as Jenkins (1990) explains many times throughout his seminal work that male perpetrators often believe that to stop violence they must stop their anger, which often results in denial and defenses against anger, defenses that can have devastating consequences in intimate partnerships (Umberson, Williams, & Anderson, 2002).

Future modeling of Jenkins' treatment should consider the male perpetrators' experience of childhood trauma and its aftermath. Adding to seminal works that stress the importance of early development for vulnerability to later abuse (Bowlby, 1984; Dutton, 1998), a rigorous study conducted by Renner and Whitney (2012) demonstrated in a sample of young adult males that a history of childhood sexual abuse and low self-esteem contributed to all forms of violence perpetration captured in the study (threatening, physical and sexual injury). Along these lines, a thorough measure of childhood abuse as well as a measure for the traumatic stress that can spawn from the abuse would contribute a great deal to future testing of Jenkins' theory. A direct measure of responsibility is

crucial for future research on men who abuse women in understanding the effects of treatment and change in these men. This message has been emphasized repeatedly in Jenkins' seminal work (Jenkins, 1990), and research literature is available to support this position (Lila et al., 2013). Last, researchers in the area are encouraged to examine how men's experiences affect their ability to function in the world of work, an important and often ignored outcome in the lives of abusive men (Benson et al., 2003).

The author urges future investigators to consider cross-cultural study of Alan Jenkins' narrative-feminist approach in particular and treatment approaches in general. Many of the treatment approaches available to practitioners who work with abusive men are grounded on Western ideology (primarily Australian in the present research), ideology that is not always effective in reaching the nuanced psychological (and spiritual) concerns of certain cultures (e.g., Huisman, 1996; Raj & Silverman, 2002). It is imperative that these sensitivities are developed in future investigation. Of particular importance for Canadian research is knowledge generation on the Aboriginal people whose communities are the most devastated by domestic violence (Brzozowski, Taylor-Butts, & Johnson, 2006), and whose experience of healing differ greatly from the Canadian majority (Evans-Campbell, 2008). Moreover, the author chose to exclude gay men from the present research so that Jenkins' notions of male entitlement and female submissiveness could be accurately represented. However, power dynamics exist within homosexual relationships (Connell, 2014) and future investigators are encouraged to test Alan Jenkins' narrative-feminist approach as well as other treatment approaches in ways that are sensitive to these dynamics in gender and sexual minority relationships.

Last, a greater focus on less traditional approaches to treating partner abuse is needed, approaches like Alan Jenkins' narrative-feminist philosophy which constitutes a psychodynamic sensibility. It was mentioned in an earlier chapter that the literature on domestic violence treatment remains greatly underdeveloped where it concerns psychodynamic psychotherapy, especially when compared to research on more traditional approaches (e.g., CBT, social-learning). It is perhaps that fewer investigators have taken on the challenge of evaluating less traditional approaches because of the difficulties presented in quantifying phenomena that are more elusive in nature. Whatever the case, there is a need for researchers to step up to this challenge given that earlier work on Alan Jenkins' treatment approach demonstrates favorable outcomes for the male abusers involved (McGregor et al., 2002; Zalmanowitz et al., 2012), not to mention the limited work on psychodynamic psychotherapy that points to its distinct advantages over other approaches (Saunders, 1996). Researchers are especially encouraged to test less traditional therapies over a longer-term (and with greater frequency), as per the suggestions of practitioners in the field (Browne et al., 1997) and the success these therapies have demonstrated with treatment retention and involvement (Saunders, 1996; Stosny, 1994).

### **Conclusion**

This study set out to test the effectiveness of the RCM group, a process group for partner abusive men that was based largely on the narrative-feminist philosophy of Alan Jenkins (Jenkins, 1990). The results of this study suggest a strong need for continued research on Jenkins' assumptions. There was no evidence of change in male abusers on dimensions of Psychological Health, Relationship Functioning, Self-esteem, Physical

Abuse and Psychological Abuse from pre- to post-treatment. With earlier research available to support the effectiveness of the RCM group (McGregor et al., 2002; Zalmanowitz et al., 2012), the author is calling for further research and testing. Study findings also revealed that the meaning of affective expression changed for men over time, and that following treatment, men's self-esteem decreased when they experienced greater psychological distress at the beginning of treatment. These findings uniquely contribute to available research on abusive men which has not yet considered these relationships within the context of treatment. It is hoped that researchers and clinicians alike can apply the findings of this research and build upon them so as to better serve men who abuse women, a population that is often hard-to-reach and rather difficult to treat.

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