

## **Skills Training for Treatment of Spouse Abusers: An Outcome Study<sup>1</sup>**

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*The present study evaluated a 15-week cognitive-behavioral skills training program for male spouse abusers. Results showed dramatic decreases in occurrence of violent behaviors after treatment, and up to 1-year follow-up in subjects (n = 32) completing the intervention. Furthermore, compared to program dropouts (n = 36), completers showed a lower rate of physical violence recidivism over the 1-year follow-up period. However, there was evidence of continued psychological abuse among completers in some cases (as corroborated independently by the victim/partner). Changes measured by psychometric assessment indicated decreased dysphoria. No change in basic personality, characterized primarily by disorder, was found. The latter findings was interpreted to partly account for continued psychological abuse. Implications for refining programs to address psychological abuse and to develop mechanisms to reduce attrition are discussed.*

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**KEY WORDS:** spouse abuse; violence abatement; skills training; personality disorder.

### **INTRODUCTION**

In recent years, increased efforts to develop methods of intervention with spouse abusers have been described (Deschner, 1984; Ganley, 1981; Halpern, 1984; Hawkins and Beauvais, 1985; Saunders, 1984; Sonkin *et al.*, 1985). Recent studies have shown such interventions to be related to reduc-

<sup>1</sup>Based on a paper presented at the meeting of the American Psychological Association, Washington, D.C. August 23, 1987.

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tion of recurrence of violent acts (Dutton, 1986; Halpern, 1984, Tolman *et al.*, 1987), psychopathology (Deschner, 1984), and police domestic disturbance calls (Hawkins and Beauvais, 1985).

Several methodologic concerns are noted in outcome studies of violence abatement programming. *First*, there has been little comparison on outcome measures between dropouts and treatment completers (Deschner and McNeil, 1985; Deschner *et al.*, 1986; Tolman *et al.*, 1987). Hence, nonspecific treatment variables cannot be ruled out. Further, at least one outcome study included both male and female clients in the overall analysis (Deschner and McNeil, 1986). An outcome study by Tolman *et al.* (1987) included all men who completed at least one group session. Therefore, the latter study apparently did not distinguish between those who completed a prescribed course of treatment and those who left treatment prematurely. When dropouts have been examined (e.g., Halpern, 1984; Hawkins and Beauvais, 1985), no apparent differences were noted between program completers and noncompleters. However, Halpern (1984) failed to distinguish between those who dropped out and those who were referred to, and received other forms of treatment. It may be that treatment dropouts had a higher recidivism rate than those who received some other type of treatment, such as alcohol and drug rehabilitation. Moreover, attrition during follow-up could have affected the results. Out of a total of 221 noncompleters reported by Halpern, only 45 were contacted. It is possible that a greater proportion of noncompleters in Halpern's study repeated violence than was reported in the smaller follow-up sample.

Hawkins and Beauvais (1985) used an indirect measure of outcome (i.e., record of police calls for domestic violence). Several problems could arise from using such a measure. Previous involvement with police may lead to increased threats and actual violence against the victim, thus suppressing the tendency to report subsequent acts of violence. Further, reliability of actual police dispatcher recording techniques is unknown and dependent on such factors as dispatcher knowledge and training, available codes, source of the call, and amount and type of information provided to the dispatcher. It is possible that a combination of direct follow-up and analysis of police records would provide an adequate method for maximizing follow-up results. In particular, police records could be used as a conservative estimate for tracking those former participants or dropouts who otherwise are lost to direct follow-up. A combination of direct follow-up and police report data could be used to track those who maintain contact with the program (Dutton, 1986).

Both Hawkins and Beauvais (1985) and Deschner (1984) found changes in dysphoric symptoms in treatment completers. Deschner (1984) also measured change in personality traits as a function of treatment. In a series of recent studies, Hamberger and Hastings (1985, 1986a,b) found that batterers,

both as a group and compared to nonbatterers, evidenced a preponderance of disordered personality characteristics. The rigid intransigent nature of disordered personality characteristics could have implications for design of treatment programs and interpretation of outcome.

The present study investigated the effectiveness of a psychoeducational, cognitive-behavioral intervention for violence abatement. Three hypotheses were tested: (1) program completers would show a decreased rate of violence recidivism one year after treatment on a within-group basis, and relative to program dropouts; (2) psychometric measures of dysphoria (depression and anger proneness) would show improvement in program completers; and (3) measures of basic personality traits and disorder would not change as a function of treatment.

## METHOD

### Subjects

Participants consisted of 71 men who completed at least the three assessment sessions of a 15-session, violence-abatement program. Of the total sample, 35 completed initial assessment, 12 intervention sessions, and post-treatment and 1-year follow-up. Three completers were lost to follow-up. The remaining 36 men completed at least the initial assessments and, in many cases, at least one intervention session prior to refusing treatment. Number of intervention sessions completed by dropouts ranged from one to nine. In all instances, reasons for dropping out were related to loss of interest, despite the fact that 22 of the 36 dropouts were court- or probation-mandated to attend. Further, dropouts were included if one year had elapsed from the date of their final session. All participants signed informed consent forms during initial evaluation to use their data in program evaluation research. (See Table I for a summary of subject characteristics.)

Chi-square analyses indicated that the two groups differed significantly in racial composition and unemployment rate. The dropout group, compared to completers, consisted of higher proportions of blacks and unemployed. There were no significant differences on any other demographic variable measured. Although study of characteristics of completers versus dropouts is beyond the scope of the present paper, the data indicate that the two groups differ. Further analyses of data from a subsequent sample of completers and dropouts who did not yet meet the inclusion criterion of one year post-termination revealed no differences in racial composition. Dropouts, however, continued to show higher unemployment levels in the "replication" sample. Hence, in the present study, the observed racial im-

**Table I.** Demographic Characteristics of Program Completers and Dropouts

Category	Completers	Dropouts
<b>Race</b>		
Caucasian	35	27
Black	0	8
<b>Employment</b>		
Employed	30	19
Unemployed	5	17
<b>Marital status</b>		
Married	15	17
Separated	11	8
Divorced	5	4
Never married	5	7
<b>Child abuse victimization history</b>		
Physical	2	6
Emotional	4	6
Both	8	4
None	22	20
<b>Witness maternal abuse</b>		
Yes	23	25
No	13	11
<b>Religion</b>		
Protestant		
Catholic		
Other		
None		
<b>Education</b>		
H.S. grad	18	14
Some college	12	10
College grad	1	0
Less than H.S.	7	10

balance between groups is considered to be a spurious phenomenon. Except for differential rates of unemployment, the two groups appear equivalent on the demographic variables sampled.

### Procedure

The program, described in detail in a previous paper (Hamberger, 1984) consists initially of three sessions of interview and psychometric evaluation of the perpetrator. The psychometric battery consists of the Millon Clinical Multiaxial Inventory (MCMI) (Millon, 1983), Beck Depression Inventory (BDI) (Beck *et al.*, 1961), Novaco Anger Scale (NAS) (Novaco, 1975), and a Demographic Data Form. The Conflict Tactics Scale (CTS) (Straus, 1979), a graduated checklist of increasingly violent act is also administered as part

of the structured interview. Behaviors measured on the CTS range from doing or saying spiteful things to using a knife or a gun. In addition to the perpetrator, an independent corroborative interview is conducted with the victim (including administration of the CTS). Evaluation is followed by 12, two and one-half hour weekly sessions of group therapy. During participation, batterers learn and rehearse skills involving cognitive restructuring, self-imposed time-outs, communication and assertiveness and active-coping relaxation. The cognitive restructuring component consists of the participant learning to monitor, identify, and modify self-talk associated with intense negative emotional arousal. Such self-talk includes labels, interpretive statements, and self-produced verbal instructions not to produce violent acts. By learning such thought-switching skills, the man also learns the connection between his own self-produced cognitive responses and emotional and behavioral responses.

The communication/assertiveness component consists of teaching the participant to differentiate passive, assertive, and aggressive behaviors. Specific assertive responses taught include: feeling expression, appropriate requests, mutual problem solving and conflict resolution, giving and receiving positive and negative feedback, coping with verbal aggression in others, and active, empathic listening.

The final major component is active-coping relaxation (Goldfried and Trier, 1974). Participants learn through exercise, discussion, and self-monitoring, to identify personal physiological cues related to increased arousal and subsequent negative emotion. The men also learn a guided-imagery and controlled breathing relaxation skill. Through daily practice and weekly exercise, the men learn to use their physiological arousal as a cue to relax rather than to get more upset.

The three major components of the program are discrete. Nevertheless, an emphasis is made throughout the man's participation to integrate the components into a comprehensive and personalized package of nonviolent and nonabusive coping skills. For example, if a man becomes jealous he may learn to re-label the situation, instruct himself to exit the situation, rehearse how he would like to express his feelings nonabusively, to monitor his "jealously/anger" cues, and if necessary, relax. The overriding principles that guide intervention are: (1) the violence must cease, (2) the man is personally responsible for his behaviors, including cognitions, and (3) given training, nonviolent options are available for the man to cope with personally aversive relationship issues. These basic principles are repeated in the context of the weekly sessions and are integrated with behavior-specific content. The men are given homework assignments to apply the learned skills *in vivo* and to report on their experiences the subsequent session. The first hour of the session comprises discussion of homework. The remainder of the session consists of learning and rehearsal of new skills.

Following participation, the subject is retested and the victim is again interviewed independently. The couple is followed over the course of the subsequent year at intervals of 1 month, 3 months, 6 months, and 1 year. During the final meeting, the couple is again interviewed independently, using the CTS for information about continued violence. Another measure of recidivism, police records of complaints, regardless of arrest status, was also used. All domestic violence calls, complaints, and arrests are maintained on police computer-file records. One year following program termination, either through successful completion or dropout, police records for each participant were searched by police officials. Number, type, and disposition of domestic violence calls were recorded and returned to the investigators.

## RESULTS

Analysis of change in violent behavior was measured in two different ways. First, it was determined whether the completers had a different level of recidivism than dropouts within 1 year following program termination. The dependent measure was simply a report of recurrent violence, or no violence, as determined by self- or spouse-reported CTS rating at the minimal level of pushing or shoving, or police report of domestic violence. A positive report of violence from any one of the three sources, regardless of between-source concurrence, was used as evidence for violence recidivism following program termination. The data are presented in Table II.

Chi-square analysis indicated a marginally significant difference in recidivism rate between the two groups ( $\chi^2 = 3.54, p < 0.06$ ). Significantly fewer program completers, compared to dropouts, repeated violent acts against their partners during the year following treatment termination. Although the latter finding is marginally significant statistically, it is in the predicted direction.

The second approach to measuring change in violent behavior as a function of treatment was to analyze amount of change in CTS score for program completers. Conflict Tactics Scale scores were assessed pre-to-post and

**Table II.** Comparison of Recidivism Rate among Program Completers and all Dropouts

	Completed Program	
	Yes	No
Repeated violence		
Yes	9	17
No	23	19

post-to-follow-up. Because CTS data were available from both partners in the completer group, it was decided to use the most extreme rating of the two, in the event of disagreement, to provide the most conservative test. Results of analyses, using paired  $t$  tests, showed a significant change in pre ( $M = 20.90$ )-to-post ( $M = 7.20$ ) scores ( $t_{34} = 4.85, p < 0.0001$ ). Analyses of post-treatment CTS scores ( $M = 7.20$ ) versus follow-up CTS ( $M = 5.25$ ) was not significant ( $t_{30} = 1.61, p > 0.05$ ). Therefore, treatment gains were maintained at a 1-year follow-up. Hypothesis 1, that treatment completers would show reduction in violent behavior as a result of treatment, was supported. It should be noted, however, that although the reported gains represent decreases and, in most cases, elimination of physical violence toward a partner, the final mean score represents, in many cases, continuation of psychological abuse.

Analysis of pre ( $M = 11.8$ )-to-post ( $M = 5.5$ ) scores on the BDI was significant ( $t_{34} = 4.85, p < 0.0001$ ), and in the predicted direction. Analysis of pre ( $M = 242$ )-to-post ( $M = 198$ ) changes on the Novaco Anger Scale was also significant ( $t_{32} = 5.05, p < 0.001$ ) and in the predicted direction. These data indicate that in those batterers who complete treatment, dysphoric symptoms are reduced. Because data regarding change in dysphoric symptoms were not available for noncompleters or "no treatment" controls, however, support for Hypothesis 2 is qualified and limited.

Analysis of pre-post MCMI Basic Eight personality profiles showed no statistically significant changes. The latter finding supports Hypothesis 3, that despite observed changes in behavior and symptomatology, basic personality processes remained intact. In fact, no statistically significant changes were noted for any of the 20 MCMI subscales.

## DISCUSSION

The present study examined the effects of a violence-abatement program on behavior and psychological characteristics of spouse abusers. Program completers evidenced a marginally significantly lower rate of violence recidivism than did program dropouts. This latter finding provides evidence that people who choose to remain in treatment for violence issues are able to reduce incidence of repeated violent behaviors. Choosing to stay in treatment may represent a self-selection bias of commitment to eliminate violent behaviors. Further, the large number of program dropouts who were court or probation-mandated ( $N = 22$ ), and who also repeated violence ( $N = 9$ ), indicates that entry into the criminal justice system may be necessary, but insufficient in many cases, to reduce battering. These findings are supportive of the clinical observations of Sonkin *et al.* (1985) that *desire* to change,

as indicated by active treatment participation is predictive of successful treatment outcome.

The latter conclusions are to be interpreted with caution. Dropouts in the present study, were not followed as closely as completers. Information about dropouts was obtained primarily from police records or from batterer- or victim-initiated contact with the treatment program staff. Program completers and their partners were actively followed throughout the year subsequent to treatment. Consequently, the present results may be an underestimate of the recidivism among dropouts. It appears, however, that police records provide at least a rough estimate of violence recidivism, particularly among program dropouts who may be otherwise unavailable for follow-up. The combination of direct follow-up and search of police records, however, may increase overall accuracy of recidivism data.

One other caution is necessary in interpreting the differential recidivism rates observed between completers and dropouts. The study did not utilize a true "no treatment" control condition. It would be unethical to attempt a program of research in this area by utilizing a randomized no-treatment control condition due to potential danger to the victim. Further research, however, could evaluate a skills-training program such as that utilized in the present investigation compared with a more traditional discussion-oriented intervention.

Among those who completed the program, physical aggression was almost completely eliminated. The reduction of physical violence did not reflect a similar reduction of psychological abuse. This latter observation may be accounted for, partly, by the finding that basic personality processes did not change with treatment. Such a result is not surprising, given the nature and brevity of the program and the fact that most of the participants showed evidence of personality disorder (Hamberger and Hastings, 1985, 1986a). Therefore, the tendency to exhibit "manipulative" interpersonal behavior may be expected to continue, even after more severe, physical abuse has stopped.

Men entering the intervention program frequently report clinical levels of depression and at least moderate levels of anger proneness. Following treatment, such dysphoric symptoms were found to dissipate. Similarly, Deschner (1984) reported decreases in "state" arousal behavior. Moreover, Hawkins and Beauvais (1985) reported significant diminution of dysphoric symptoms, as measured by the SCL-90 (Derogatis, 1983). Indeed, clinically, batterers typically view violence as the primary method for obtaining rewards and resolving discomfort (i.e., conflict). Once other options are made available and successfully tested, an increasing sense of self-control may lead to increased self-efficacy and reduction of dysphoric symptoms. Further studies are required to confirm the latter hypothesis. In general, however, the present finding seems to confirm the conclusion of Deschner (1984) that time-limited



violence abatement training reduces situational and state behaviors without markedly changing global personality features. The implications of the latter finding are (1) the need for continued, long-term follow-up to continue working to eliminate *all* forms of abuse, as well as (2) the importance of understanding that time-limited violence-abatement programs, focusing on skills training, may change situational behavior but not the "person." It may be that longer treatment programs of a minimum six months duration, as advocated by Ganley (1981) and Sonkin *et al.* (1985) are required to affect a more total change in participants.

In summary, given the limitations of the present study, the data indicate that cognitive-behavioral skills-training for spouse abusers does reduce and, in many cases, eliminate physically violent behavior in those who complete the program. More work remains to further refine: (a) programming to target subtle yet abusive psychological forms of control, and (b) methodology for reducing treatment dropout rates.

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