

Domestic Violence

http://www.helpguide.org/mental/domestic_violence_abuse_help_treatment_prevention.htm



Getting out of an abusive or violent relationship isn't easy. Maybe you're still hoping that things will change. Maybe you're afraid of what your partner will do if he discovers you're trying to leave. Whatever your reasons, you probably feel trapped and helpless.

But even though leaving an abusive relationship can be frightening, the risks of staying are too great. The good news is that there are many resources available for abused and battered women, including hotlines you can call for advice; shelters where you can stay; even job training, legal services, and childcare. You deserve to live free of fear. You can make that happen by taking steps to protect yourself and reaching out for help. Don't wait!

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Getting help for domestic violence or abuse

Where to Turn for Help

In an emergency:

Call 911 if you need immediate assistance or have already been hurt.

For advice and support:

Call the [National Domestic Violence Hotline](#) at 1-800-799-7233 (SAFE).

For a safe place to stay:

Call your state's branch of the National Coalition Against Domestic Violence or another local organization. For contact information, visit [State Resources](#).

Why doesn't she just leave? It's the question many people ask when they learn that a woman is being battered and abused. But if you are in an abusive relationship, you know that it's not that simple. Ending an important relationship is never easy. It's even harder when you've been isolated from your family and friends, psychologically beaten down, financially controlled, and physically threatened.

If you're trying to decide whether to stay or leave, you may be feeling confused, uncertain, frightened, and torn. One moment, you may desperately want to get away, and the next, you may want to hang on to the relationship. Maybe you even blame yourself for the abuse or feel weak and embarrassed because you've stuck around in spite of it. Don't be trapped by confusion, guilt, or self-blame. The only thing that matters is your safety.

If you are being abused, remember:

- You are not to blame for being battered or mistreated.
- You are not the cause of your partner's abusive behavior.
- You deserve to be treated with respect.
- You deserve a safe and happy life.
- Your children deserve a safe and happy life.
- You are not alone. There are people waiting to help.

Help for abused and battered women: Making the decision to leave

As you face the decision to either end the abusive relationship or try to save it, keep the following things in mind:

- **If you're hoping your abusive partner will change...** The abuse will probably happen again. Abusers have deep emotional and psychological problems. While change is not impossible, it isn't quick or easy. And change can only happen once your abuser takes full responsibility for his behavior, seeks professional treatment, and stops blaming you, his unhappy childhood, stress, work, his drinking, or his temper.
- **If you believe you can help your abuser...** It's only natural that you want to help your partner. You may think you're the only one who understands him or that it's your responsibility to fix his problems. But the truth is that by staying and accepting repeated abuse, you're reinforcing and enabling the abusive behavior. Instead of helping your abuser, you're perpetuating the problem.
- **If your partner has promised to stop the abuse...** When facing consequences, abusers often plead for another chance, beg for forgiveness, and promise to change. They may even mean what they say in the moment, but their true goal is to stay in control and keep you from leaving. But most of the time, they quickly return to their

abusive behavior once they've been forgiven and they're no longer worried that you'll leave.

- **If your partner is in counseling or a program for batterers...** Even if your partner is in counseling, there is no guarantee that he'll change. Many abusers who go through counseling continue to be violent, abusive, and controlling. If your partner has stopped minimizing the problem or making excuses, that's a good sign. But you still need to make your decision based on who he is now, not the man you hope he will become.
- **If you're worried about what will happen if you leave...** You may be afraid of what your abusive partner will do, where you'll go, or how you'll support yourself or your children. But don't let fear of the unknown keep you in a dangerous, unhealthy situation.

Signs that your abuser is NOT changing:

- He minimizes the abuse or denies how serious it really was.
- He continues to blame others for his behavior.
- He claims that you're the one who is abusive.
- He pressures you to go to couple's counseling.
- He tells you that you owe him another chance.
- You have to push him to stay in treatment.
- He says that he can't change unless you stay with him and support him.
- He tries to get sympathy from you, your children, or your family and friends.
- He expects something from you in exchange for getting help.
- He pressures you to make decisions about the relationship.

Help for abused and battered women: Safety planning

Whether or not you're ready to leave your abuser, there are things you can do to protect yourself. These safety tips can make the difference between being severely injured or killed and escaping with your life.

Prepare for emergencies

- **Know your abuser's red flags.** Be on alert for signs and clues that your abuser is getting upset and may explode in anger or violence. Come up with several believable reasons you can use to leave the house (both during the day and at night) if you sense trouble brewing.
- **Identify safe areas of the house.** Know where to go if your abuser attacks or an argument starts. Avoid small, enclosed spaces without exits (such as closets or bathrooms) or rooms with weapons (such as the kitchen). If possible, head for a room with a phone and an outside door or window.
- **Come up with a code word.** Establish a word, phrase, or signal you can use to let your children, friends, neighbors, or co-workers know that you're in danger and the police should be called.

Make an escape plan

- **Be ready to leave at a moment's notice.** Keep the car fueled up and facing the driveway exit, with the driver's door unlocked. Hide a spare car key where you can get it quickly. Have emergency cash, clothing, and important phone numbers and documents stashed in a safe place (at a friend's house, for example).
- **Practice escaping quickly and safely.** Rehearse your escape plan so you know exactly what to do if under attack from your abuser. If you have children, have them practice the escape plan also.
- **Make and memorize a list of emergency contacts.** Ask several trusted individuals if you can contact them if you need a ride, a place to stay, or help contacting the police. Memorize the numbers of your emergency contacts, local shelter, and domestic violence hotline.

If You Stay

If you decide at this time to stay with your abusive partner, there are some things you can try to make your situation better and to protect yourself and your children.

- **Contact the domestic violence/sexual assault program in your area.** They can provide emotional support, peer counseling, safe emergency housing, information, and other services while you are in the relationship, as well as if you decide to leave.
- **Build as strong a support system as your partner will allow.** Whenever possible, get involved with people and activities outside your home and encourage your children to do so.
- **Be kind to yourself!** Develop a positive way of looking at yourself and talking to yourself. Use affirmations to counter the negative comments you get from the abuser. Allow yourself time for doing things you enjoy.

Source: [Breaking the Silence: a Handbook for Victims of Violence in Nebraska](#) (PDF)

Help for abused and battered women: Protecting your privacy

You may be afraid to leave or ask for help out of fear that your partner will retaliate if he finds out. This is a legitimate concern. However, there are precautions you can take to stay safe and keep your abuser from finding out what you're doing. When seeking help for domestic violence and abuse, it's important to cover your tracks, especially when you're using the phone or the computer.

Phone safety for abused and battered women

When seeking help for domestic violence, call from a public pay phone or another phone outside the house if possible. You can call 911 for free on most public phones, so know where the closest one is in case of emergency.

- **Avoid cordless telephones.** If you're calling from your home, use a corded phone if you have one, rather than a cordless phone or cell phone. A corded phone is more private, and less easy to tap.
- **Call collect or use a prepaid phone card.** Remember that if you use your own home phone or telephone charge card, the phone numbers that you call will be listed on the monthly bill that is sent to your home. Even if you've already left by the time the bill arrives, your abuser may be able to track you down by the phone numbers you've called for help.
- **Check your cell phone settings.** There are cell phone technologies your abuser can use to listen in on your calls or track your location. Your abuser can use your cell phone as a tracking device if it has GPS, is in "silent mode," or is set to "auto answer." So consider turning it off when not in use or leaving it behind when fleeing your abuser.
- **Get your own cell phone.** Consider purchasing a prepaid cell phone or another cell phone that your abuser doesn't know about. Some domestic violence shelters offer free cell phones to battered women. Call your local hotline to find out more.

Computer and Internet safety for abused and battered women

Abusers often monitor their partner's activities, including their computer use. While there are ways to delete your Internet history, this can be a red flag to your partner that you're trying to hide something, so be very careful. Furthermore, it is almost impossible to clear a computer of all evidence of the websites that you have visited, unless you know a lot about computers.

- **Use a safe computer.** If you seek help online, you are safest if you use a computer outside of your home. You can use a computer at work, a friend's house, the library, your local community center, or a domestic violence shelter or agency.
- **Be cautious with email and instant messaging.** Email and instant messaging are not the safest way to get help for domestic violence.

Be especially careful when sending email, as your abuser may know how to access your account. You may want to consider creating a new email account that your abuser doesn't know about.

- **Change your user names and passwords.** Create new usernames and passwords for your email, online banking, and other sensitive accounts. Even if you don't think your abuser has your passwords, he may have guessed or used a spyware or keylogging program to get them. Choose passwords that your abuser can't guess (avoid birthdays, nicknames, and other personal information).

Protecting yourself from GPS surveillance and recording devices

Your abuser doesn't need to be tech savvy in order to use surveillance technology to monitor your movements and listen in on your conversations. Be aware that your abuser may be using hidden cameras, such as a "Nanny Cam," or even a baby monitor to check in on you. Global Positioning System (GPS) devices are also cheap and easy to use. GPS devices can be hidden in your car, your purse, or other objects you carry with you. Your abuser can also use your car's GPS system to see where you've been.

If you discover any tracking or recording devices, leave them be until you're ready to leave. While it may be tempting to remove them or shut them off, this will alert your abuser that you're on to him.

Help for abused and battered women: Domestic violence shelters

Locate a Shelter

[Click here](#) for a state-by-state directory of domestic violence shelters.

A domestic violence shelter or *women's shelter* is a building or set of apartments where abused and battered women can go to seek refuge from their abusers. The location of the shelter is kept confidential in order to keep your abuser from finding you.

Domestic violence shelters generally have room for both mothers and their children. The shelter will provide for all your basic living needs, including

food and childcare. The length of time you can stay at the shelter is limited, but most shelters will also help you find a permanent home, job, and other things you need to start a new life. The shelter should also be able to refer you to other services for abused and battered women in your community, including:

- Legal help
- Counseling
- Support groups
- Services for your children
- Employment programs
- Health-related services
- Educational opportunities
- Financial assistance

Protecting your privacy at a domestic violence shelter

If you go to a domestic violence shelter or women's refuge, you do not have to give identifying information about yourself, even if asked. While shelters take many measures to protect the women they house, giving a false name may help keep your abuser from finding you, particularly if you live in a small town.

Help for abused and battered women: Protecting yourself after you've left

Keeping yourself safe from your abuser is just as important after you've left as before. To protect yourself, you may need to relocate so your former partner can't find you. If you have children, they may need to switch schools.

To keep your new location a secret:

- Get an unlisted phone number.
- Use a post office box rather than your home address.
- Apply to your state's address confidentiality program, a service that confidentially forwards your mail to your home.
- Cancel your old bank accounts and credit cards, especially if you shared them with your abuser. When you open new accounts, be sure to use a different bank.

If you're remaining in the same area, change up your routine. Take a new route to work, avoid places where your abuser might think to locate you, change any appointments he knows about, and find new places to shop and run errands. You should also keep a cell phone on you at all times and be ready to call 911 if you spot your former abuser.

Restraining orders

You may want to consider getting a restraining order or protective order against your abusive partner. However, remember that the police can enforce a restraining order only if someone violates it, and then only if someone reports the violation. This means that you must be endangered in some way for the police to step in.

If you are the victim of stalking or abuse, you need to carefully research how restraining orders are enforced in your neighborhood. Find out if the abuser will just be given a citation or if he will actually be taken to jail. If the police simply talk to the violator or give a citation, your abuser may reason that the police will do nothing and feel empowered to pursue you further. Or your abuser may become angry and retaliate.

Do not feel falsely secure with a restraining order!

You are not necessarily safe if you have a restraining order or protection order. The stalker or abuser may ignore it, and the police may do nothing to

enforce it. To learn about restraining orders in your area, call 1-800-799-7233 (SAFE) or contact your state's [Domestic Violence Coalition](#).

Help for abused and battered women: Taking steps to heal and move on

The scars of domestic violence and abuse run deep. The trauma of what you've been through can stay with you long after you've escaped the abusive situation. Counseling, therapy, and support groups for domestic abuse survivors can help you process what you've been through and learn how to build new and healthy relationships.

After the trauma you've been through, you may be struggling with upsetting emotions, frightening memories, or a sense of constant danger that you just can't kick. Or you may feel numb, disconnected, and unable to trust other people. When bad things happen, it can take awhile to get over the pain and feel safe again. But treatment and support from family and friends can speed your recovery from emotional and psychological trauma. Whether the traumatic event happened years ago or yesterday, you *can* heal and move on.

See [Healing Emotional and Psychological Trauma](#) and [Psychotherapy and Counseling: Finding a Therapist and Getting the Most out of Therapy](#).

Building healthy new relationships

After getting out of an abusive situation, you may be eager to jump into a new relationship and finally get the intimacy and support you've been missing. But it's wise to go slow. Take the time to get to know yourself and to understand how you got into your previous abusive relationship. Without taking the time to heal and learn from the experience, you're at risk of falling back into abuse.

To learn more about developing and maintaining respectful, supportive relationships, see [Relationship Help: Building Great Relationships Using Emotional Intelligence](#).

Related articles



[Domestic Violence and Abuse](#)

Signs of Abuse and Abusive Relationships



[Healing Emotional and Psychological Trauma](#)

Symptoms, Treatment, and Recovery

More Helpline articles:

- [Improving Emotional Health](#): Strategies and Tips for Good Mental Health
- [Relationship Help](#): Building Great Relationships Using Emotional Intelligence
- [Coping with a Breakup or Divorce](#): Moving on After a Relationship Ends

Related links for domestic violence help and support

Help for abused and battered women

[Domestic Violence: Finding Safety & Support](#) – Guide for abused and battered women offers advice on getting safe, using the police or the courts, and finding support. (New York State Office for the Prevention of Domestic Violence)

[Breaking the Silence: a Handbook for Victims of Violence in Nebraska](#)(PDF) – Help and advice for abused and battered women, including legal options. (Nebraska Health and Human Services)

Domestic violence hotlines

[National Domestic Violence Hotline](#) 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) – A crisis intervention and referral phone line for domestic violence. The service also has an email address and access for the deaf.

Hotline staff members can speak in English or Spanish and have access to translators for many other languages.

[State Coalition List](#) – Lists the phone numbers for the state offices of the NCADV. These offices can help you find local support or a shelter from domestic violence, as well as free or low-cost legal services. (National Coalition Against Domestic Violence)

Domestic violence shelters and support

[Tour a Domestic Violence Shelter](#) – Find out what you can expect at a typical women’s refuge or shelter and hear personal experiences of what life there is like. (Safe Horizon)

[Phenomenal Women Of The Web Against Domestic Violence Webring](#) – An online support group for women who are victims of domestic abuse. The site points to other sites that discuss domestic violence. (The Phenomenal Women Of The Web)

Tips for staying safe and protecting yourself

[Safety Planning](#) – Guidelines for how to safely leave an abusive relationship, what to do if you've filed a restraining order, and what to do once you've left the relationship. (Women’s Law Initiative)

[Internet Security](#) – Gives detailed instructions on how to clear your computer’s Internet browser and email account from showing evidence of your seeking help for domestic abuse. (Women’s Law Initiative)

[Protecting Your Identity](#) – Tips for keeping your identity and location a secret after leaving an abusive relationship. (National Coalition Against Domestic Violence)

After you’ve left

[I’m Out: Now What?](#) – Tips for adjusting to life after getting out of an abusive relationship. (Leaving Abuse)

[Healthy Relationships](#) – Learn what a healthy, respectful relationship looks like. (Leaving Abuse)

Melinda Smith, M.A.; and Jeanne Segal, Ph.D., contributed to this article.
Last reviewed: September 2009.

<http://psychcentral.com/blog/archives/2007/04/29/therapy-after-domestic-violence/>



[Therapy After Domestic Violence](#)

By Will Meek, PhD

Domestic violence and its effects on kids as well as the adults involved is often under-reported and can be forgotten about. Fortunately, a recent report via Reuters covers new research on [therapy](#) for victims of domestic violence. Essentially, [group therapy has been shown to be beneficial for kids after domestic incidents, but the effects become even more positive if mothers \(assuming the mother is not the abuser\) get treatment of their own.](#)

In a study of 181 children between the ages of 6 and 12 who were exposed to domestic violence in the previous year, researchers found that group therapy was effective at improving the children's behavioral and emotional difficulties. It was more effective, however, when their mothers also received help with their [parenting](#) skills.

The results seem predictable, but the unfortunately part of the entire area is that many people who need this type of treatment have difficulty finding community providers that they can have quick access to without waiting lists, or do not have the means to pay for more comprehensive help.

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<http://www.uic.edu/orgs/convening/IC-27.htm> **Treating the Domestic Violence Victim: Crisis Intervention and Beyond**

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Treating domestic violence victims requires specialized training. While many believe that short term counseling and advocacy are what is necessary to successfully treat domestic violence victims, many times a long term approach needs to be taken in an effort to work through the abuse and to help victims to not get into future relationships that are abusive.

Crisis intervention is essential in working with domestic violence clients. When a victim first comes to see you, she almost always needs information. It is important to discuss with the victims what their options are and help them to find a way to be safe. In beginning domestic violence sessions, an advocate or counselor should put safety of the victim first. Developing a safety plan with a client can mean the difference between her getting out of a dangerous situation and her being abused again. Additionally, beginning domestic violence sessions should focus on educating the client on the dynamics of abuse. Teaching clients the dynamics of abuse helps minimize the client's feelings of isolation and helps them to start to look at the abuse in the relationship as something that is not their fault.

While these factors are essential in beginning sessions, most all victims of abuse have experienced emotional trauma as a result of being in an abusive relationship. Dealing with these issues takes time, and can not be worked through in just a few sessions. After these issues have been

addressed in beginning domestic violence sessions, effective counseling with victims of abuse may take longer than expected.

This workshop will also focus on two effective types of therapy in working with domestic violence victims. The first being group therapy. Research has indicated that group therapy had been highly effective with domestic violence victims. Group therapy allows clients to identify with others and decreases isolation. It can also help clients to see others in different stages as a means of progress and hope for a future without abuse. Many times group therapy alone is effective with victims of abuse, but other times, clients need that additional individual support. This workshop will focus on the principles of Survivor Therapy, which has also been found to be highly effective in working with victims. Survivor Therapy focuses on issues of safety, empowerment, validation, strengths, education, alternative, restoring clarity of judgement, understanding oppression, making decisions, and healing the effects of trauma. This workshop will discuss each of these steps in detail, while also discussing the importance of both advocacy and longer term counseling as an effective means of treating victims of abuse.

What Couples Say Works in Domestic Violence Therapy

by

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The Qualitative Report, Volume 6, Number 3 September, 2001

(<http://www.nova.edu/ssss/QR/QR6-3/allen.html>)

Abstract

This ethnographic study adds to our professional knowledge about the effectiveness of domestic violence counseling. We learned from couples who had been court referred for domestic violence counseling what they found to be most effective in their therapy. The study was conducted by a student practitioner-researcher. The inquiry is written in an open manner and details the procedural steps, discusses trustworthiness specific to the inquiry, and includes reflections from the authors.

Introduction

Domestic violence is a controversial and complex issue that has captured the attention of professional helpers, advocacy groups, pastoral counselors, medical personnel, law enforcement personnel, and lawmakers (Cooper-White, [1996](#); Jenkins & Hutchinson, Johnson & Elliott, [1997](#); Kok, [2001](#); Krishnan, Hilbert, VanLeeuwen, & Kolia, [1997](#); Loseke, [1992](#); Miller & Krull, [1997](#); Tamasese, Waldegrave, Tuhaka, & Campbell, [1998](#); Weaver, Koenig, & Larson, [1997](#); Websdale, [1998](#)). Not only is domestic violence a complicated social problem, but also the issues surrounding treatment for those who use physical aggression and mental/emotional abuse in their most intimate interpersonal relations are controversial and inconclusive (Brown & O'Leary, [1997](#); Gauthier & Levendorsky, [1996](#); Greenspun, [2000](#)). A pressing issue for counselors with regard to domestic violence is how best to treat individuals and their families who have become involved with the legal system as a result of a reported incident of domestic violence. Theories of the etiology of domestic violence and the dynamics of power and control are well documented in the literature (Goldner, [1998](#); Goldner, Penn, Sheinberg, & Walker, [1990](#), Governor's Office of Child Abuse and Domestic Violence Services [Kentucky], [n.d.](#)), and are consistently used in training professionals and volunteers who work in this arena. Professionals do not all agree as to the most effective approach in working with people who seek counseling when at least one of their issues is domestic violence. Further, there is little guidance or support as to treating couples conjointly for the problem of relational violence (Goldner, [1998](#); Goldner, Penn, Sheinberg, & Walker, [1990](#)). The purpose of this project was to learn from couples who had been referred to counseling by the court for domestic violence what they thought were the most effective aspects of their conjoint counseling.

In reviewing the literature, there are examples of various formats that have been studied in an effort to find a technique or treatment plan that is successful with people who are dealing with domestic violence (Saunders, [1996](#)). Unfortunately, the effectiveness of these interventions is moderate or inconclusive. Each type of treatment that has been developed is based on a paradigm or model of understanding the nature of relational violence.

The most prevalent model from which several different treatment ideas have been formulated is that of the victim/perpetrator conceptualization. From this paradigm, the woman (in the vast majority of incidents) is considered to be the victim of violence and the man is considered to be the offender. This framework has been adopted by many protective service departments and posits that victims need protection and offenders need to assume responsibility (Jordan, Quin, & Walker, [1998](#)). Because of these disparate agendas for the "victim" and the "perpetrator," it is common to treat these two groups of people separately. Within the last five years, there have been several studies conducted to assess the effectiveness of using separate treatments for perpetrators of domestic violence and their victims.

McNamara, Ertl, Marsh, and Walker ([1997](#)) conducted a study with 81 women at a domestic violence shelter in Ohio. They assessed clients' ratings on global improvement, life satisfaction, coping, and abuse frequency upon entry and again after three sessions of either case management or counseling services. Significant improvements were reported in life satisfaction, coping, and reduction of abuse. However, these reports are clearly short term and long-term implications are unknown.

Saunders ([1996](#)) conducted a study among 218 abusing men who were referred by the court. They were randomly assigned to group treatment sessions using Feminist-Cognitive-Behavioral or Process-Psychodynamic treatment (less structured, insight approach) modalities. The researchers compared the modalities by asking the men's partners to report on violence before treatment and up to four years after treatment. Police arrest records for the same follow-up period were examined as well. No overall group differences were found. However, Saunders found that batterers with certain personality traits (e.g., dependent traits) did better in one treatment modality (e.g., Process-Psychodynamic) over the other. Because neither of the modalities proved to be superior over the other in dealing with domestic violence, this study cannot support the premise that structured cognitive modalities may be more effective for all offenders.

Cooper-White ([1996](#)) also supports separate treatments for victims and perpetrators. Furthermore, she asserts that domestic violence towards

women cannot be tolerated by helping professionals. She proposes that counselors should emphasize the protection of women victims by providing access to resources and collaborating with shelters and church communities.

A second paradigm may be called the modality-population fit. The thrust of this perspective is that a tailor-made combination of coincident formats can be devised for couples engaged in conjoint counseling to expedite changes in their behaviors relative to one another. It may be the differences between the treatment formats that allow participants to see/understand their situations in ways that a single format cannot. Brown and O'Leary (1997) conducted a review of the literature to determine successful interventions with intact couples where husbands were aggressive to their wives. Upon comparing paired combinations of couples groups, gender specific formats, and individual couples treatment modalities, they found in seven reviewed outcome studies, violence abated by 56% to 90%. Because couples treatment was shown to be helpful, they advocated studying couples treatment formats even more systematically and vigorously.

A third paradigm that characterizes intervention is that of resources and strengths. Even in crisis people possess personal assets that can be enlisted to create relief and change. When therapists can access these resources and strengths, change can occur more rapidly. Miller and Krull (1997) examined what victims reported about their experiences with respect to a victim's social support as well as the effects of police intervention. The researchers concluded that the police intervention made a difference in controlling domestic violence, as do victim resources. However, police impact of intervention and resources such as employment and marital status are variable according to context. For example, in many cases, the police involvement prevented repeated occurrences, but in some cases the police action increased the level of violence. Race, employment, marital status, and financial status, for example, were variables that could mediate perpetuation of the problem or exacerbate it.

Related to a resource perspective is a strengths focus. Greene, Lee, Trask, and Rheinscheld (1996) suggest employing a Solution Focus Therapy

(SFT) approach to crisis intervention in domestic violence situations. The goal of the SFT approach with individuals or couples, even in crisis situations, according to the authors is to "work collaboratively with the client to identify what she or he is already doing that contributes to the diminishing of the problem" (p. 46). Accentuating the clients' strengths and instilling hope in the client that they are part of the solution can have positive effects.

A fourth paradigm for working with partner abuse is an integrative perspective. The integration is applied both at the theoretical and application levels. Practitioners and researchers have chosen the salient features of several approaches most relevant to domestic violence and integrated them into their work with perpetrators' groups and couple formats. These integrations take into account responsibility, safety, justice, history, and the nature of the couple's relationship. Similar to Saunders' (1996) conclusions that a singular treatment does not meet the needs of all abusers, Gauthier and Levendorsky (1996) advocate that couples therapy is a viable treatment for domestic violence with some couples if it integrates feminist, behavioral, systemic, psychodynamic, and ecological views. Use of an integrated approach after a comprehensive multi-modal assessment process is completed is considered ethical and responsible practice as it attends to each couple's unique circumstances. In addition, they recommend that therapists should continually assess violence and safety issues, and be aware of their own positions and biases in order to be more effective when counseling couples who deal with relational violence. By pinpointing the strengths and weaknesses of singularly theoretical perspectives, they have argued for the effectiveness of an inclusive combined approach for couples.

Another form of integrated practice in the intervention of family violence has been set forth by Jory, Anderson, and Greer (1997) using intimate justice theory which combines ideas from contextual and feminist family therapy, and social justice and moral development theories. Treatment from this approach is specifically focused on accountability, respect and freedom.

Gardiner and McGrath ([1995](#)) describe a systemic approach for men and women that integrates feminist and constructivist practices. They developed a Men's Crisis Service that works in tandem with the Women's Emergency Shelter. Based on the premises that couples maintain contact even during a crisis involving a shelter stay and the need to increase safety, partners are treated separately with each group concentrating on foundational values, beliefs, and assumed truths. However, the therapist, who obtains the partner's impressions and reports about his behavior and changes, monitors the man's progress. Thus, the men's program is accountable to the shelter, the couple's interactions are not solely on the woman's shoulders, and the couple's relationship "would more likely be available for future intervention" (p. 22).

Johnson and Elliott ([1997](#)) conducted a study comparing female patients among three different medical family practices in three different communities of various sizes to compare the incidence of domestic violence. After analyzing 127 structured interviews, the authors found that 45% of all women treated at the medical centers reported some sort of violence, past or present. They also found that significantly more women in the rural communities reported involvement in an ongoing, abusive relationship when compared to women in the city setting.

The Gender and Violence Project at the Ackerman Institute has greatly contributed to the idea that an integrated approach has merit and that couples work is a viable and necessary therapeutic option. Goldner, Penn, Sheinberg, and Walker ([1990](#)) have succeeded in explaining and understanding relational violence through a both-and theoretical and practice lens. The authors suggested that by "un-packing" the stereotypical premises that organize the way that men and women decide to be in relationship, change can occur and relational violence can be eradicated. By taking a multidimensional approach, using feminist and systemic theories, and considering the political, societal, and cultural influences that form the structure for the occurrence of violence, the authors are able to bring forward a couple's assumptions and taken-for-granted understandings of their gendered place in society which support and maintain the violence. Voicing these presuppositional ways to be spouses

helps the couples change their interactions to be in line with the ways they would prefer to be. These authors have said that couples therapy is appropriate "only when both partners become committed to transcending the rigid categories of gender difference, and can begin to tolerate their disowned similarities" (p. 349). Therefore, the commitment of the couple to therapy and assistance in looking at things differently within their relationship were essential elements of successful couples therapy in the Ackerman Project against relational violence.

Many different constituencies have opposed marital and family therapy in the instance of abuse and violence arguing that treating the couple or family merely perpetuates blaming the victim or enabling the perpetrator. Goldner ([1998](#)) clearly understands and acknowledges this limitation and adds boldly "keeping both partners in the room intensifies the moral dimensions of treatment, making issues such as equality, respect, fairness, intimidation, and violation emotionally real" (p. 266). Goldner further asserts that an initial goal of therapy is for the therapist to gain the most complete understanding possible. Inherent in this is a tolerance and search for the multiple perspectives that simultaneously uphold the importance of safety while also respecting the relationship between partners. She reminds us that "there is no singular 'battered woman' and 'violent man' for whom there is one right and many wrong treatments" (p. 266). Therefore, Goldner's relational approach to couples with a history of violence is to have a zero tolerance for abuse and violence of any kind, and to take a respectful, multidimensional stance with the couple in order to collaboratively discover a unique treatment for each couple who seeks counseling.

Goldner's idea of having no universal way to approach treatment of violence as well as the collaborative ideas of the Ackerman group form the base upon which the current inquiry has been conducted. This inquiry also emanates from our beliefs about the values of openness and inclusion in qualitative research processes (Constas, [1992](#)) and in clinical practice (Anderson, [1997](#)).

Therefore, this study was designed to elicit what some couples believed to be important about working on issues of domestic violence in their therapy.

Ethnography was the method chosen to learn from the couples. Other motivations have driven this project. A graduate student with a vested interest in learning couples therapy at an educational counseling facility conducted this study. This student therapist was seeing several couples who were court-referred for domestic violence and as a beginning therapist, she had self-doubts about her therapeutic abilities. She had also consulted the literature, but her search added to her confusion about the best ways to work with couples who come to therapy because of domestic violence in their relationship. Therefore, another goal of this study was to create a context where she could examine her overall approach and effectiveness as a couples therapist.

This project was conducted at a college counseling center in a rural area of Kentucky. The project was inspired by specific requests of clients in the rural areas to be seen together as a couple for domestic violence counseling instead of the treatment offered by local agencies that utilized the victim/perpetrator paradigm with separate treatments for each spouse.

In an ethnographic study, Websdale ([1998](#)) systematically researched relational violence in rural Kentucky. His in-depth qualitative interviews with victims revealed stories of prejudice, isolation, torment, double-binds, ambivalences, loyalties, forgiveness, and excuses, all of overwhelming proportions. Websdale's qualitative style of research as well as his insightful, theoretical explanations of domestic violence from the client's perspective have been quite influential in this study.

Participants

The participants for this project consisted of three married couples who had been referred by a local court for domestic violence counseling. The couples ranged in age from 18 to 38 and were all Caucasian. The couples attended between one and seven sessions at a college educational counseling center in rural Kentucky.

The first couple was in their late thirties and was referred to the counseling center after physically and verbally abusing each other. The couple requested marital counseling and attended seven sessions with the

interviewer. The couple may have attended more sessions if the location of the counseling center had been more convenient for them; they lived in a rural area at some distance. This couple desperately wanted to understand one another, not only as husband and wife, but also as a man and a woman. They would often be nervous during the session and they usually became quite intense in the process of attaining understanding. Their intermittent humor and deep love for one another kept them attending therapy time after time, and after three sessions, they no longer requested smoking breaks to relieve the tension.

The second couple was in their late teens and early twenties. The court referred them for counseling after the wife had obtained an Emergency Protective Order following a verbally violent incident. The couple attended college classes on the campus where the center was located and lived in a rural town nearby. They also requested couples therapy and attended one counseling session with the interviewer. These two young people were very attractive and personable. They tended to "giggle" through the newness of therapy and the husband asked many questions about counseling, which he was studying in college. These two vowed several times that they would never "get into it" like they had before, and that they wanted to find ways to improve their new marriage. Our first session was full of giggles, tears, and hope.

The third couple was in their mid- to late-thirties and was also referred by the court for counseling after the wife had obtained an Emergency Protective Order due to a verbally abusive argument. This couple had chosen the college counseling center because of the free services. They attended two sessions with the interviewer. They concluded counseling when they had met the expectations of the court, which was a letter from the counseling center confirming their attendance at a counseling session. This couple may have attended more sessions, but due to limited transportation and communication, and excessively long work hours, finding time for counseling sessions together was quite difficult. This couple wanted to learn to communicate in a more satisfying manner. They both complained of physical exhaustion and had little time for one another. The

husband appeared reluctant about attending therapy sessions and said little. Most of the conversation was between the therapist and the wife.

These three couples were not the only couples who had indicated interest in participating in the project. Three other couples had agreed to take part, but complications in reaching the couples and limitations in scheduling prohibited them from completing any ethnographic interviews.

Besides the couples, there were two more participants. Jodi, the therapist, interviewer, and a graduate student in a counseling masters program specializing in Marriage and Family Therapy initiated this project. She is a native of Kentucky, and had just recently moved to the rural area where the project took place. This project was conducted during her second and final year of full time study. Her responsibilities included conducting the interviews, collecting the data, categorizing the data, and writing.

Sally also participated in this project in several capacities. She worked with Jodi as a supervisor, advisor, teacher, and co-researcher. She is a Marriage and Family Therapy Professor who is the Director of the Clinical Services on campus where Jodi's work took place. Sally's main responsibilities included changing "hats" as needed in order to guide Jodi through the entire inquiry process, maintaining a supervisory role with Jodi regarding her cases, and seeing to it that this was a productive learning experience. Sally also conducted ongoing auditing of Jodi's data collection and analysis steps.

Procedures

Jodi began asking couples with whom she was working in the fall of 1998 if she could reserve their names for an upcoming research project following completion of the counseling. An informed consent had been developed, along with a study protocol. In December 1998, Jodi began the process of setting up interviews. In spite of the clients' willingness to participate in this project, contacting and scheduling interviews with these couples was a very frustrating and time consuming part of the inquiry because of the couples' limited time, transportation, and availability via telephone.

The interviews lasted from 15 to 30 minutes. The length and progress of the interviews varied according to the level of detail provided by the couples. The first couple interviewed had attended the most therapy sessions and conversation was easier and more productive with them and required fewer questions. In contrast, the interviews with the other two couples who attended fewer therapy sessions required more time for questions to obtain more complete and clear information. Each interview was either videotaped or audiotaped for the purposes of analyzing the data and establishing trustworthiness.

Each interview began with signing the informed consent that discussed the nature of the project in detail. Jodi then asked one of two grand tour questions: (a) When reflecting upon your experience in therapy, what are some things that stand out to you as being most memorable or most helpful to the two of you? or (b) Tell me a little about your experience in counseling thus far. Based upon the couple's responses, follow-up questions were generated for the purpose of clarifying the particular ways in which the therapist and client were able to accomplish that which was noted as being helpful and effective. For example, one couple offered that "teamwork" established in therapy had been helpful to them. The follow-up questions Jodi asked were, "How did we establish teamwork?" and "What steps did we take to accomplish teamwork?" The questions we asked throughout the interview helped us to focus on the couple as the unit of analysis and to better understand what is effective with couples in therapy for domestic violence.

As the study progressed, several changes in the protocol were made which affected the plan of this project. Just after the interviews got underway, we were informed about a new state law that had been passed which prohibited domestic violence offenders to attend counseling with their spouse. Instead of couple or individual therapy, the offenders or perpetrators of domestic violence were required to attend a certified group counseling program. Because of the new law and the fact that neither Jodi nor Sally was certified providers, no new couples were available for interviews after January 1, 1999. This contributed to the small number of participants.

Secondly, the new law motivated Jodi to ask the participating couples to comment upon the mandated group counseling for domestic violence offenders. The couples were asked to speculate how attending separate counseling sessions may or may not have been helpful to the two of them.

After the interview, Jodi reviewed the videotapes or audiotapes several times each in order to write a summary of the interview. These narratives were written in a letter format for the purpose of having the couples check Jodi's account, thereby increasing the participants' voices in reading the data for analysis. Sally reviewed the letters that were discussed by Jodi and Sally and edited by Jodi. Sally also mailed the letters to the couples. The couples were then asked to edit, delete or add anything to the letters to make them as clear and complete as possible. They were asked to return their edited versions within two weeks of receipt.

A third and unplanned step was added at this summary letter stage. As Jodi listened to the interviews a second time and Sally read the summary letters, both noticed that more questions would have been helpful to gain further clarity and precision. Because client voice was an essential part of this project, Jodi developed several more written questions to ask the couples which would best reflect their thoughts, and would not be left open to interpretation and conjecture. As an illustration, the first couple interviewed mentioned that learning new ways to communicate within their relationship had been helpful. To understand how this was accomplished in therapy, Jodi asked "What are some specific ideas or steps that we discussed that led you to the new ways of communicating and relating to one another?"

These additional questions were written in an open questionnaire style and differed for each couple. They were included with the summary letters with a self-addressed, stamped envelope. The couples were asked to include this additional set of questions with their edited letters. Two of the three couples returned their edited summary letters with newly answered questions to Jodi.

Categorizing the Data

Analyzing the data for this inquiry was part of the emerging design. Throughout the interview process, Jodi noted phrases used by the couples. Ideas from the first couple's interview influenced the second couple's interview and themes from the first two interviews influenced questions posed in the third couple's interview as well as the follow-up questionnaires. All major ideas, words, or themes from each of the interviews were recorded in a notebook as they occurred to Jodi. As the interviews progressed, Jodi continued this recording process adding new themes, noting repeated ideas, and incorporating previous themes.

As a check on the themes, Jodi went through the cassettes and summary letters three more times to create the most inclusive and comprehensive set of data. These steps of repeatedly reviewing the data yielded six themes. Most of the category names were derived from words or phrases that the couples repeatedly used when describing their experiences in therapy and what was helpful to them as well as what seemed to be helpful to the two of them as a couple. Upon completion of interviewing couples and collecting data (noting major ideas and themes), Jodi reviewed the summary letters to make sure that all data were being considered, and to assist in the categorization of the data. After multiple iterations, the data set was organized into four main categories.

Findings

The findings from this inquiry are organized according to the four created categories.

The first category was labeled *Seeing Things Differently*. This category received this title as a result of rather consistent use of visual metaphors by all three couples. All three couples mentioned that counseling had afforded them the opportunity to see things from a different perspective than what they had been seeing on their own.

One couple stated that counseling was an "eye opener" for the two of them. Through the counseling process, the couple began to acknowledge those problems that came between them and to articulate how the situation was problematic to them. By actually seeing that there was a specific problem in

need of attention, this couple felt that they experienced relief because they saw reasons for the stress in their relationship. Once they realized that there was a definite problem they turned their energies to resolving the difficulty.

Another couple said that "seeing that we can talk without arguing" was helpful to them as a couple. Through the presence of a third person in the room who was being attentive to them, they were able to recognize that a different kind of communication between them was possible. During their interview, the couple proudly told how they had been discussing the events and concerns in their lives quite differently. With practice in and out of sessions, they learned to take steps toward understanding without correction by asking one another "What do you mean by that?" or "Are you saying...?" The different environment in counseling which helped them develop a more respectful and interesting communication pattern allowed them to see that their usual ways of communicating with one another could be altered outside of the therapy room.

Similarly, the third couple offered that they "saw things differently" particularly when Jodi asked them questions that they did not stop to think and ask each other. Observing Jodi asking different kinds of interesting questions prompted them to ask questions of one another that they had not been able to see before. The couple stated that by watching Jodi ask questions about their partner's feelings that they were able to incorporate this practice into their discussions at home.

The third couple also "saw ways to improve the problem." Similar to the second couple, this couple also observed Jodi using non-offensive ways of communicating with each of them and they readily saw the difference it made. By being in a counseling setting, and observing the way that the therapist communicates, the couple was able to see that there are other ways in which to communicate and solve problems. For example, when curious about how one partner's words had affected the other, Jodi would ask questions like "What do you think he/she meant by what he/she has just said?" by seeking underlying emotions and meanings, space opened for a different kind of communication. The couple saw too that Jodi framed

or discussed problems in original ways. When the couple joined in the discussion within this new frame, they discovered solutions to the problem that were visibly obvious and readily available to them. The couple mentioned that conflict arose around their work schedules that did not allow much time for them to be together at home. Instead of focusing on the conflict, Jodi focused on the usefulness of quality time at home and how it influenced them as a couple. So, the way in which the problem was discussed in counseling as well as through observation of the therapist's communication style, this couple was able to see things that were beneficial to their relationship. Overall then, through observation of Jodi, awareness of problems and their corresponding solutions, and simply being in a counseling setting (a change in their context), the three couples were able to see things differently that were beneficial to them as a couple.

The second category that evolved from the data was *Doing Things Differently*. This category was derived from the specific actions taken by the therapist or clients that were significantly different for the clients as compared to their past patterns of behaving. When asked about things that had been most helpful to them, the first couple answered, "asking us questions to answer *as a couple*." When the couple was addressed as a unit, they responded with a focus on their relationship rather than their individual positions. This way of speaking within counseling was different from the way that they talked at home in which they focused upon their individual differences. Talking in therapy shifted the focus to them as partners and gave them a renewed sense of their unity. For example, at the beginning of the first session, Jodi asked the couple questions about them as a unit, but she received very separate and individual answers. However, with persistence they began to answer with "we" statements by the end of that first session. This shift in language within the context of therapy stressed the couple's unified strength.

Similarly, a second couple offered that "asking us questions about feelings that we would not stop and ask each other" was helpful to the two of them. By searching for feelings and meanings embedded in their words, this couple said that they were able to better understand their partner's thoughts and behaviors. This increased understanding led to more

sensitive communication at home where they asked each other to share their feelings about the concerns before them. They also mentioned that by observing and listening to Jodi ask these questions and share responses that they had tried for themselves Jodi's way of communicating-and experienced satisfaction and success.

The third couple offered that "teamwork" had been the most helpful notion and experience throughout therapy. They discussed teamwork in therapy in terms of working with one another and thinking about one another to build a two-person team. They said that by making an extra effort to think about one another's reactions before confronting their spouse, a greater sense of unity had been developed. In place of criticizing one another and being competitive with each other, they concentrated on creating solutions as a team.

The third category that encompassed the three couples' responses was *Caring For The Couple*. All three couples mentioned in some way that Jodi's genuine care and concern for their relationship as well as her concern for them as individuals had been helpful to the two of them. The first couple said that counseling had provided them with a "comfortable atmosphere" in which they felt free to share their thoughts and feelings. Because they sensed that Jodi cared for the two of them, and the life that the couple wanted together, they said that they felt less intimidated and free to discuss difficult and emotional issues. By respecting and sponsoring a comfortable atmosphere in which to converse, counseling had been helpful to this couple.

Another couple clearly noticed Jodi's language and her pattern of "asking questions for us to answer as a couple." They had interpreted this practice as care for them and Jodi's respect for their relationship. Asking the couple questions as a unit yielded more unified answers and solutions as the couple recognized, liked, and accommodated to this shift in language.

The third couple offered feedback similar to the other two couples. They told Jodi "the genuine care and concern that you have for the two of us helped us to be more comfortable." When asked how their therapist

showed concern and care for them, they replied that she "made an extra effort to work with us and help us." Because of the lack of transportation and limited means, this couple requested a counseling session, but in a more convenient location than the counseling center in which Jodi was currently practicing. After consultation with Sally, Jodi arranged to meet the couple at an arranged location. On the night of the scheduled appointment, this location was not accessible. Jodi sat in the couple's pickup truck with them and had the therapy session there. After 60 minutes in this smoke-filled, heated atmosphere (both bodily and emotionally), the couple expressed their gratitude and decided that more counseling would be essential to their success, no matter what it took to get to the counseling center. Because the therapist made an extra effort, they felt as if they should and could make the effort as well, and therapy became a haven of comfort and hope.

The final category, *Going Together*, emanated from the follow-up questionnaires which raised the question of the new Kentucky law. When asked how this new law (which calls for the couples who go through the legal system to be seen separately) may have changed their experience in therapy, the couple gave very similar answers. One couple offered, "It would have been harmful to the two of us to go to sessions separately because we would further justify our feelings of resentment and anger." This couple felt that separate counseling sessions would have inhibited their progress toward eliminating physical violence and other problems from their relationship. This couple also added the counselor and couple should decide the best way for each couple to do counseling. They appreciated that a counselor would tailor their treatment and advocated for a variety of approaches to work with all different situations even when domestic violence is involved.

In a similar vein, another couple reported "separate sessions would have prevented us from openly talking and working it out as a couple." By attending sessions together, the couple was able to talk about things differently and more openly than usual. Addressing the couple as a unit shifted the dialogue to joint and coordinated effort. This way of talking was much different from individuals talking against each other. They did not

think they would have benefited as much from separate sessions because they would not have the structured opportunity to work things out as a cohesive unit.

Finally, the third couple said that therapy "helped us more to be together." They did not think that being seen separately would have benefited them as a couple. The wife added, "If you don't know from your spouse's mouth what is wrong, then how can you fix it?" Referring to the communication that was developed within their own counseling sessions, this couple presented their idea that when communication breaks down and the problem is unclear, it would not have been helpful to have separate counseling sessions, because the problem would not be addressed as something they had in common. In accordance with the other couples, the third couple agreed that separate counseling sessions would not have benefited their relationship.

Establishing Trustworthiness

There are several ways in which the trustworthiness (Lincoln & Guba, [1985](#)) of this qualitative study was protected. First of all, the context was carefully recorded, as were all the research decisions. Noting all steps as they took place and the contacts made with couples rendered the inquiry dependable (Marshall & Rossman, [1989](#)). After each major step in the process of research, a short narrative was written to record the events, content of the interviews, and the proposed follow-up course of action. Jodi's narratives also included her thoughts or evolving questions about the research process.

Dependability was also accounted for by consulting with a supervisor for all steps involved in the project. Jodi met with Sally weekly to discuss emerging research decisions, and to discuss the interviews conducted. Jodi and Sally listened to the cassettes together, and generated the follow-up questions that Jodi asked the couples to supplement the information provided in their face-to-face interviews.

Planning and executing member checks (Lincoln & Guba, [1985](#)) were used to preserve the multiple realities of the participants, or credibility (Marshall

& Rossman, [1989](#)). The couples edited Jodi's written summaries to guarantee that the reporting of their words and meanings were accurate.

Confirmability (Marshall & Rossman, [1989](#)) was attended to by videotaping or audiorecording each interview. In this way the original data collected could be revisited. All written exchanges between Jodi and the couples were kept on file along with all of Jodi's writings at each phase.

The issue of transferability or taking the information or process into another setting has probably more applicability to Jodi or any practitioner devising a plan to systematically study his/her own clinical practice. Therefore, the process rather than the unfolding information has greater potential for use in another context.

Trustworthiness is but one way to assure consumers of the worthiness of and methodological rigor within an inquiry process. Probably the best set of criteria for judging the quality and merits of this project is in a discussion of authenticity (Guba & Lincoln, [1994](#)). The participants were able to change further by virtue of their participation in this inquiry. This change aspect along with attention to the relational dynamics or the process that occurs between the inquirer and the participants is a centerpiece of authenticity according to Rodwell ([1998](#)).

Authenticity has five dimensions (Guba & Lincoln, [1994](#); Rodwell, [1998](#)). They are (1) fairness in which the voices of all whom have a stake in the research process are included; (2) ontological which is related to the participants' understandings of their situations; (3) catalytic which refers to creating change in the situation; (4) tactical which has to do with a reallocation of power and empowerment among the participants; and (5) educative which entails respect for the legitimacy of multiple perspectives.

This study meets the requirements of fairness. The inquiry was organized to elicit the participants' unique explanations of their experiences in their own therapy. They were honored and willing to share their thoughts and reactions about their therapy with their therapist. They had said that in no other part of their experience from court intervention to resolution were they asked for their opinions on how things were going. Jodi's voice was

included as she too could share her understandings of their experience with her and her experience with them.

In terms of ontological authenticity, the couples could articulate what changes they made and what processes in therapy contributed to the newly formed changes in their relationships. This public admission lends itself to new realities and possibilities for living life as the couples would prefer (Andersen, [1987](#)). This reflective talk also allowed the couples to commit to continuing the new patterns of communication they were beginning, thus reinforcing catalytic authenticity. These new ways of talking between the spouses demonstrate an attention to a restructuring of power within their relationship. Each member can feel empowered to voice his/her concerns without the need for physical aggression.

Jodi was probably the greatest, though not the only, beneficiary of the educative aspect of authenticity. This process taught her much about her own clinical practice as experienced and articulated directly by her clients. She found out that there is no one way to work with couples who have included domestic violence in their dealings with one another and that her flexible relationships with her clients was the core to their success together. We can only assume that the couples who talked about seeing things differently and who preceded to listen and speak differently have also gained an appreciation of the way that his/her spouse sees the world.

Discussing the Findings

The data from this study have several implications for counselors, client advocates, and legal professionals alike. This is a study with a small sample but nonetheless merits our attention. It reinforces the idea that what clients have to say regarding their therapy experience is crucial and forms the highest quality of feedback possible. It cautions us about the risks involved in legislating clinical practice to the exclusion of listening to our clients' views on how best they might be helped.

As Goldner ([1998](#)) suggested, the commitment that the couples had already made to making changes within their relationship was essential to their experience in therapy. The couples involved in this inquiry were

viewed by the court system as being "less severe" in terms of domestic violence than other couples. These couples were also requesting couples therapy as a result of their desire to change their current ways of relating to one another. This desire to make changes and to work on the relationship was a very important component that made therapy more useful and helpful to the couples involved.

Goldner ([1998](#)) also disputes the idea that working with couples conjointly reinforces and promotes further abuse. Having a zero tolerance for abuse while continuously respecting the union that the couple has formed is a legitimate way to do couples therapy with issues of domestic violence. The couples agreed with this idea by specifically stating that addressing the couple as a unit had been helpful to the two of them. In addition, the couples mentioned that counseling was a comfortable environment in which they felt free to discuss their problems as a couple. There may not have been this couple dialogue had they been involved only in individual or group modalities.

There are also implications for the importance of language in therapy. As mentioned earlier, all three couples referred to the way in which questions were worded or phrased as being useful to the two of them. By addressing the couple as a unit, using "couples" language, they were able to think about and see things differently that were helpful. For example, when the husbands and wives answered Jodi's questions, she would ask them how their individual responses would benefit them as a marital unit. The way that a therapist sculpts language in therapy is a key element to the success and progress of therapeutic interventions.

Besides language, the genuine empathy and care exhibited by a therapist has been a consistent comment from the clients to explain the success of their therapy. All three couples referred to the way that Jodi showed care and concern for them as a couple. For a therapist-in-training, the importance of showing every client that we have a true concern for them as humans became even more vivid throughout the duration of this project. In regard to the counseling relationship, one couple stated, "you weren't just doing your job." This statement exemplifies the importance of sharing

ourselves with clients, and remembering that we are working with real persons, with real problems.

In addition to having implications for counseling and working with couples involved in domestic violence, this project has been interventive in several other ways. Conducting research interviews altered Jodi's therapy style. For example, after the first interview that was conducted, we realized that Jodi needed to ask much clearer and more precise questions. As the interviews continued, Jodi began to not only get clearer and more articulate with the participant couples, but also with her new clients.

Another example of the interventive nature of this project was the opportunity for Jodi to "check in" with these former clients to see how they were doing. One couple reported that they were doing better than ever while another couple decided to set up an appointment for counseling. Therefore, the research process provided an opportunity to follow up with clients in a way that may not have otherwise been possible.

Conducting research on one's own clinical practice has implications for the way inquiry is conducted. Methods and rigor are subject to the ever-changing context of the clinical environment and are shaped according to the exigencies of the situation. Therefore, consistency, planfulness, timeliness, and structure, while attempted, may never be completely realized. Thus, when research methods need to be tailored to the clinical setting and its characteristics we find that these two processes (research and practice) have more areas of overlap than divergences. This overlap means that the researcher/practitioner has an obligation to clarify his/her thinking at each step (Maguire, [2001](#)).

The learning from inquiry conducted by a practitioner gives credence to a practitioner's tacit knowing and ability to work with people experiencing very difficult problems. It distributes responsibility for progress among all participants in the inquiry. Jodi and her clients learned that domestic violence is variable and that those variances are not necessarily acknowledged and appreciated by our present treatment systems. Legislated treatment for these couples would have missed much of what

they found to be valuable in their treatment (Wulff & St. George, [2000](#)). It seems to us that systematic data from practitioners' ongoing work could highly impact treatment protocols demanded by third party payers and legislation.

Jodi

The most surprising and generative finding that I had throughout the process of this qualitative inquiry is that the research process offered me volumes of information about the actual practice of therapy with couples and families. Originally, I thought that the answers to effective interventions with couples would definitely be found in the library. In fact, the actual process of interviewing couples about their therapy for domestic violence taught me that respecting the uniqueness of their relationship worked with these couples in therapy even though their problems were serious.

This study illustrates the value that qualitative research can hold for practitioners in training. As previously discussed, the project revealed findings that shed light on the treatment of domestic violence, but more importantly, revealed ideas and guidance to me as a new therapist. The created category Doing Things Differently reflects the importance of clarity in communication. This is an area that I now incorporate into my daily work as a School Site Coordinator. The category Caring for the Couple refers to the value of respecting and appreciating the uniqueness of client relationships. Now, I care for school personnel, children, and families and the ways in which they interact with each other. The category Seeing Things Differently signifies acknowledging difficulties within relationships and looking for solutions. I am continually working to improve relationships between faculty and families. The final category, Going Together speaks to the importance of including others in therapy. Now, I include all influential participants within a child's life when seeking academic and family solutions.

As I worked from the perspective of a researcher, I obtained different kinds of information and knowledge that would have remained marginalized had I not been able to ask clients to describe their experiences by taking a non-expert stance (Avis, [1994](#)). This process of exploring and discovering is a

natural part of the counseling process, and makes research more practical and valuable at the same time. So, I have learned, among many things, that I find research to be intriguing, and plan to conduct further projects throughout my practice as a therapist.

Similarly, this research project has restored my faith in myself as a therapist. Through asking my clients what had been most helpful to them, I was able to understand the many ways in which I had been a part of their progress. The couple's statement that "teamwork had gotten us where we are today, and we could not have done that alone" aptly applied to my work with these clients as well. This can be quite soothing to "babies" in the field, as we are often unsure of our newly learned capabilities.

Conducting research with my own clients produced positive feedback. This was most reassuring to me as a therapist and a researcher. I think that interviewing my clients may have limited the kinds of responses that the couples felt free to give. Because our therapy was relatively new with each couple, and because they knew I was a therapist in training who was conducting a special project for a grade, they may not have felt comfortable suggesting changes or improvements. Their comments were extremely valuable to me, but our relationship may have skewed their answers. This leaves me wondering how the information may have been different if a third party had conducted the interviews.

Also, I have learned from this project that research is an emerging process. During the planning stages of this project, I wanted to organize and plan for everything. After the first interview, I realized that we couldn't prepare and plan for everything that interviewees and research participants will do or say. Through this experience, I have learned to embrace not only the things that go as planned, but also those things that are preciously spontaneous. This lesson will transfer not only to my professional experiences in therapy, but also to my personal life.

Lastly, the content and process of this research endeavor have guided me toward a deeper understanding of domestic violence. Inclusive of several aspects of relational violence, I now understand, that we may be doing our

clients a disservice by trying to fit their unique situations into one chosen explanation or intervention. It appears to me that embracing multiple explanations and interventions may be quite helpful to couples who are experiencing violence on some level. By respecting the commitment that a couple has to one another, while discovering a unique way to achieve relational goals, therapy can become a collaborative effort to diminish violence among couples today.

Above all, I have learned, beyond theoretical discussion, about being respectful. I have learned through hearing the couples' complex stories of stress, tension, violence, and love that they strive for a sense of validation and dignity and that our work needs to help them save face (Singer, [1997](#)) in spite of the awful maltreatment. I learned that I can "do" respect for their humanness.

Sally

Assisting in Jodi's inquiry has been exhilarating and profitable for me. What stands out for me is the degree to which conducting inquiry interviews and analyzing the data impacted Jodi's therapeutic interviewing skills. During the time frame of this project her therapeutic conversational skills became much more efficient, with greater clarity, completeness, and pointedness. While this would have likely occurred from supervision and practice, this process advanced her development much more quickly-an unexpected "outcome" of the study. I have written more extensively about this very aspect of this inquiry (St. George & Wulff, [2000](#)).

Clearly Jodi's desire to know what her clients thought of their work together exemplifies a practitioner-researcher approach (Jarvis, [1999](#)). Jodi did not just learn about what constitutes better clinical work and what techniques are the most effective. She learned about processes, especially the processes of articulating her own professional fears and concerns and using that as a springboard to systematically and rigorously engage in open self-supervision through research. She learned (more surprisingly to her) that a social approach to learning about domestic violence, that is, with her clients rather than without them, was not a forum for judgment, but a forum

for the generation of new ideas and confidences. Thus involvement in this project is generating new ideas I can use in my teaching. It also reinforced my belief that we need to occupy a stance of readiness for serendipitous gifts to be delivered to us in unpredictable and improbable occurrences.

The practitioner-researcher stance and my involvement in this project have a commonality-that of occupying multiple roles. We are aware that because Jodi acted in the capacity of researcher with her own clients, that the couples' answers and participation along with Jodi's understandings were affected by their relationships with one another. These aspects of the study must be acknowledged, discussed, and subject to critical review. I, too, shifted among an assortment of roles with respect to Jodi. The movements seemed natural and necessary in order to help her achieve the most comprehensive experience. The roles of teacher, supervisor, and co-researcher had significant overlap and as I moved from role to role, it was not a quantum shift. It was more a shift in emphasis. At one moment I may be functioning more as a teacher would, at another time, more like a clinical supervisor. As we proceeded through different phases of this project my role was subject to review and dialogue between Jodi and me. Therefore, together we decided what position I could occupy that would make the greatest sense. Jodi was active throughout the process but oftentimes deferred to my judgement due to my greater experience. Our trusting and respectful relationship provided the basis for the success of such maneuverability of roles.

A Final Note

We agree with the couple who thought that the best approach was for the clients and therapist to decide together what course to follow-even when the presenting issue is domestic violence. We cannot stress enough how strongly we believe in incorporating therapist and client voices into therapy decisions. Although the clients studied were not at the most violent end of the continuum (i.e., violence did not result in a hospitalization, violence was not a repeated series of incidences) we believe it is imperative to assess each couples' situation to determine the best course of therapy for them and avoid a priori decision-making. The criterion for proceeding in such a

manner would be as it is whenever couples and families want conjoint work: everyone evaluates its utility, the work is that of therapy (not surveillance or policing or truth finding), and that the relationship will be the focus. Our concerns over the safety issues involved in domestic violence must not eradicate our commitment to keeping couples involved in their own therapy.

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Article Citation

Allen, J. R., & St. George, S. A. (2001, September). What couples say works in domestic violence therapy. *The Qualitative Report*, 6(3). Retrieved [Insert date here], from <http://www.nova.edu/ssss/QR/QR6-3/allen.html>

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Stories of Transformation

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Advocacy services

Legal Advocacy

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DAP provides free legal advocacy to victims/survivors of domestic violence at the Minneapolis city hall advocacy office. Survivors can receive information about their legal rights and court processes. DAP advocates are present at all hearings in the Domestic Court. Email an advocate at advocate@mndap.org

Community Advocacy



Community advocates, at Pilot City Outreach and Little Earth At The NELC, offer an opportunity for people to access domestic violence services in their community.



The sewing circle at Little Earth is made possible through a grant from Verizon Wireless.



Other Services

DAP advocates attempt to make contact with all victims of domestic assault in the city of Minneapolis, whether there is an arrest or not. Advocates are also available to assist victims/survivors with orders for protection, [safety planning](#), help finding community resources like food, safe housing and transportation to court as well as simply listening and offering support.

Language Services

All advocacy services are available in Spanish, Somali, Oromo and KSwahili.

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Therapy services - Men's Program

Program Goals

The four primary goals of our Men's Group are to help you:

- end abusive and violent behavior
- take responsibility for your behavior
- complete a self-control plan
- talk about the abuse and violence and break your isolation

Self Control Plan

On the first phone call you make to DAP we start talking about [Time-Outs](#), the first step in Self-Control Planning. As you continue your work at DAP you will create a plan that you can use in changing your life.

Getting Started

It can be hard to look at the violence and abuse in your life and start to change it. DAP can help. We believe that violence and abuse are learned behaviors and that you can learn other behaviors to take their place. We are here to help you and we are glad that you are making the decision to change your life. To get started, call first call at 612-874-7063 or email therapy@mndap.org. Sign up for the program,

change your life.

The DAP Men's Program is located at 204 West Franklin Avenue, Minneapolis.

Costs

We have a sliding-fee scale based on your income.

Program Format

Orientation

Orientation is a chance for you to learn about the DAP program and to decide if it is a good match for your needs. We offer two Orientation Sessions per month, one in the afternoon and one in the evening. The orientation session is 2 hours long. Please call first to sign up 612-874-7063.

Education Session

The Education Sessions are classroom style groups with a new topic covered each Monday. As a client of the Men's Program, you will attend 10 education sessions plus the self-control planning session.

Process Group

This therapy group meets for 2 hours per week on Tuesday, Wednesday or Thursday. As a client, you will attend at least 12 sessions but you can set your own pace and attend more sessions before completing the group.

Stage 3 Group

The Stage 3 Group meets once a week for 2 hours and is a way for men to continue getting support for their non-abusive behavior and sharing their successes.

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Therapy services - Women's Program

Group Services

Survivors of domestic violence attend an sixteen session group to begin healing from the effects of abuse and violence. The goals of the group include; providing definitions of abuse, recognizing that the abuse is not the fault of the victim/survivor, exploring [issues of safety](#) this or future relationships, facilitating healing and rebuilding self-esteem.

Protection Plan

The foundation of the Women's Program is helping women increase their ability to protect themselves. We encourage women to know that they cannot control and are not responsible for their partner's abuse. However, they can learn to recognize behaviors and cues that indicate when their partner might become abusive. A protection plan is a dress rehearsal for women. They have planned where they will go, how they will leave and what they will do when their partner becomes abusive.

Aftercare

Women who have completed the Women's Group may also choose to attend an Aftercare Group at DAP. In Aftercare Groups women can continue receiving support and sharing their successes.

Individual Services

DAP therapists provide individual counseling for women who want to begin the process of healing but are not immediately able to join a group, or for women who wish to spend more time working on certain issues.

Cost

The cost of Women's Therapy is based on the client's ability to pay.

Women interested in DAP Therapy Services are encouraged to call the first call desk at 612-874-7063 or email with questions therapy@mndap.org. The DAP Therapy Program is housed at our main office, 204 West Franklin Avenue, Minneapolis.

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Therapy services - Emerging Young Men Program

A Message to Young Men

This program is about providing you a place to learn new skills and to talk about the effects of violence and abuse on your life. When we really think about it, we do not want to be violent, do not want to live around violence and do not want to hurt the people we care about.

At DAP, we understand that we all have learned how to be violent at some point in our lives and that often people act violently because they are unsure of other options. As you become a young man, it is very important that you learn new ways of dealing with your feelings and other people and begin to take responsibility for your actions.

DAP also recognizes that changing behaviors is a very hard thing to do. It means that you have to look at yourself, figure out what you need to do differently to end the violence and decide to learn new skills. This may be unfamiliar and uncomfortable at first. The work we ask our clients to do at DAP is hard, but it is worth it. Take the risk, change is possible.

The Basics

This group is designed for young men who have been violent or abusive in family or dating situations. We use a variety of methods to teach new and challenging ways of dealing with situations and emotions. It is a supportive environment where young men are able to learn, talk and be listened to.

Starting Group

Each person must make an appointment for an interview before joining the group. The interview lasts about 2 hours and a parent or guardian is a part of the process. This interview helps us to figure out if the group is a good match for the adolescent. If everyone agrees that the group is a good fit the young man can sign up for the next scheduled group.

Meeting Times

The group meets once a week for fourteen weeks, typically from 5:30-7:00 p.m.

Call 612-874-7063 or email eym@mndap.org to schedule an intake and learn more about the program.

Family Involvement

There are two scheduled family sessions during the group. These sessions focus on keeping family members up to date with the material covered in group, recognizing progress and negotiating new interactions and behaviors.

Costs

The cost of the group is \$2 per session, including the initial interview.

Individual Therapy

Individual therapy may be offered to the young men in addition to, or instead of, group therapy. A decision to conduct individual therapy is made by the therapist based on information received from the client and his family.

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Therapy services - Children's Program

Individual Services

Your child is most likely to attend individual sessions while waiting for group space to open, as a preparation for the group experience or because it seems like the best place for your child to talk about how she or he feels. The therapists at DAP use play therapy, like games, artwork, reading and talking as a way to help your child communicate his or her feeling about living with domestic violence. A therapist may recommend that your child come for appointments on a regular basis, often once a week. Sessions typically last 30-60 minutes, depending on the age of your child and the topic of the session.

Group Services

DAP offers age-specific groups for children who have witnessed domestic violence in their home. The groups meet once a week for ten weeks. The goals of DAP's Children's Group are to help children break the secret of domestic violence, understand that the abuse and violence is not their fault, strengthen self-esteem and have fun.

Adult Services

DAP has groups for survivors of domestic violence and for people who want to their violent and abusive behavior. Before your child can enroll in DAP's Children's Group, one of the adults in your family must be participating in, or have completed, a domestic violence group program.

Parent's Groups

A Parent's Group is also available for you while your child attends group at DAP. You can learn about the material your child will be covering in group and how it may affect your family. You also have the opportunity to receive support and information on child development and non-violent discipline.

Costs

The cost for DAP's Children's services is based on your resources. All DAP services are on a sliding fee scale and are very affordable.

Group Times

Children's Group typically meets once a week for 10 weeks, each meeting begins with a shared dinner at 5 p.m. and group running from 6 - 7:15 p.m. To learn more about the program, schedule an intake or inquire about individual therapy, please call 612-874-7063 or email [Amy](#).

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Community & Professional Training

We offer free community education training on the basics of domestic violence, signs, intervention and awareness to groups in the Twin Cities metro area. Some examples of groups we have trained include school classes, MFIP recipients, any group of teenagers and/or children, religious congregations, etc. We also offer a [Community Education presentation](#) outline and handouts, free of charge.

Professional Training

Trainings of professionals requiring the expertise of our therapists and directors in dealing with domestic abuse issues, victims/survivors, perpetrators and witnesses. Some examples include MFIP counselors, other therapists, a group of religious leaders, etc. We charge \$150 per training hour, \$75 per preparation hour and we negotiate travel expenses for trainings outside the metro area with the hosting organization.

- What Every Congregation Should Know About Domestic Violence

- Creating a Coordinated Community Response
- The Medical Community's Role in Ending Domestic Violence
- How Domestic Violence Impacts Your Workplace
- Identifying Domestic Violence Issues in Welfare to Work Program Clients
- Clinical Presentation of Domestic Violence

For more information on training or to set one up for your organization or group, please contact Megan at 612.874.7063 x218 or email training@mndap.org

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DAP publications

The Domestic Abuse Project develops manuals based on our successful programs, our academic research and the expertise of our staff. The five Group Manuals provide structured guidance for a practitioner in the development of a group, offers instruction and suggestions on successful group practices and leads the practitioner through intake and assessment alerting them to common problems. Our Evaluating Domestic Violence Programs Manual, based on the popular workshop by Dr. Jeffrey L. Edleson, is a wonderful resource for organizations interested in measuring the success of their programs.

Group Manuals

- [Men's Group Manual](#)
- [Women's Group Manual](#)
- [Women Who Abuse in Intimate Relationships Manual](#)

□ [Groupwork with Children of Battered Women](#) by Einat Peled and Diane Davis

□ [Groupwork with Adolescents](#) by Diane Davis, MA LP

[Evaluating Domestic Violence Programs Manual by Dr. Jeffery L. Edleson](#)

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Research and Evaluation

DAP staff conducts academic research on the effectiveness of different responses to domestic violence. As a part of the evaluation process, follow-up is conducted with adult participants of the group six months after completion. This follow-up measures the effectiveness of the program. Parents of children who participated in the children's group are asked about the effect the group had on their children. Feedback is solicited from advocacy clients upon closure of their court case. Learn more about our Coordinator of Research and Evaluation, Dr. Jeffrey L. Edleson, and his research at www.mincava.umn.edu.

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Introduction

Domestic violence in straight, as well as gay and lesbian, couples is a serious problem. Treatment options vary, but those who would treat violent couples should consider three things.

Knowledge of the Domestic Violence Literature

The therapist must have a solid knowledge base about the dynamics of domestic violence. This knowledge base would include an understanding of:

- the assessment of specific risk factors for violence, as well as recognition of changing risk factors depending upon the couple's stage in "The Cycle of Violence"

- the importance of focusing on physical safety of the victim in treatment and periodic "safety check-ins" to assure the situation remains safe for the victim
- the power differences between batterer and victim, both those that are "acquired" as well as those that are "inherent"

Further, it should be noted that the therapist must not blame the victim. Blaming could take the form of conceptualizations of relationship violence as being something for which both partners are responsible. However, blaming could also take the form of failing to recognize **abuse**, and instead classifying it as **mutual combat**.

Treatment providers should know the local community resources available or lacking, as well as both the general and local hardships involved in seeking legal aid.

Personal Biases

This kind of work is likely to require an examination of any personal biases for the treatment provider. Such biases may be obvious or subtle, as in encouraging victims to fight back and defend themselves, or minimizing the risk for harm and injury. Providers should examine any history of violence in their own families and lives, and be willing to wrestle with left-over issues they could have. The work is demanding in and of itself, and so the provider's resiliency and self-care skills should be examined too.

Debate Regarding Couples Counseling

There is considerable debate about the appropriateness of couples counseling with violent couples, be they straight, gay, or lesbian.

Island and Letellier (1991) go so far as to say that couple's counseling is **never** appropriate. This view makes some sense. Clinicians working with violent couples struggle with a number of concerns, including that couples therapy:

- reinforces the batterer's efforts to "make up," possibly making it harder for the victim to freely choose to stay or leave the relationship

- may redefine one person's choice to be violent as "a couple problem"
- requires careful decision-making regarding client safety outside of the therapy office
- prevents accurate monitoring of abuse potential, as the victim is likely to be afraid to report honestly if the potential is high
- could cause more violence after therapy has stirred troublesome issues and conversations or if the victim reports the abuser's actions honestly
- is demanding, as work with abusers stirs deep feelings and possible transference in therapists to punish batterers and protect victims

Some argue that under specific circumstances, couples therapy might be possible. Holtzworth-Munroe and colleagues (1995) note that there is no data supporting that this approach to treatment is **more** effective than individual therapy. However, there is no evidence that this approach is **less** effective than individual treatment. Individual therapy for batterers, however, has low rates of success. For example, Edelson and Grusznski (1989) conducted an intense treatment program including educational self-help groups, therapeutic groups, and individual therapy for heterosexual batterers and found that at a five month post-treatment follow-up, 67% of batterers were reported to have been non-violent by their female partners. However, 43% of the men were reported to have made **threats** of violence. Thus, in actuality, only 24% of the men could be considered "success cases," who did not become violent or threaten violence toward their partner. Gondolf's (1997) study similarly showed that verbal abuse continued after treatment for 70% of abusive men.

Holtzworth-Munroe and colleagues (1995) offer that couples therapy would offer several benefits over individual treatment, including that couples therapy:

- gives the therapist a more accurate picture of the violence, since it is not based solely on the abuser's report, which is likely to be minimized

- allows for the same techniques and information to be given to both partners, including education about domestic violence and personal responsibility for one's actions and safety, as well as attention to warning signs that the abuser is at risk to lose control over his anger
- can focus on better communication patterns that could help prevent risky situations in which the batterer is prone to lose self-control
- provides a "safe place" to discuss difficult and anxiety-provoking topics

Prerequisites for potentially successful couples treatment would include:

- the violence did not fit a pattern of abuse and control
- the violence only happened once, perhaps twice (separated by a long interval)
- the batterer takes full responsibility for the abuse and is willing to seek treatment to gain better control of his actions
- the batterer is willing to comply with "safety check-ins" and reports by the victim, which typically should be conducted without the batterer present
- a clear set of terms under which therapy would be ended (such as a "relapse" into any violence, or the use of manipulative efforts to control)

In these kinds of cases, there are a few basic procedures that would help:

- a "no violence" contract that specifically states there is to be no violence between the parties, and that should they become violent, they must report this to the therapist within one day
- part of the "no violence" contract would also include no **threats** of violence
- the batterer may be required to begin work on his own of some kind (individual therapy, anger management classes, group therapy,

etc...) to begin to address his anger problems, perhaps including attention to physiological signs, relaxation therapy, etc...

- there is a safety plan in place for the victim, which spells out under what circumstances he will leave the home; the therapist should meet individually with him to spell out a safe place to go (e.g., a friend or family member who knows the relationship has been violent), and this place should remain secret from the batterer
- there is a safety plan for the batterer, which spells out triggers or physiological signs he can use to warn himself that he is losing control of his temper, "calming activities" he can engage in to soothe his anger, and a contact person he can go to for support and honest feedback who is aware of the violence in the relationship
- a "no threats" contract that specifically states neither partner will make threats to end the relationship; this would not preclude leaving the home, but it would stipulate that any decision to leave would be reported at a therapy session
- a "no discussion" list of topics; these would include "crazy buttons" or issues that are too volatile for the couple to discuss outside of session, and an agreement for both partners not to discuss these outside of session, and what to do if the other brings up these issues

Closing

Of note, work with domestic violence cases is never easy. Some research (Edelson & Grusznski, 1989) shows that even under the most intensive treatment conditions (individual, educational, and group therapy), physical abuse may end in a large number of cases, but many abusers continue to be manipulative, controlling, and threatening in their relationships, and thus therapeutic gains are limited. When there are no or limited resources specifically targeting gays in violent relationships in the community, it is possible that even fewer gains can be made.

<http://www.sciencedaily.com/releases/2009/09/090925092652.htm>

Group Therapy Benefits Homeless Veterans Prone To Violence, Researchers Find

ScienceDaily (Sep. 28, 2009) — A new study finds that group therapy can benefit homeless veterans who have admitted taking physical or emotional abuse against their partners.

The research – a collaboration between Gary Dick, associate professor of Social Work at the University of Cincinnati, and Brad Schaffer, corrections counselor for the Veterans Administration Cincinnati Medical Center – was presented this month at the 14th International Conference on Violence, Abuse and Trauma in San Diego.

The researchers examined the cases of 130 homeless veterans who had admitted to committing either emotional or physical abuse against their partners. All of the veterans studied were male, living in homeless shelters, with 88 percent unemployed, with the median age 45. Ninety percent of the group reported suffering from some form of substance abuse; 16 percent reported a diagnosis of Post-Traumatic Stress Disorder (PTSD); 41 percent of the men had expressed interest in joining group treatment.

That group treatment involved a 13-week psycho-educational program, with sessions led by a master level social worker. Sessions focused on anger management, the link between substance abuse and violence, respect and partnership, stress and challenges as well as values and violence. Individual therapy was also held for men who expressed the need for additional therapy.

The researchers say the support led to dramatic results in curbing domestic violence among homeless veterans. The average 9.5 score in reporting abuse before treatment dropped to an average score of 4 after group treatment, with the most drastic drops reported in physical abuse.

Statistics from the U.S. Department of Veteran Affairs suggest 33 percent of the U.S. adult homeless population is made up of veterans. Among them

are veterans suffering from (PTSD), other mental health issues and drug or substance abuse.