Sarasota, FL: Professional Resource Exchange, 1982

COUNSELING THE VIOLENT HUSBAND

Daniel G. Saunders

Some progress has been made toward providing immediate physical protection for battered women in many American communities. While much more needs to be done to provide this protection, strategies are now being developed for the treatment of the partners of these women. Those who choose to work with men who batter will find the work quite challenging. In this contribution I will present some of the reasons therapists may avoid working with violent husbands. I will also present some common treatment issues, techniques for overcoming the men's resistance to treatment, and some treatment methods. First, however, I will explain my definitions and focus, and will describe some of the men's characteristics.

I use "violence" here to mean the intentional use of physical force or threatened use of physical force to harm another. While other forms of aggression and psychological abuse are present in intimate relationships and require treatment, I will focus here on what are usually the most terrifying forms of abuse (for discussion of these definitions, see Gelles & Straus, 1978). The term "violence" to me covers the range of severity from a slap to the use of a knife or gun. Minor violence not only signals the likelihood of escalation to severe violence but it can also dramatically change the nature of a relationship. Sexual assault in marriage is also included in the definition of marital violence and is a very serious form of such violence (Finkellor & Yllo, 1981). When I use the term "marital violence" or "husband's violence," I do so for convenience and include unmarried couples. The incidence of violence among cohabiting couples is about equal to that of married couples (Yllo & Straus, 1980) and it has also been found that a great many dating couples engage in violence (Makepeace, 1981).

The focus is placed on male-to-female violence rather than the reverse because (a) wives are subject more often to the most dangerous forms of violence (Gaquin, 1977; Straus, 1977), (b) size differences alone would place women at greater risk for injuries, (c) reports of alleged husband-beating (Steinmetz, 1977) have not included information on whether the violence was in self-defense and it is quite likely that most of the so-called "husband-beating" is actually the women's use of justifiable force in self-defense (Gelles, 1979), and (d) women are trapped to a greater extent in marriage both physically and psychologically (Gelles, 1976; Martin, 1976; Straus, 1976, 1977). Physical entrapment may be due to economic dependence or threats of death for attempted separation. When they do seek help, wives may be rebuffed by unsympathetic physicians, clergy, police officers, marriage counselors, and others who tend to blame female victims or believe the marriage must be maintained at all costs (Dobash & Dobash, 1979; Saunders, 1979; Stark, Flitcraft, & Frazier, 1979; Straus, 1976).

NATURE OF THE PROBLEM

The number of violent husbands in a clinician's caseload may be much larger than is realized. The entire family may want to keep the abuse a secret. At

one family counseling agency, for example, only 26% of the clients who experienced family violence discussed that violence initially (Ball, 1976). In the general population, about 12% of all wives are conservatively estimated to be physically abused by their mates each year (Straus, Gelles, & Steinmetz, 1980). Many family therapists perceive family violence (spouse and child abuse) to be their fastest growing area of treatment (Rice, 1979). This increase may not arise from an increase in the incidence of abuse but from an increased general awareness of the problem and from referrals made by newly created agencies serving battered women.

Few controlled studies on marital violence exist to indicate the causes and correlates of abuse. Existing data must be supplemented with clinical impressions (for reviews of causal theories see Gelles & Straus, 1978; Rounsaville, 1978; Saunders, 1979; Stahly, 1978).

CHARACTERISTICS OF MEN WHO BATTER

One consistent finding is that men who batter are more likely than other men to have experienced violence as a child (Rosenbaum & O'Leary, 1981; Straus et al., 1980). Those who are both subject to abuse as children and who witness parental abuse are at especially high risk to become spouse abusers (Straus et al., 1980). These men are likely to believe that it is permissible to hit the ones they love. They may be less likely to internalize controls and thus may be more dependent on others. They may feel a strong need for closeness, yet fear that closeness. Some battering appears to result from this emotional pulling and pushing.

You can expect to find men who batter among all occupational and income groups. They do, however, tend to be over-represented in the lower income and unemployed groups (Gaquin, 1977; Straus et al., 1980). They are probably dissatisfied with their work (Prescott & Letko, 1977) and not living up to their own or others' status expectations of them (Hornung, McCullough, & Sugimoto, 1981; O'Brien, 1971). At least for lower class men, a strong need for power combined with fewer resources than their partners makes them prone to use the "ultimate resource" of violence (Allen & Straus, 1979). A man who dropped out of high school a year before his wife may be aggravated by this fact but struggle to hide his aggravation.

These men tend to be socially isolated (Straus, 1980) and non-assertive, both inside and outside of the marriage (Rosenbaum & O'Leary, 1981). As yet there are no clear typologies of abusers but there is some evidence that men who are violent both inside and outside of the home (compared with those violent only inside) will be more violent, approve more of the violence, and be less likely to seek help (Hanneke & Shields, 1981).

From clinical impressions, low self-esteem and a sense of inadequacy in the men appear to lead to their dependency, possessiveness, and jealousy. Feelings of hurt, fear, and jealousy are channeled immediately into anger and aggression. There may even be a detachment from feelings of anger. Few of the men show chronic, severe mental disorders (cf. Faulk, 1974), yet, when under stress, especially from fear of the loss of their partners, their jealousy may reach delusional proportions and they may become severely depressed or paranoic (Elbow, 1977; Makman, 1978).

The abuse of alcohol is frequently seen among spouse abusers but a causal connection between alcohol and violence is doubtful. Rather than alcohol acting as a physiological disinhibitor, there is more support for theories which see the alcohol-aggression connection as resulting from a learned association within certain cultures or as an excuse for deviant behavior (Coleman & Straus, 1979). Or the correlation may be spurious because a third factor, such as dependency, causes both alcoholism and aggressiveness.

The traits of violent husbands can be seen as extremes of those of most men conditioned in our culture to be possessive, competitive, emotionally tough, achievement oriented, and dominant over women. Oppression of oneself, other men, and women results (cf. Pleck, 1980). Wide scale prevention programs will be needed to end abuse of women because of its clear association with patriarchal norms and social structure (Dobash & Dobash, 1979; Yllo, 1980).

CHARACTERISTICS OF BATTERED WOMEN

Although violent couples are more likely than other couples to be verbally abusive and to have conflicts in a number of areas (Straus et al., 1980), it is not clear to what extent, if any, the women cause their own victimization. The theory that women enjoy abuse in a masochistic way has been refuted because they are as likely as other female victims to resist attacks and seek help (Carlson, 1977; Gaguin, 1977), are not likely to deliberately choose violent partners (Pagelow, 1980), and do not show personality traits consistent with masochism theory (Price & Armstrong, 1978; Star, 1978). Battered women do not differ from other women in their number of psychological symptoms until after the abuse begins (Stark et al., 1979). The notion that battered women provoke attacks through nagging or other aversive behavior is not conclusively supported (Gayford, 1975; Pagelow, 1980). When battered women admit giving provocation, often "provocation" means getting a job, asking reasonably for something, or even saying nothing at all (Pagelow, 1980; Prescott & Letko, 1977).

THE CLINICIAN'S RESPONSES TO VIOLENT HUSBANDS

As clinicians we may have our own set of resistances and reactions which may prevent us from effectively treating wife abuse. Fear of becoming a victim oneself is common. This fear can be reduced with the knowledge that most of the men direct their aggression only at family members. Showing an understanding of the man's hurt, fear, and anger (while confronting the aggressive behavior) will also decrease the risk of attacks on the therapist. Anger or disgust is also commonly felt when therapists think of working with men who batter. The use of the basic axiom "accept the client but reject the behavior" may help, in addition to seeing the man's "little boy" qualities of hurt, fear, and dependency hiding beneath a macho exterior. One does not need to look hard to find a redeeming feature in each of the men. Of course one can go too far with acceptance and display sympathy alone. Some of the men are adept at placing their wives and therapists in the "compassion trap," inducing pity for themselves because of alcohol, mental, or work problems or because of the brutality they experienced as a child.

Part of our reluctance to detect and treat family violence may be from our wish to hold on to a romantic ideal of the family as peaceful, caring, and non-violent, a "haven in a heartless world" in Lasch's words (Lasch, 1979).

Therapists may minimize the abuse by viewing it as merely a symptom of a disturbed relationship or as caused solely by alcoholism. Therapists may hold to outmoded theories which view the occasional release of physical aggression as a catharsis necessary to prevent greater abuse later (Straus, 1974). Some attempts to minimize the abuse may arise from our cultural propensity to blame victims for their fate (Lerner & Miller, 1978). This propensity may stem from our belief that the world is basically just and people must get what they deserve and deserve what they get. Sexist attitudes have been associated with blaming female victims (Feild, 1978) and some evidence shows that men are more reluctant than women to respond to female assault victims (Borofsky, Stollak, & Messe, 1971).

INTERVENTIONS

DETECTING THE ABUSE

The presenting problems in wife abuse cases may be quite diverse - a suicidal woman, a bed-wetting child, a teenager who runs away, a child who is aggressive on the playground. No type of presenting problem or single diagnostic group should be expected to contain most cases of family abuse. In other words, most families with disrupted relationships need to be asked about the presence of abusive behavior. Usually it is the woman who seeks help and often it stems from her concerns about her children. As in the case of suicide risk assessment, it is best to ask clear, direct questions which decrease the taboo nature of the subject while eliciting accurate information. I recommend a funneling method which proceeds from the least to the most threatening questions. Questioning can be prefaced by a statement about the frequency of family conflict and aggression (e.g., a statement such as, "Very often I find that families don't settle things the way they'd like and sometimes they hurt the people they love the most"). One sequence of questions might be as follows: "How do you usually deal with differences in the family? How do you usually handle anger? Do you sometimes raise your voice when arguing? Has anyone ever used physical force in the family? Who? When?" One cannot assume, however, that violence erupts out of a pattern of conflict or other forms of interaction. Avoiding questions about the "why" of violence at this point can prevent justifications for the abuse. In conjoint sessions, very disparate accounts of abusive episodes may heat the session to the boiling point, requiring separate history-taking interviews.

ENHANCING MOTIVATION FOR CHANGE

Since abused wives are likely to seek help before their partners, some plans can be made with them to motivate the men once a "safety plan" is made and options of separation or divorce are explored. A woman's own motivation to change her situation can be enhanced by combining empathy and confrontation; for example, an understanding of her hope of his changing along with the information that he probably will not change without legal action or therapy. It may help to roleplay with the women some positive ways of asking the men to seek help. If assertive requests do not work, then ultimatums about the relationship or prosecution may work. For each of these options one needs to consider the risks to the woman and her children.

During the first contacts with the man, he can be reinforced for seeking help. He can be told that even if his relationship is not maintained, he can become

more satisfied with himself. Resistance to help-seeking can be explored ("How do you feel about being here?"), then some probes ("Do you feel it's a sign of weakness to be here?" Do you think only crazy people come for help?").

At this initial stage, Adams and Penn (1981) have identified seven major defenses against the acceptance of responsibility by men who batter. They are:

- 1. Minimization ("I wasn't violent; all I did was slap her.")
- 2. Intentionality ("I didn't mean to hurt her; I just wanted her to understand.")
- 3. Confusion ("It was crazy; I can't remember the details....")
- 4. Outright denial ("It didn't happen; she's lying.")
- 5. Intoxication ("I was drunk; what can I say?")
- 6. Loss of control ("I just flipped out; I didn't know what I was doing.")
- 7. Projection of blame ("It's her fault; if she hadn't pushed me, nagged me, overcooked the egg," etc.)

Focusing on the details of the men's abusive behavior and educating them about the behavior's negative consequences for themselves and others can help dissolve these forms of resistance. In addition, if the man feels his emotions are understood while limits are being set on his behavior, it is more likely he will become involved in counseling. His denial and minimization can turn to guilt, which can be turned into a commitment to change.

However, men who get stuck in their guilt may become more depressed. They may show atonement behavior at first but ultimately show more destructive behavior. Empathy and confrontation can be combined in a number of ways to prevent this. Here is one example:

Man: "I wouldn't have done it if she'd kept her mouth shut."

Therapist: "Were you hurt and angry that she brought up your job?" (empathy)

- M.: "You bet!"
- T.: "It's OK to have those feelings (empathy) but it's not OK to hit her (confront)."
- M.: "Well she knows what hurts me and I warned her."
- T.: "You probably both know the weak spots of your partner (empathy), yet you can learn not to let her get to you (confront)."
- M.: "I suppose. I never thought hitting was right."

Initial, short-term treatment contracts which specify what treatment might be like will reduce one of the men's worst fears - being in an ill-defined process forever. Men who are desperate to maintain control over others will need repeated messages that they can control the thoughts and feelings only of themselves. Men who claim no control over the beatings can be confronted with the information that they could have injured their partner further if they desired, hence they showed control.

ASSESSMENT

Violence. A detailed account of the man's abusive behavior is probably the most important aspect of history-taking. It is important to know about abuse directed at friends, relatives, or strangers, as well as toward the wife or girlfriend. The children are at risk for abuse by either partner. Men who are generally violent will probably be involved with drinking and show more severe violence at home. At the end of this contribution I have included a checklist of verbal and physical acts of aggression which can be used as an interview guide (Spouse Abuse Scale). We have found that some men who initially minimize the extent of their abuse will reveal more acts of violence when questioned with this scale. Since, even then, men who batter will usually minimize their violence, it is important to receive permission to talk with their partners and to ask similar questions.

Weapons. If guns are present in the house, the family might agree to store the guns or ammunition at a relative's or friend's house or a law enforcement agency.

Suicide. All family members need to be assessed for suicide risk. One cannot assume that anger directed outwardly will not also be directed with equal force inwardly (cf. Novaco, 1977). Men and women who care little about preserving their own lives are probably less constrained from taking other people's lives.

Alcohol Abuse. Men whose alcohol abuse is not too severe may benefit from the treatment of aggression concurrent with the treatment for alcohol abuse. The men, their families, and alcoholism counselors need to understand that even if the alcoholism is successfully treated, the violence often continues.

Organic Factors. A history of head injuries or seizures may indicate the need for neurological or psychoneurological testing. Hypoglycemia has been associated with irritability; however, it is often over-diagnosed (Leggett & Favazza, 1978). Signs to look for during initial screening for hypoglycemia include excess alcohol intake, fainting spells, and a history of diabetes in the family.

Support Systems. A few questions can determine the extent of the man's social and emotional support system. Group affiliation may be more important than closeness to relatives in reducing violence potential. Most of the men we see in treatment have few, if any, friends.

Other Assessment Tools. You may want to assess several other factors with some valid and reliable measures; for example, a measure which discriminates between several types of aggressiveness and several types of assertiveness (Mauger, Adkinson, & Simpson, 1979), a measure of depression (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), male threat from female competence (Pleck, 1976), the approval of several types of marital violence (Saunders, 1979), and marital satisfaction. Because the validity of self-report measures is questionable, especially with those referred for problems of aggression, a check can be made on denial and social desirability response bias using scales which detect these forms of bias (Crowne & Marlowe, 1964; Mauger et al., 1979). Brief stress role-plays can prevent some of the problems of self-report measures and can simultaneously assess the men's level of assertiveness and anger arousal (cf. Novaco, 1975).

TREATMENT ISSUES

Several treatment issues raise questions which have no ready-made answers. Is it better to focus on the family system or on the violent behavior, as I recommend? What is the most effective treatment format (individual, couple, men's group, or couple's group)? At present it seems most advantageous to use men's groups, with a delay in couple's treatment until the abusive behavior is controlled. Men's groups can break down the men's social isolation, allow confrontation by peers, and create a powerful arena for normative changes, joint problem-solving, and role-playing. On the other hand, if the woman is not involved in treatment, she may not know what changes to expect or not expect in her partner. There are also advantages and disadvantages to having a male or female therapist. Some men may feel more comfortable entering treatment with a woman therapist but, in the long run, male therapists may be more effective with confrontation and providing alternative role models.

SPECIFIC TREATMENT METHODS

IMMEDIATE STEPS

Suicide risk assessment and disarmament agreements were already mentioned as necessary immediate tasks. Other steps to include with early interventions are a control plan for the man, an escape plan for the woman, and an exploration of the feasibility and desirability of temporary or permanent separation. A control plan is a verbal or written agreement the man makes to take one or more steps to prevent impending violence. It might simply involve a hand signal to call a time-out in the conversation (Walker, 1979) or leaving the room or house for a pre-determined length of time. Using a crisis phone line or calling a friend have also been used. The development of coping self-statements, presented later, may be valuable.

LOWERING EMOTIONAL AROUSAL

Anger can be seen as a positive emotion when it provides a cue for a coping response and the energy to assert oneself. It becomes negative when it is too intense or maintained for too long a period (see Novaco, 1978, for elaboration). There are several methods for lowering levels of anger and anxiety. Progressive relaxation training is probably the most effective method and can be taught by a therapist (Bernstein & Borkevec, 1973) or by the individual (Rosen, 1977). Relaxed states in combination with coping imagery or a desensitization hierarchy may be especially effective. The relaxation training also helps the men learn early warning signs of anger arousal (e.g., an adrenalin rush, pacing the floor, rapid heartbeat). Many men find it useful to make a list of these arousal cues. These same methods may be useful for victims whose fear has been generalized or prolonged in dysfunctional ways.

ASSERTIVENESS TRAINING

Assertiveness training (cf. Lange & Jakubowski, 1976) will prevent anger build-up and give the men an alternative to aggressive responses. Modeling and repeated behavioral rehearsal can help them to learn a number of skills which are incompatible with agression. These skills include (a) handling criticisms and put-downs, (b) making requests constructively, (c) saying "no"

when desired in a calm, persistent manner, (d) tuning in to the feelings of others, and (e) recognizing, labelling, and constructively expressing feelings (as distinguished from thoughts, beliefs, opinions, sarcastic remarks, judgments, etc.). These skills are listed in a suggested sequence for treatment from the least to most difficult to acquire. It may also be easier for the men to first apply their new skills in a work situation because it is usually less emotionally charged than family life. One trap some men fall into is using the assertive skills as a tool to control and dominate others; thus, there is a need to emphasize the overall goal of turning from othercontrol to self-control.

COGNITIVE RESTRUCTURING

Modifying one's appraisal and expectations of a situation can change the level of one's anger arousal (Novaco, 1976, 1978). Cognitive restructuring provides a systematic method for assessing anger producing self-talk and for developing alternative, internal coping statements. Rapid, semi-conscious self-talk can lead to aggression as the following example shows:

- 1. I observe her talking with another man (statement of act, no anger or jealousy).
- 2. They are probably attracted to each other (insecurity).
- 3. I have to watch my wife; I can't let her be tempted.
- 4. She is having bad, lustful thoughts (assumption leads to more anger).
- 5. She is a bad person (generalization leads to more anger).
- 6. She should be punished to teach her a lesson.
- 7. She is my wife and I should be the one to punish her (possessiveness leads to more anger).
- 8. I will tell her who is boss and hit her if she talks back (about to explode).

The men can be helped to make a connection between self-doubt and anger. The actions of others are often taken personally when there is no need to do so. Even when faced with actual criticism, coping statements can instruct the man to remain task-oriented and to ask, "What outcome do I want from this situation?" The men can learn to divide a stressful situation into manageable stages, as Novaco (1976) suggests. These stages are (a) preparing for provocation ("This could be a testy situation, but I believe in myself...time for a few deep breaths of relaxation...feel comfortable, relaxed, and at ease"), (b) confronting the provocation ("As long as I keep my cool, I'm in control here; I don't need to prove myself"), and (c) coping with arousal and agitation ("Getting upset won't help; It's not worth it to get so angry").

The men can be guided to construct their own coping statements and to test them out to see if they are at least somewhat believable. Focusing on successful episodes of anger control and helping the men feel good about even small success is important.

BUILDING AWARENESS OF CULTURAL AND CHILDHOOD CONDITIONING

Discussions with the men about their social conditioning into aggressiveness may deflect some of their anger away from themselves and their families. There are a number of self-statements the men may have which narrowly define masculinity (e.g., "I am what I have...I must be successful at all I do...real

men solve problems by force"). The benefits of expanding sex-role behavior can be pointed out such as sharing the parenting and bread-winner roles. Coping statements can be constructed to reduce rigid sex role thinking (e.g., "I am lovable and capable no matter how much I earn...I am emotionally brave when I talk about my shortcomings...in close relationships, if I win, we lose").

From these discussions, the men may be able to further understand, and hence forgive, the behavior of their own parents who were likely to have shown them abuse. Without becoming stuck in parent-blaming, some insights into their early victimization may allow the men to reject the abusive behaviors they acquired from their parents.

UNANSWERED QUESTIONS

In this contribution I have provided some suggestions on how to involve violent husbands in treatment and how to provide them with some specialized forms of treatment. A great deal more needs to be learned about the characteristics of the partners in violent marriages and the dynamics played out by these partners. Gathering knowledge of effective treatment methods through careful research is an even more important task. While focusing on the change of individuals, researchers and clinicians can also develop strategies for changing the social conditions which cause marital violence. Finding effective strategies for both individual and social change will reduce the trauma felt throughout the family when men batter the ones they love.

The author is currently the Director of Professional Services and Director of the Alternatives to Aggression Program, at Family Service in Madison, Wisconsin. He holds a doctorate in counseling and guidance and specializes in research on domestic violence. Dr. Saunders can be contacted at Family Service, 214 Hamilton Street, Madison, WI 53703.

SPOUSE ABUSE SCALE

Now I am going to read a list of things you may or may not have done when you and your spouse/partner had a dispute or at any other time. These are ways of being violent that people in our program report. Please tell me how often you did each one. (These questions refer to the client's present relationship.)

	1 2 3 4
	Never Once or Twice Sometimes Alot
Α.	Not physically violent 1. Discussed issue calmly. 2. Sulked, refused to talk, withdrew affection or sex to punish. 3. Stomped out of room in order to punish. 4. Screamed, insulted, or swore at the other.
	4. Screamed, insulted, or swore at the other. 5. Verbally pressured the other to have sex. 6. Threatened to leave the marriage or relationship. 7. Threatened punishment other than physical. (e.g., withholding money, taking away children, having an affair).
в.	Indirect Threats of Violence
	1. Restricted physical movement or social contact.
	2. Intentionally interrupted the other's sleeping or other's eating.
С.	Direct Threats of Violence
	1. Threatened to hit or throw something at the other. 2. Threw, hit, or kicked something. 3. Drove recklessly to frighten the other. 4. Directed anger at or threatened the children. 5. Directed anger at or threatened the pets.
D.	Direct Violence
	 Threw something at the other. Pushed, carried, restrained, grabbed, shoved, wrestled the other.
	3. Slapped or spanked the other.
	4. Bit or scratched the other. 5. Threw the other bodily.
E.	Severe Violence
. •	1. Choked or strangled the other. 2. Physically forced sex on the other. 3. Punched or kicked the other. 4. Burned the other.
	5. Kicked or punched the other in the stomach when pregnant. 6. Beat the other unconscious. 7. Threatened with knife, gun, or other weapon. 8. Used any weapon against the other.

Conflict Tactics Scale modified by the Minneapolis Domestic Abuse Project. Copyrighted 1979 by the National Council on Family Relations. Reprinted by permission.

RESOURCES

- Adams, D. & Penn, P. MEN IN GROUPS: THE SOCIALIZATION AND RESOCIALIZATION OF MEN WHO BATTER. Paper presented to the Annual Meeting of the American Orthopsychiatric Association, April 1981. Available from Emerge, Rm. 206, 25 Huntington Ave., Boston, MA 02116.
- Allen, C. & Straus, M. A. Resources, power, and husband-wife violence. In M. A. Straus & G. T. Hotaling (Eds.), THE SOCIAL CAUSES OF HUSBAND-WIFE VIOLENCE. Minneapolis: University of Minnesota Press, 1980.
- Ball, M. Issues of violence in family casework. SOCIAL CASEWORK, 1977, 58, 3-12.
- Barnhill, L. Clinical assessment of intra-familial violence. HOSPITAL AND COMMUNITY PSYCHIATRY, 1980, 31, 543-547.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. An inventory for measuring depression. ARCHIVES OF GENERAL PSYCHIATRY, 1961, 4, 53-63.
- Bernstein, D. A. & Borkevec, T. D. PROGRESSIVE RELAXATION TRAINING. Champaign, IL: Research Press, 1973.
- Borofsy, G., Stollak, G., & Messe, L. Bystander reactions to physical assault: Sex differences in socially responsible behavior. JOURNAL OF EXPERIMENTAL SOCIAL PSYCHOLOGY, 1971, 7, 313-318.
- Carlson, B. E. Battered women and their assailants. SOCIAL WORK, 1977, 22, 455-460.
- Center for Women Policy Studies. Programs for men who batter: Part 1 and part 2. RESPONSE, 1980, April and May, 6-7.
- Coleman, D. H. & Straus, M. A. ALCOHOL ABUSE AND FAMILY VIOLENCE. Paper read at the Annual Meeting of the American Sociological Society, 1979.
- Crowne, D. P. & Marlowe, D. THE APPROVAL MOTIVE: STUDIES IN EVALUATIVE DEPENDENCE. New York: John Wiley, 1964.
- Dobash, R. E. & Dobash, R. VIOLENCE AGAINST WIVES: A CASE AGAINST THE PATRIARCHY. New York: Free Press, 1979.
- Egley, L. C. A SHELTER BASED GROUP COUNSELING PLAN FOR MEN WHO BATTER. Mimeographed manual, 1981. (Available from Men's Place, P. O. Box 1582, Madison, WI 53701.)
- Elbow, M. Theoretical considerations of violent marriages. SOCIAL CASEWORK, 1977, 58, 515-526.
- Ellis, A. HOW TO LIVE WITH AND WITHOUT ANGER. New York: Reader's Digest, 1977.
- Faulk, M. Men who assault their wives. MEDICINE, SCIENCE, AND THE LAW, 1974, 14, 180-183.
- Feild, H. S. Attitudes toward rape: A comparative analysis of police, rapists, crisis counselors, and citizens. JOURNAL OF PERSONALITY AND SOCIAL PSYCHOLOGY, 1978, 36, 156-179.
- Finkelhor, D. & Yllo, K. FORCED SEX IN MARRIAGE: A SOCIOLOGICAL VIEW. Paper presented at the Annual Meeting of the American Orthopsychiatric Association, New York, April 1981.
- Fleming, J. STOPPING WIFE ABUSE. Garden City, NY: Anchor, 1979.
- Ganley, A. L. & Harris, L. DOMESTIC VIOLENCE: ISSUES IN DESIGNING AND IMPLEMENTING PROGRAMS FOR MALE BATTERERS. Paper presented at the meeting of the American Psychological Association, Toronto, 1978. Available from the American Lakes Veterans Hospital, Tacoma, WA.
- Gaquin, D. A. Spouse abuse: Data from the National Crime Survey. VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1977, 2, 632-634.
- Gayford, J. J. Wife battering: A preliminary survey of 100 cases. BRITISH MEDICAL JOURNAL, 1975, 1, 194-197.
- Geller, J. A. Reaching the battering husband. SOCIAL WORK WITH GROUPS, 1978, 1, 27-38.

- Geller, J. A. & Walsh, J. C. VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1977, 2, 627-632.
- Gelles, R. J. Abused wives: Why do they stay? JOURNAL OF MARRIAGE AND THE FAMILY, 1976, 38, 659-668.
- Gelles, R. J. The truth about husband abuse. In R. Gelles (Ed.), FAMILY VIOLENCE. Beverly Hills, CA: Sage Publications, 1979.
- Gelles, R. J. & Straus, M. A. Determinants of violence in the family: Toward a theoretical integration. In W. R. Burr, R. Hill, F. Ivan Nye, & I. L. Reiss (Eds.), CONTEMPORARY THEORIES ABOUT THE FAMILY. New York: Free Press, 1978.
- Hanneke, C. R. & Shields, N. M. PATTERNS OF FAMILY AND NON-FAMILY VIOLENCE: AN APPROACH TO THE STUDY OF VIOLENT HUSBANDS. Paper presented at the National Conference for Family Violence Researchers, Durham, NH, July 1981. Available from the Policy Research and Planning Group, St. Louis.
- Hilberman, E. Overview: The "Wife-beater's Wife" reconsidered. AMERICAN JOURNAL OF PSYCHIATRY, 1980, 137, 1336-1347.
- Hornung, C. A., McCullough, B. C., & Sugimoto, T. Status relationships in marriage: Risk factors in spouse abuse. JOURNAL OF MARRIAGE AND THE FAMILY, 1981, 43, 675-692.
- Lange, A. J. & Jakubowski, P. RESPONSIBLE ASSERTIVE BEHAVIOR. Champaign, IL: Research Press, 1976.
- Lasch, C. HAVEN IN A HEARTLESS WORLD. New York: Basic Books, 1977.
- Leggett, J. & Favazza, A. R. Hypoglycemia: An overview. JOURNAL OF CLINICAL PSYCHIATRY, 1978, 39, 51-57.
- Lerner, M. J. & Miller, D. T. Just world research and the attribution process: Looking back and ahead. PSYCHOLOGICAL BULLETIN, 1978, 85, 1030-1051.
- Makepeace, J. Courtship violence among college students. FAMILY RELATIONS, 1981, 30, 97-102.
- Makman, R. S. Some clinical aspects of inter-spousal violence. In J. M. Eekelaar & S. N. Katz (Eds.), FAMILY VIOLENCE: AN INTERNATIONAL AND INTERDISCIPLINARY STUDY. Toronto: Butterworths, 1978.
- Margolin, G. Conjoint marital therapy to enhance anger management and reduce spouse abuse. AMERICAN JOURNAL OF FAMILY THERAPY, 1979, 7, 13-24.
- Martin, D. BATTERED WIVES OF AMERICA. San Francisco: Glide, 1976.
- Mauger, P. A., Adkinson, D. R., & Simpson, D. G. THE INTERPERSONAL BEHAVIOR SURVEY MANUAL. Unpublished manuscript, Psychology Department, University of Georgia, 1979.
- McCormick, A. J. MEN HELPING MEN STOP WOMAN ABUSE. Available from Emerge, Rm. 206, 25 Huntington Ave., Boston, MA 02116.
- Mott-McDonald Associates. THE REPORT FROM THE CONFERENCE ON INTERVENTION PROGRAMS FOR MEN WHO BATTER. Washington, D. C.: U. S. Department of Justice, U. S. Government Printing Office, 1981. (No. 341-233/1803)
- NETWORK NEWS. (A newsletter for the encouragement of men to confront men's violence against women.) Available from RAVEN, 6665 Delmar, 301, St. Louis, MO 63130.
- Novaco, R. W. Anger and coping with stress: Cognitive behavioral interventions. In J. P. Foreyt & D. P. Rathjen (Eds.), COGNITIVE BEHAVIOR THERAPY: RESEARCH AND APPLICATIONS. New York: Plenum, 1978.
- Novaco, R. W. ANGER CONTROL: THE DEVELOPMENT AND EVALUATION OF AN EXPERIMENTAL TREATMENT. Lexington, MA: Lexington Books, 1975.
- Novaco, R. W. Stress inoculation: A cognitive therapy for anger and its application to a case of depression. JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 1977, 45, 600-608.

- O'Brien, J. E. Violence in divorce-prone families. JOURNAL OF MARRIAGE AND THE FAMILY, 1971, 33, 692-698.
- Pagelow, M. WOMAN BATTERING: VICTIMS OF SPOUSE ABUSE AND THEIR PERCEPTIONS OF VIOLENT RELATIONSHIPS. Ann Arbor, MI: University Microfilms International, Doctoral Dissertation, 1980. (Order No. 80-24997)
- Pleck, J. H. Male threat from female competence. JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 1976, 44, 608-613.
- Pleck, J. H. Men's power with women, other men, and society. In E. H. Pleck & J. H. Pleck (Eds.), THE AMERICAN MAN. Englewood Cliffs, NJ: Prentice Hall, 1980.
- Prescott, S. & Letko, C. Battered women: A social-psychological perspective. In M. Roy (Ed.), BATTERED WOMEN. New York: Van Norstrand, 1977.
- Price, J. & Armstrong, J. Battered wives: A controlled study of predispositions. AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY, 1978, 12, 43-48.
- Rice, R. M. FAMILY LISTENING POST. Unpublished manuscript, Family Service Association of America, New York, 1979.
- Rosen, G. THE RELAXATION BOOK. Englewood Cliffs, NJ: Prentice-Hall, 1977.
- Rosenbaum, A. & O'Leary, K. D. Marital violence: Characteristics of abusive couples. JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY, 1981, 49, 63-71.
- Rounsaville, B. J. Theories in marital violence: Evidence from a study of battered women. VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1978, 3, 11-31.
- Saunders, D. G. Marital violence: Dimensions of the problem and modes of intervention. JOURNAL OF MARRIAGE AND FAMILY COUNSELING, 1977, 3, 43-52.
- Saunders, D. G. A model for the structured group treatment of male-to-female violence. BEHAVIOR GROUP THERAPY, 1980, 2, 2-9.
- Saunders, D. G. THE POLICE RESPONSE TO BATTERED WOMEN: PREDICTORS OF OFFICERS' USE OF ARREST, COUNSELING, AND MINIMAL ACTION. Ann Arbor, MI: University Microfilms International, Doctoral Dissertation, 1979. (Order No. 80-08840)
- Saunders, D. G. Treatment and value issues in helping battered women. In A. S. Gurman (Ed.), QUESTIONS AND ANSWERS IN THE PRACTICE OF FAMILY THERAPY. New York: Bruner-Mazel, 1981.
- Sonkin, D. J. & Durphy, M. LEARNING TO LIVE WITHOUT VIOLENCE. San Francisco: Family Violence Project, 1981 (50 Ivy St., 2nd Fl., San Francisco, CA 94102).
- Stahly, G. B. A review of select literature of spousal violence. VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1978, 4, 52-65.
- Star, B. Comparing battered and non-battered women. VICTOMOLOGY: AN INTERNATIONAL JOURNAL, 1978, 3, 32-44.
- Stark, E., Flitcraft, A., & Frazier, W. Medicine and patriarchal violence: The social construction of a "private" event. INTERNATIONAL JOURNAL OF HEALTH SERVICES, 1979, 9, 461-493.
- Steinmetz, S. K. The battered husband syndrome. VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1977, 2, 499-509.
- Steinmetz, S. K. & Straus, M. A. VIOLENCE IN THE FAMILY. New York: Dodd, Mead & Co., 1974.
- Straus, M. A. Leveling, civility, and violence in the family. JOURNAL OF MARRIAGE AND THE FAMILY, 1974, 36, 13-29.
- Straus, M. A. Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. JOURNAL OF MARRIAGE AND THE FAMILY, 1979, 41, 75-88.
- Straus, M. A. Sexual inequality, cultural norms, and wife-beating. VICTOMOLOGY: AN INTERNATIONAL JOURNAL, 1976, 1, 54-76.

- Straus, M. A. Social stress and marital violence in a national sample of American families. In F. Wright, C. Bahn, & R. W. Rieber (Eds.), FORENSIC PSYCHOLOGY AND PSYCHIATRY, ANNALS OF THE NEW YORK ACADEMY OF SCIENCES, 1980, 347, 229-250.
- Straus, M. A. Wife-beating: How common, and why? VICTIMOLOGY: AN INTERNATIONAL JOURNAL, 1977, 2, 402-418.
- Straus, M. A., Gelles, R. J., & Steinmetz, S. K. BEHIND CLOSED DOORS: VIOLENCE IN THE AMERICAN FAMILY. New York: Double Day/Anchor, 1980.
- Thorman, G. FAMILY VIOLENCE. Springfield, IL: Charles Thomas, 1980.
- Walker, L. THE BATTERED WOMAN. New York: Harper & Row, 1979.
- Yllo, K. A. THE STATUS OF WOMEN AND WIFE-BEATING IN THE U. S.: A MULTI-LEVEL ANALYSIS. Doctoral Dissertation, University of New Hampshire, 1980.
- Yllo, K. A. & Straus, M. A. Interpersonal violence among married and cohabiting couples. FAMILY RELATIONS, 1981, **30**, 339-348.
- Yllo, K. A. & Straus, M. A. PATRIARCHY AND VIOLENCE AGAINST WIVES: THE IMPACT OF STRUCTURAL AND NORMATIVE FACTORS. Paper presented at the John Hopkins Symposium on Feminism and the Critique of Capitalism, Baltimore, April 1981. (Available from the Family Violence Research Program, 128 Horton Social Science, University of New Hampshire, Durham, NH 03824).
- Zacker, J. & Bard, M. Further findings on assaultiveness and alcohol use in interpersonal disputes. AMERICAN JOURNAL OF COMMUNITY PSYCHOLOGY, 1977, 5, 373– 383.