

Treatment of Wife Abuse: A Comparison of Gender-Specific and Conjoint Approaches

K. DANIEL O'LEARY

RICHARD E. HEYMAN

PETER H. NEIDIG

State University of New York at Stony Brook

Seventy-five intact, volunteer couples were assigned to either a gender-specific or a conjoint 14-week group treatment for psychological and physical aggression. Participants from both treatments significantly reduced their psychological and physical aggression, at both posttreatment and 1-year follow-up. During treatment, husbands reduced their psychological aggression by 47%, their moderate physical aggression by 55%, and their severe physical aggression by 51%. Although two-thirds of the husbands maintained cessation of severe aggression during the year following treatment, only one-fourth of the husbands were violence-free. Very similar cessation and maintenance rates were obtained for wives. Significant improvements at posttreatment and follow-up were also found for both spouses' marital adjustment, husbands' taking responsibility for aggression, and wives' depression. No differential effect of treatment type was found, except that, as predicted, husbands in conjoint treatment improved more on marital adjustment. Neither form of treatment was superior to the other in terms of safety and effectiveness for volunteer, intact, and physically aggressive couples.

Research on wife abuse has moved from almost nonexistence to national prominence, with research agendas on family violence being offered by the National Research Council (Crowell & Burgess, 1996) and the American Psychological Association (APA, 1996). Despite the explosion of research on the prevalence and correlates of partner abuse (Straus & Gelles, 1990), treatment outcome research is less well developed. Research has only recently begun to compare efficacy across theoretical approaches, such as between cognitive behavioral and psychodynamic treatment (e.g., Saunders, 1996).

Most treatment outcome research is conducted with court-mandated samples and often with men who are not in intact relationships (Hamberger, 1996; Rosenbaum, Gearan, & Ondovic, 1997). However, a far larger popula-

Address correspondence to K. Daniel O'Leary, Ph.D., Department of Psychology, State University of New York at Stony Brook, NY 11794-2500.

tion of aggressive men exists: 50% to 65% of clinically martially discordant men are physically aggressive (Holtzworth-Munroe et al., 1992; O'Leary, Vivian, & Malone, 1992), with approximately half of these couples reporting severe physical aggression (e.g., hitting or beating). However, treatment recommendations formulated for court-mandated men are typically applied to all men—even those who have committed a single act of aggression (e.g., McMahon & Pence, 1996). Given that the majority of court-mandated men are single, separated, or divorced (Rosenbaum et al.), clearly more must be known about treating aggressive, married men before making policy decisions regarding their treatment. This is especially important, given that 90% of those in aggressive relationships who seek generic marital therapy do not report aggression as a presenting problem (Ehrensaft & Vivian, 1996; O'Leary et al., 1992). The aim of this study was to provide a comparison of the effectiveness of two treatment approaches, gender-specific treatment (GST; i.e., men's and women's groups) and conjoint treatment focusing on the reduction of psychological and physical aggression, in a self-referring, maritally intact, physically aggressive sample.

We do not advocate conjoint treatment for all couples in physically abusive relationships, and we sought to test its utility under the following conditions: (a) the couple is intact; (b) the violence is not severe enough to elicit serious injury or substantial fear; and (c) the participants either acknowledge aggression as a problem or are willing to participate in a program that makes aggression the primary target of treatment. Nevertheless, conjoint treatment is controversial for several reasons. First, some professionals believe that physically victimized wives may not feel comfortable expressing themselves in conjoint sessions for fear of reprisal (Ganley, 1981). Second, some maintain that conjoint treatment could lead wives to believe that they were partly responsible for their husband's aggression (see O'Leary, 1996; McMahon & Pence, 1996, for a debate on this issue). Third, some therapists fear that wives' in-session comments could be a stimulus for their husbands' later retribution and violence. These are empirical questions addressed in the current study.

GST: Background and Rationale

GST is the dominant form of treatment for wife abuse, which typically melds a feminist theoretical framework with a cognitive-behavioral approach. Feminists (cf. Yllö, 1993) posit that aggression is completely under men's control; men use psychological and physical aggression for power and control; and men should be the sole targets for intervention. Feminists believe that male aggression has a gender-based function (i.e., to preserve male power and control) and highlight the greater psychological and physical impact of physical violence on women (e.g., Cascardi, Langhinrichsen, & Vivian, 1992; Stets & Straus, 1990). Treatment implications are thus that (a) men must take sole responsibility for past abuse and for stopping abuse; (b) men must recognize male power and control at the societal and family level and acknowledge their abusive beliefs about male power that support

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات